Emergency Personnel Home Care Ltd

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Inspection report

150-154 Borough High Street
1st Floor
London
SE1 1LB

Tel: 02074076620
Website: www.emergencypersonnel.co.uk

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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 comprehensive inspection took place on 8 and 13 November 2018 and was announced. At the previous comprehensive inspection on 4 April 2018 we were unable to rate the service. At the time of the inspection, only one person had been receiving personal care for a limited period of time. This meant that although we were able to carry out an inspection we did not have enough information about the experiences of a sufficient number of people using the service over a period of time to give a rating to each of the five questions and an overall rating for the service.

This service is a domiciliary care agency. It provides nursing and personal care to people living in their own homes in the community. It provides a service to older adults, younger disabled adults and children. At the time of the inspection they were supporting 11 people across the London Boroughs of Wandsworth, Enfield, Croydon, Bromley, Camden, Barnet, Southwark, Lewisham and also Essex. Nine of these people were young children. Not everyone using Emergency Personnel Homecare Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

Risks to people were identified during an initial assessment. Detailed guidance was in place with information from health care professionals to enable staff to support people safely and meet their complex care needs. Risk assessments were updated when people's needs changed and information was shared with staff that supported them.

People who required support with their medicines received them safely. Care records included information about people's medicines and the level of support they needed. All staff had completed training in medicines within the last six months and was scheduled to be refreshed annually.

Relatives told us that they felt safe using the service and staff were confident that any concerns would be investigated and dealt with. All staff had received training in safeguarding adults and children from abuse and had a good understanding of how to identify and report any concerns.

People were supported to maintain their health and wellbeing through access to health and social care professionals, such as paediatricians, community nurses, social workers and respiratory consultants. The provider worked closely with them to ensure effective communication and any changes in health were reported and updated accordingly.

The provider understood the legal requirements of the Mental Capacity Act 2005 (MCA). Agreements were in

place and recorded how people consented to their care and support.

Registered nurses and care workers received specialist training to support them in meeting people's complex needs. Shadowing opportunities and staff competency assessments were completed before staff started work with people. Staff felt supported and were happy with the supervision they received and the content of the training available.

People's nutritional needs were recorded in their care plans with detailed information about the level of support required. Nutritional risks were highlighted with further guidance available for people who needed extra support.

Relatives told us that staff were kind and compassionate and knew how to provide the care and support they required. People had regular nurses and care workers who had built up positive working relationships with them and their families. Staff respected people's privacy and dignity and worked closely with relatives to help meet their needs.

Care was personalised to meet people's individual needs and was reviewed regularly if there were any significant changes. The provider ensured people and their relatives contributed to their assessment and listened to how people wanted to be supported. People were provided with information on how to make a complaint and felt comfortable raising concerns if they needed to.

There were a range of checks and meetings in place to understand the experiences of people who used the service and monitor the quality of the service provided. Relatives and staff were regularly contacted by the management team to ensure people's needs were met.

The service promoted an open and honest culture and staff spoke highly of the working environment and the support they received. Staff were confident they could raise issues or concerns at any time, knowing they would be listened to and acted upon immediately.

We will continue to monitor this service. When services are rated 'Good' we aim to return within 30 months.

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 received their medicines safely. Medicines were administered and recorded by staff who had completed training in administering medicines and had a good understanding of their responsibilities.

Risk assessments were in place to identify the areas of risk and to reduce the likelihood of people coming to harm. Detailed guidance was available for staff which had been sought from health and social care professionals.

The provider took appropriate steps to ensure robust staff recruitment procedures were followed and there were sufficient staff to meet people's needs.

Staff had a good understanding of their safeguarding responsibilities and how to recognise and report any signs of abuse and protect people from harm. Staff were confident any concerns brought up would be dealt with immediately.

Is the service effective?

Good

The service was effective.

Staff had access to practical and online training, including specialist training provided by health care professionals. Care worker competencies were signed off by registered nurses before they supported people with complex care needs.

People were supported to access healthcare services and the provider worked closely with a range of health and social care professionals. Staff were aware of people's health and wellbeing and responded appropriately if their needs changed.

People were supported to have a balanced diet and staff were aware of people's preferences. If more complex support was required, assessments were in place and guidance was available for staff to support people safely.

The provider understood the legal requirements of the Mental

Capacity Act 2005 (MCA) and followed best practice if they had concerns about people's capacity to make decisions.

Is the service caring?

Good

The service was caring.

Relatives spoke positively about the care and support they received and felt them and their family members were always treated with kindness and respect.

Relatives were actively involved in decisions about the care and support their family members received. Care plans recorded the support relatives were responsible for and ensured staff worked closely with them to meet people's needs.

Care workers were aware of the importance of respecting people's dignity and maintaining their privacy.

Is the service responsive?

Good

The service was responsive.

Care records were person centred and discussed with people and their relatives to understand their individual needs. Relatives spoke positively about how the provider was flexible and accommodated their needs.

Relatives knew how to make a complaint and said they would feel comfortable raising any concerns with the office.

Is the service well-led?

Good

The service was well-led.

Relatives told us that the service was well managed and praised the level of care and support they received.

Staff spoke highly of the support they received to carry out their responsibilities and the availability of the management team.

The service promoted a positive culture and the registered manager worked closely with people, their relatives and staff, which gave them confidence in the service.

There were quality assurance systems in place to monitor the quality of the service and identify any concerns. The provider worked in partnership with other organisations to ensure people received positive outcomes.

Emergency Personnel Homecare Ltd

Detailed findings

Background to this inspection

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

The inspection took place on 8 and 13 November 2018 and was announced. The provider was given 72 hours' notice because we needed to ensure somebody would be available to assist us with the inspection.

The inspection was carried out by one inspector. Inspection site visit activity started on 8 November and ended on 23 November 2018. We visited the office location on 8 and 13 November 2018 to see the registered manager, office staff and to review care records and policies and procedures. During and after the site visit we made calls to people who used the service, their relatives and members of staff.

Before the inspection we reviewed the information the CQC held about the service. This included notifications of significant incidents reported to the CQC and the previous inspection report. In addition to this we reviewed the Provider Information Return (PIR) that was submitted by the provider at the time of their previous inspection. 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 spoke with six relatives as people were too young or unable to communicate with us over the telephone. We also spoke with nine staff members. This included the registered manager, two directors, two bookings consultants, the human resources administrator, a registered nurse and two care workers. We looked at three people's care plans, three staff recruitment files, four staff training files, staff supervision records and records related to the management of the service.

Following the inspection we spoke with one health and social care professional who worked with people

using the service for their views and feedback.

Good

Is the service safe?

Our findings

All the relatives we spoke with told us they felt safe using their services and confirmed that they had no concerns about the care and support their family members received. Comments included, "I do feel the service is safe. The health and safety of my child is so important and I feel so comfortable with them and there are no risks at all" and "I work with them every day and see how well they work so I feel very safe when they are looking after my son/daughter."

There were sufficient numbers of staff employed to meet people's needs. At the time of our inspection the provider had 30 active members of staff supporting the 11 people using the service. This included both registered nurses and care workers. The provider also managed a recruitment agency and had access to a pool of staff if any shifts needed to be covered at short notice. One relative said, "On one occasion, they were able to send a replacement at short notice." Relatives told us that they had regular staff and there were no concerns about timekeeping. Comments included, "We have never been left without a nurse, they can accommodate any changes and have somebody on standby, so I don't have any worries" and "They come on time and are never late. This is really important in the morning when getting ready for school."

We looked at the last four weeks rota for three people and saw people received continuity of care. Due to the complex nature of care needs, shifts ranged between seven to 11 hours per shift, including waking nights. For one person who received 36 hours per week, we saw that the same nurse had been used throughout October 2018. Their relative said, "We are very lucky that we haven't had to have any replacements and have always had [staff member] but they have a replacement for when she is away". One of the directors said, "Continuity of care is important, but even more so for young children and their families so we try to limit the changes in the care they receive."

All staff had received safeguarding training for both adults and children within the last year and staff we spoke with had a good understanding of their responsibilities to ensure they safeguarded people from abuse. One care worker said, "I am very confident that if I had any concerns and raised an issue, they would take action. I once showed them a copy of a label from the pharmacy and they felt the instructions provided weren't suitable, so they followed it up and provided some further guidance." The provider had safeguarding policies in place which included information for staff and the procedures to follow if any concerns needed to be escalated. For one incident, we saw the correct safeguarding procedures had been followed and the necessary action taken. The provider had also created a pocket sized safeguarding leaflet for staff after it had been discussed at a recent team meeting in October 2018. It included information for staff about recognising signs of abuse and had child safeguarding contact details for Childline and the NSPCC.

There were procedures in place for the reporting of any accidents and incidents. We saw that when incidents occurred they were reported to the office and discussed across the staff team to ensure lessons could be learned. For example, for one incident that had been notified to us, we saw that the registered manager had carried out an internal investigation and discussed the outcome with the member of staff involved. Management plans had been put in place, the care plan had been updated to highlight this and it had been shared with other staff who supported the person so they were also aware of the outcome.

The staff files that we looked through were consistent and showed that the provider had safe recruitment procedures in place. All Disclosure and Barring Service (DBS) checks for staff were in place and the provider used the online DBS service to carry out annual checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. There was also evidence that the personal identification code numbers of registered nurses were in date and the provider had systems in place to ensure they were aware of the registration status of nursing staff. There was evidence of photographic proof of identity and proof of address, references and documents confirming the right to work in the UK. Interview assessments were also in place where applicants discussed their qualifications and previous experience. For registered nurses, there were clinical scenarios and drug calculation tests. This showed that the provider had assessed the suitability of staff they employed.

There were procedures in place to identify and manage risks associated with people's care. Before people started using the service an initial assessment was carried out by the registered manager and where appropriate, a registered nurse. Assessments included detailed information about people's health and medical conditions and identified any potential risks associated with providing their care and support. Risk factors included skin care, medicines, nutrition, breathing, safe handling and use of oxygen.

Risk assessments contained detailed information about people's health conditions and the level of support that was required. They included practical guidance for staff about how to manage risks to people, along with information about health care professionals involved in people's care and what support they provided. For example, nurses and care workers were responsible for supporting people with tracheostomy care. A tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to help the person breathe. Daily safety checks were completed and detailed guidance was in place on how to change the dressing. Further guidelines were in place from healthcare professionals about tracheostomy and airway care, with action plans for managing acute respiratory deterioration and escalation plans in the event of an emergency.

People were also supported with a percutaneous endoscopic gastrostomy (PEG) feed. This is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.
The provider worked closely with the health and social care professionals who were responsible for the funding of this care and we saw PEG regimes were in line with recommended guidance, including information about body positioning during specific tasks. It also included guidelines for staff to monitor skin care around the tube site. We saw staff had received specialist training if they worked with people who required this support. We spoke with relatives who were happy with how all complex care tasks were being managed. One relative said, "They know how to support him/her, it is very reassuring." We saw that risk assessments were updated when there was a change in people's needs.

There were appropriate medicines policies and procedures in place to ensure people received their medicines safely. Medicines risk assessments were in place and included the level of support people received and who was responsible. For example, one person's records recorded that a family member was responsible for collecting their prescriptions. A list of people's medicines was recorded and included if there were any specific guidelines for a medicine and what any possible side effects could be. There were PRN protocols in place and guidelines for staff in relation to people's medicines that were given 'as needed'. It included the dose, the decision why it should be used and any actions to take. If people were supported with topical creams, there was information about where it should be applied. All staff had received training in the administration of medicines and those we spoke with had a good understanding of their responsibilities to ensure people received their medicines safely.

We reviewed a sample of medicine administration records (MARs) for one person over a period of two months as they had been returned to the office to be checked. All MAR charts had been filled out correctly and there were no gaps on the records we reviewed. More recent MARs for this person were still at the person's home but were checked during service visits. For another person, their records stated that community nurses were responsible for drafting the MARs which was the reason there were none available for us to review. The registered manager updated us on the second day of the inspection that this agreement was no longer in place and was now the responsibility of district nurses and the family. They told us they would update this in the care plan immediately.

We saw that staff had completed relevant training and were aware of their responsibilities to ensure infection control procedures were followed. Infection control and food hygiene training modules had been completed by all staff. Care records highlighted to staff to keep the environment clean and tidy to prevent any cross infection. Where any procedures needed to be carried out, it highlighted the need for personal protective equipment (PPE) to be worn. For one person who had a catheter in place, there were infection control guidelines in place to ensure staff followed safe and hygienic practice. Safe hygiene practices and the use of PPE was also followed up at spot checks.

Good

Is the service effective?

Our findings

All the relatives we spoke with told us that they were happy with the service and that the staff that supported them understood their needs and had the right skills to support them. Comments included, "[Care worker] has great experience and knowledge. She has had better training and knows how to support my [family member]", "Without doubt, the best thing about them is the level of care they provide" and "They are extremely competent and capable in how they provide care." A health and social care professional told us that they had confidence in using the service and the care provided was working well.

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.

The registered manager had a good knowledge of their responsibilities under the legislation and we saw that staff had completed MCA training. Due to the age of the majority of people that were supported, care plans had been signed by their parents to show their agreement with the information recorded. For one person where there were concerns about their capacity, the provider had liaised with their relative and health and social care professionals to have best interests meetings. The provider had carried out a mental capacity assessment and decision specific best interests decisions showed the person lacked capacity and their parent supported and guided them to make decisions. Each person had a client agreement in place which recorded a set of guidelines that each family would like to be followed. For example, one person's agreement stated they would like to be informed what was going to be done first and that the staff member must be satisfied that the person or their parent has given consent for the procedure to be carried out.

The service assessed people's needs and choices so that care and support was delivered in line with current legislation to achieve effective outcomes. The provider had used NHS reference guides in assessing people's capacity and ensured that relatives were always involved. The provider used a decision support tool from The National Framework for Children and Young People's Continuing Care when they carried out initial assessments. This best practice guidance from The Department of Health and Social Care set out children's needs across a number of care domains, including breathing, nutrition and communication. Due to the complex nature of people's care needs, we saw the registered manager had regular correspondence with health and social care professionals to make sure people were supported in the most effective way.

People required support to manage their nutrition and hydration and have a balanced diet. Care records included the level of support people needed, preferred foods, nutritional risks and any specific dietary needs. For one person who was at risk of choking during mealtimes, there was an assessment in place from a speech and language therapist (SALT) on how to support them safely, with guidance for care workers to follow in the event of a choking incident. One care worker told us that she was responsible for preparing all meals and worked closely with the parent regarding preferred foods. We saw records in their daily logs that showed meals were prepared at the request of the person and their relative. Where people received their

nutrition through a percutaneous endoscopic gastrostomy (PEG) feed, their care plans recorded information about their PEG regimes and were updated if there were any changes.

The registered manager showed us a number of detailed records of correspondence to a range of health and social care professionals to highlight how they worked together to ensure people received effective care and support. For example, we saw that the registered manager had discussed arranging joint visits with the Clinical Commissioning Group (CCG) to meet people and to meet regularly to discuss how the care package was being managed. One registered nurse told us that they always liaised with a range of health and social care professionals when providing care and support due to the nature of people's complex needs. They added, "We get a handover from the hospital team that people are under and liaise with the SALT team, physiotherapists, social workers and the community nurses. Either I or [registered manager] attend the multi-disciplinary team meetings on a regular basis."

We saw records and correspondence that showed people were supported to maintain their health and receive healthcare support if their needs changed. One relative said, "There have been times when [staff] do support us at hospital appointments and we find this very useful as it is important for them to understand if there are any concerns." Daily logs for another person showed that they were supported to healthcare appointments as the care worker was able to manage their moving and handling needs. Each person's care records included details of the health and social care professionals involved in their care. One person had a recent health practitioners report which highlighted the support the person received from the provider and other professionals involved in their care. It stated that the parent's emotional and psychological health had significantly improved, mainly due to the current care package meeting the family's needs.

Due to the complex nature of people's care needs, the provider only recruited staff that had already had a minimum of 12 months experience in health and social care in the UK. Staff completed a range of mandatory training modules that was a mixture of classroom based and online learning. Topics included health and safety, fire safety, basic life support, moving and handling and fluid and nutrition awareness. One care worker had joined the provider as the person they had been supporting had changed care agencies to use their services. They said, "When I joined they gave me face to face refresher training and then I also had access to training courses online. It was really good. The training was very realistic, we were able to interact and I could gain a better understanding."

We saw that staff also received specialist training which was specific to people's individual needs. Staff had completed training in PEG and stoma bag care, bolus feeding (bolus feeding is a type of feeding method using a syringe to deliver formula through a feeding tube) and epilepsy. We saw that staff had also attended a paediatric tracheostomy workshop. Care workers had to shadow the registered nurses and were trained and signed off as competent before supporting people with more complex needs, which records confirmed. One care worker said, "I had the trachea training and then the nurse came out to carry out observations to make sure I was competent. The training was very detailed and very informative. It didn't just show us how to do it, but explained why each step of the process is important." If regular staff needed to be covered, replacements were introduced to people and had shadowing opportunities to get an overview of the person's routine.

We saw the registered manager had implemented a supervision programme for care staff and correspondence showed they had arranged for supervision to be completed every two months. Supervision records showed that staff discussed actions from their previous supervision and were given the opportunity to discuss a number of areas about their job. This included any concerns or issues with people using the service, support from management and any training needs. We also saw that staff discussed their understanding of safeguarding concerns and medicines procedures. One care worker told us how it was

scheduled and that the registered manager arranged a home visit. They added, "The support we get is brilliant."

Good

Is the service caring?

Our findings

All the relatives we spoke with were positive about the support they received and that the staff were kind, compassionate and caring towards them and their family. Comments included, "The way she looks after our son/daughter is out of this world. She is fantastic", "They are incredible. The support they provide is wonderful and we feel they are part of our family" and "The rapport we have is great and sometimes that is difficult to find." One relative who had only recently started to use the service told us that they were really pleased with how it was going and it had a positive impact on the whole family. A health and social care professional told us that all the parents they had spoken to were delighted with the care they received and were happy with the support they received.

A member of the office team explained how they would discuss new care packages with care workers and see if they would be suitable to work with them. They added, "We try to get three to four staff for each person to make sure there is somebody they know if regular staff aren't available." Once it was agreed, a registered nurse and care team would meet with the family to get it started. Care workers we spoke with knew the people they were working with and told us that they supported them on a regular basis, which helped to develop a positive relationship and understand how they and their family members wanted to be supported. One relative told us that they were pleased their regular care worker followed them when they changed care providers. They said, "She has worked with us for over three years and knows us so well." They also added that the replacement care worker who covered was fitting in well and had built up a good relationship with their family member. Another relative said, "[Family member] absolutely loves her. She is patient, gives the best care and they have a good relationship." Care workers also told us that due to some of the complex care needs, it was important to be able to know when to provide emotional support to the parents as well.

We saw records that showed people using the service and their relatives were involved in making decisions about their care and support. The registered manager told us that due to the age and range of complex care needs, people's relatives and health and social care professionals were always present with the person to ensure they had the support they required during an initial assessment or review. We saw correspondence to confirm when assessments or reviews were scheduled to take place and made sure all key parties were available. One relative said, "They came to visit us at home and I was involved throughout the assessment and they always work with me when providing care." Care records included information about care tasks that relatives were responsible for and the importance of staff working closely with people's parents. After the provider had completed their assessments, they sent them to people's relatives to check they were happy with the care and treatment that was being put in place. One relative said, "The best thing about them is their ability to listen to us."

Care workers had a good understanding of the need to ensure they respected people's privacy and dignity and were able to give examples of how this was managed. One person was supported with an intimate personal hygiene procedure three times a week. There was detailed information and guidelines for staff to follow and their care plan recorded the importance for their privacy to be respected. The care worker said, "I always make sure they are covered and talk it through with them to reduce any nerves. Once ready and the

environment is safe, I close the door and give them their private time." Daily logs for this person confirmed that the care worker made sure the person's privacy and dignity was always respected. We saw staff had completed an online training module in privacy and dignity in health and social care.

Good

Is the service responsive?

Our findings

All the relatives we spoke with told us they felt listened to, contributed towards the assessment and that the care was personalised and flexible. Comments included, "I want to be involved in looking after my son/daughter and they help me do the things I can't and it is a great relationship that works so well", "They have been very accommodating, they respond quickly and are able to meet our needs" and "They are extremely flexible, better than other agencies I have used in the past." A health and social care professional told us that staff had been very responsive whenever they had asked for anything.

All of the people that received care from the provider were funded by a Clinical Commissioning Group (CCG). The registered manager told us they would meet people and their relatives to discuss their needs when they were contacted about new referrals and arranged joint visits with other health and social care professionals. One relative said, "They came down with the CCG to do an assessment, [director] was there and they had brought their own nurse." A checklist was in place once the assessment had been completed. It confirmed the hours of service, clarified staff competencies required, identified staff by matching skills, allocated a clinical lead and then confirmed with the person and their relatives the agreed care plan.

Care records contained contact details for the person, their parents and other health and social care professionals who were involved in their welfare. They identified health conditions and gave an overview of the person for staff, including communication methods and any likes and dislikes in how they received their care. For example, one person was unable to communicate due to vocal cord damage. Their care plan highlighted the importance of eye contact and understanding facial expressions to know when they were upset or in pain. Records also included assessments from the health and social care professionals involved in people's care with guidelines on the care and support that was needed. We saw records to show that the service was regularly monitored by the clinical lead and reported back to the registered manager. One relative told us that their nurse provided them with a daily handover report as their son/daughter was supported at school. They added, "This is really helpful for me, I can find out how his/her day has been and what I might need to work on when we get home."

Detailed care plans were in place that included an overview of the care that was to be carried out. It identified the areas of support needed which included people's personal care, nutrition, activities and learning, breathing and sleeping. Care plans were personalised and highlighted how people wanted to be cared for. One person was supported with a physiotherapy programme. There were pictorial guidelines in place on how to carry out different activities, which ones the person liked and how they should be supported into each position. One relative said, "The care workers encourage him/her to do activities suitable for their age group." Another person had different routines in place depending on whether they went to college or what kind of personal care they needed. It highlighted preferred times when they wanted to go to bed and that the care worker supported them to use an iPad to help them relax before going to sleep. One relative said, "They are very flexible, professional and they listen and follow instructions well." Another relative told us that their care worker was always flexible and could start the visit at an earlier time to accommodate their schedule, which was really helpful.

Care workers we spoke with confirmed the information in people's care plans at home was detailed so they knew the level of support people wanted. There was guidance for what information should be recorded in people's daily logs. From the sample of daily logs we reviewed, we could see that people were receiving personalised care. For example, one person's care plan highlighted the importance of engaging the person in food preparation and cooking tasks, and we could see that this was being done. One care worker said, "It is important to paint a picture about the care we provide. It is helpful for the office but also for any new staff that cover the shift to know what we have to do."

Relatives said they would feel very comfortable if they had to raise a concern and knew who to contact if they had any issues. Comments included, "If there are any issues, I can communicate directly with the nurses and they feedback to the office, but I haven't had any issues or concerns" and "I have regular contact, I can call anytime and confident anything will be dealt with." There was an accessible complaints procedure in place which was given to people in a service user guide when they started using the service with information about how to make a complaint. There had not been any complaints received at the time of the inspection. One member of staff said, "When we are explaining our service, we tell people we are available 24/7, in and out of hours if they want to get in touch with us."

At the time of the inspection the provider was not supporting people who were receiving end of life care.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a new registered manager in post. Our records showed she had been formally registered with the Care Quality Commission (CQC) since October 2018. She was present on both days and assisted with the inspection, along with one of the directors and the office team.

All of the relatives we spoke with were positive about the support they received and how the service was managed. Comments included, "They are lovely, I could not fault them at all. Everything they do for us is great and they really put themselves out for us. I'd give them 10 out of 10", "They are very good. Everything is tailored to meet our needs", "I'm so happy we changed agencies and moved across to them" and "With their support, they have given me a life and encouraged me to go back to work. I'd recommend them to anybody."

We received a number of positive comments about the attitude of the registered manager and directors and the confidence they gave people. One relative said, "[Registered manager], she is very good. If there was a problem, I know she would drop everything and help us out and she'd be here to cover with any support." We saw that the registered manager provided cover to this family every two weeks. Another relative said, "She is amazing. In the short time we've known her, she is incredible." A relative told us that when they met one of the directors, they had a great work ethic and felt reassured their son/daughter would be in safe hands. They added, "They are so welcoming and approachable, and very genuine."

Staff told us they felt well supported in their role and there was a positive culture throughout the service. Comments included, "I can't say a bad word about them, they are the best company I have ever worked for. It is the most stress free I have been and I consider myself very lucky to work here", "I'm well supported and they always come out to discuss any concerns. Since I started, I'm enjoying it, learning a lot and am very settled" and "[Registered manager], she is very much involved, very much hands on, very forthcoming and very helpful."

Staff told us if they had any problems they could always get hold of somebody and always had regular contact with senior staff. One care worker told us that one of the directors even messaged them to check everything was fine at work when they were on holiday, which a relative also told us about.

The registered manager had systems in place to continually assess and monitor the quality of service provided. Weekly team meetings had been introduced where office staff discussed what was in place for the coming week and any issues that needed to be followed up. We looked at the previous five meetings' minutes and items included people updates and reports, safeguarding awareness of staff, training and competency sign offs, upcoming assessments and recruitment. Although there were no care worker meetings, the registered manager had regular contact with staff working in people's homes, which staff confirmed. One care worker said, "I have daily contact with the office and am always updated with any changes." Care workers also sent over a daily routine which gave an overview of their shift and clinical leads provided regular update reports. The registered manager said, "We work closely with the families and our nurses to create a tailored service so we are always aware of people's healthcare needs. There is a one to

one relationship with the clinical lead to ensure that the service doesn't break down."

We saw correspondence that showed spot checks were arranged to ensure staff were providing a good service. Records showed that spot checks focussed on time keeping, safe practices were being followed, care plans were in place and feedback was obtained from people's relatives. They also reviewed people's medicines records and daily logs to ensure they were being completed accurately. For one record we reviewed, we saw that the spot check had picked up that a care worker had not always completed the daily logs. This had been highlighted and care staff were reminded about the importance and their responsibilities for ensuring they were completed.

We saw that the service worked in partnership with other agencies for the benefit of both people using the service and staff teams. The provider had worked closely with a range of health and social care professionals in arranging visits and asking for advice and best practice. They had also liaised with other care agencies who were also involved in people's care. A health and social care professional told us they had built up a positive relationship with the registered manager and was happy with how they were working to carry out joint visits. One of the directors had also worked closely with one of the funding CCG's and had completed a case study of one person's care package with the aim for it to be more cost effective and responsive to the person's individual needs.

We saw that staff were involved in developing the service and supported with opportunities for career development. One care worker told us that they had discussed completing vocational qualifications in health and social care and we saw the registered manager had made the necessary arrangements. These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability and knowledge to carry out their job to the required standard. The care worker said, "When we discussed it, they agreed to partially fund the course as a thank you for all of my hard work. I am so pleased they are willing to further my skills."

The provider sought people's views through feedback forms and people could also leave reviews on a leading home care review website. The human resources administrator told us they always encouraged people to give feedback during reviews and home visits. We saw the provider had received one online review from a relative of a person who used to use the service. The review was positive and a comment stated that the service provided to their family member when they were discharged from hospital had been nothing short of outstanding and praised the level of support the whole family received.

The registered manager was aware of their registration requirements regarding statutory notifications and we saw they had a separate CQC log in place with copies of submitted notifications.