

Brighton and Hove City Council

Brighton & Hove City Council - Brighton and Hove 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?

Requires improvement 

Is the service well-led?

Good 

Overall summary

This inspection took place on 30 September and 9 October 2015 and was announced.

Brighton and Hove Home Care is a domiciliary care agency and provides personal care and support for adults

living in their own home in the Brighton and Hove area. Care is provided to adults, but predominantly to older people, including people who may have a physical disability, a learning disability, sensory loss, mental

Summary of findings

health problems or people living with dementia. This is a responsive short-term service where people have care for up to six weeks, but on average people receive care for a period of up to four weeks. This is a reablement service for people who need support to regain their independence, but do not require any clinical care. Care and support is also provided to people who live in an extra care housing scheme, and for a small number of people who have complex care needs and receive long term care and support. At the time of our inspection around 120 people were receiving a service, with a turnaround of about 200 people a month going through the service.

On the day of our inspection, there was 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.

Since our last inspection there has been an amalgamation of community short term reablement services in the city of Brighton and Hove into this one service. The service was also going through a significant period of review, where the provider and local stakeholders were looking at the service provision, what care and support was needed in the city, and how the service would best be provided in the future.

People and their relatives spoke well of the care and support provided. However, they also spoke of a lack of continuity of care staff providing their care calls. New care staff did not always proactively show their identification card (ID) to confirm with people they were representatives from the agency. This is an area that requires to improvement.

The needs and choices of people had been clearly documented in their care and support plans. Where people's needs changed, people's care and support plans were reviewed to ensure the person received the care and treatment they required. However, the detail in people's care and support plan was variable. This is an area that requires to improvement.

People and their relatives told us that they or their relative felt safe with the staff that supported them. Detailed risk assessments were in place to ensure people were safe within their own home and when they received care and support.

Medicines were managed safely and people received the support they required from staff. There were systems in place to ensure that medicines were administered and reviewed appropriately.

There were enough care staff in the service to provide peoples care calls, who had been recruited through safe recruitment procedures.

People told us they were involved in the planning and review of their care. Where people were unable to do this, senior staff told us they would liaise with health and social care professionals to consider the person's capacity under the Mental Capacity Act 2005. Care staff had a good understanding of the need for people to consent to their care and treatment.

Care staff received an induction, basic training and additional specialist training in areas such as supporting people as part of the reablement service provided. Care staff had supervision in one to one meetings and staff meetings, in order for them to discuss their role and share any information or concerns.

People and their relatives told us they were supported by kind and caring staff. Comments received included, "You can talk to them and have a laugh with them," "It's a bit like having a friendly mother around to help you," and "They make my day and make me laugh."

People told us they always got their care visit, that they were happy with the care and the care staff that supported them. People were consulted with about the care provided. They knew how to raise concerns or complaints if they needed to.

The registered manager, along with senior staff provided good leadership and support to the care staff. They were involved in day to day monitoring of the standards of care and support that were provided to people. One staff member told us, "It's a brilliant company. We get the training, we are listened to. We are a team and well supported."

Systems were in place to audit and quality assure the care provided. People were able to give their feedback or

Summary of findings

make suggestions on how to improve the service, through the reviews of their care. There was evidence as to how any feedback was acted upon and improvements made to the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was consistently safe. People had individual assessments of potential risks to their health and welfare, which had been regularly reviewed.

Procedures were in place to ensure the safe administration of medicines.

There were sufficient staff numbers to meet people's needs.

People were cared for by staff who had been recruited through safe procedures.

Good



Is the service effective?

The service was effective. Staff had a good understanding of people's care and support needs.

There was a comprehensive training plan in place. Staff had the skills and knowledge to meet people's needs.

Care staff had an understanding around obtaining consent from people, and had attended training on the Mental Capacity Act 2005 (MCA).

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

Good



Is the service caring?

The service was caring. Care staff involved and treated people with compassion, kindness, and respect. People and their relatives told us care workers provided care that ensured their privacy and dignity was respected.

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

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

Good



Is the service responsive?

The service was not consistently responsive. People did not always have continuity of care staff providing their care.

People had been assessed and their care and support needs identified. Care plans were in place, however these were not always fully completed.

The views of people were welcomed, and people had received information on how to make a complaint if they were unhappy with the service.

Requires improvement



Summary of findings

Is the service well-led?

The service was well led. Quality assurance was used to monitor and help improve standards of service delivery.

The leadership and management promoted a caring and inclusive culture. Staff told us the management was approachable and very supportive.

People were able to comment on and be involved with the service provided to influence service delivery.

Good



Brighton & Hove City Council - Brighton and Hove 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 checked 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 last inspection was on 21 January 2014 where no concerns were raised.

This inspection took place on 30 September and 09 October 2015 and was announced. We told the registered manager five days before our inspection that we would be coming. This was because we wanted to make sure that the registered manager and other appropriate staff were available to speak with us on the day of our inspection. Two inspectors undertook the inspection, with an expert-by-experience, who had experience of older people's care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience helped us with the telephone calls to get feedback from people being supported.

Before the inspection, we reviewed information we held about the service. This included previous inspection

reports, complaints and any notifications. A notification is information about important events which the service is required to send us by law. 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 also sent out questionnaires to a sample of people using the service and care staff. Feedback from these were used in this report. This helped us with the planning of the inspection. We contacted the local authority commissioning team and the clinical commissioning group (CCG) to ask them about their experiences of the service provided.

During the inspection we went to the service's office and spoke with the registered manager, an operations manager and a team manager, two care support managers, the manager of the duty team, the manager of the administrative support team and three care staff. Following this we spoke with eight care staff, 20 people using the service and two relatives over the telephone. We spent time reviewing the records of the service, including policies and procedures, 11 people's care and support plans, the recruitment records for six new care staff, complaints recording, accident/incident and safeguarding recording, and staff rotas. We also looked at the provider's quality assurance audits and service development plans.

Is the service safe?

Our findings

People told us they felt completely safe and at ease with the care provided by the service. This included relationships with the care staff, the treatment of their possessions and a general sense of 'comfortableness' of the care staff coming into people's homes. One person told us, "It was strange having people in your home at first, but now I so look forward to their company."

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them, and protect people from harm. Each person's care and support plan had an assessment of the environmental risks and any risks due to the health and support needs of the person, and these had been discussed with them. The assessments detailed what the activity was and the associated risk, and guidance for staff to take to minimise the risk. For example, where people needed help to move, there was clear guidance for staff to ensure this was done safely. Care support managers undertook regular reviews of the risk assessments. Their manager was then able to monitor the completion of these and discuss progress in the care support managers' supervision meetings.

The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. These had been reviewed to ensure current guidance and advice had been considered. This included clear systems on protecting people from abuse. The registered manager told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. They had notified the Commission when safeguarding issues had arisen at the service in line with registration requirements, and therefore we could monitor that all appropriate action had been taken to safeguard people from harm. Care staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. We talked with care staff about how they would raise concerns of any risks to people and poor practice in the service. They had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff we spoke with had a clear

understanding of their responsibility around reporting poor practice, for example, where abuse was suspected. However, they did not all demonstrate knowledge of the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns. We discussed this with the registered manager during the second day of the inspection, who told us this would be raised again with staff during their staff meetings.

There were arrangements to help protect people from the risk of financial abuse. Care staff told us on occasions, they undertook shopping for people. Records were made of all financial transactions which were signed by the person and the staff member. Care staff were able to tell us about the procedures to be followed and records to be completed to protect people. Care support managers then showed us how they monitored that the procedures were being followed and records completed correctly.

Equipment maintenance was recorded, and care staff were aware they should report to senior staff any concerns about the equipment they used. Any incidents and accidents were recorded and the registered manager told us she kept an overview of these, and the provider was also informed and kept an overview of these to also monitor any patterns and the quality of the care provided and provide guidance and support where needed.

Procedures were in place for staff to respond to emergencies. Care staff had guidance to follow in their handbooks and were aware of the procedures to follow. For example, care staff were able to describe the procedures they should follow if they could not gain access to a pre-arranged care call. The care staff told us they would report this to the office straight away and enable senior staff to quickly locate the person and ensure they were safe. There was an on call service available, so care staff had access to information and guidance at all times when they were working. Care staff were aware of how to access this and those who had used this service told us it had worked well. One member of staff told us, "They have always helped me out. They never leave you not knowing what you are doing."

People told us they were happy with the support they received with the administration of their medicines. We were told that blister packs were used and the home care support workers checked medication had been taken or reminded people. Care staff always recorded this information. No one had missed any medication, nor had

Is the service safe?

their medicines supplies run out. Two people had pain patches that care staff put in place and this was done appropriately with the skin area being checked. One person told us, "They'll ask if it's alright to do things like putting my cream on, or my pain patch." People who had creams applied felt that home care support workers did this with great care. One person commented, "They're so gentle, much more than I would be if I was doing it myself." Another person told us, "My feet and legs had a lovely soak this morning and they dry my legs well before they put the cream on."

People told us medicines were administered effectively, and were always well documented in the care notes in their home. Medicine policies and procedures were in place for home care support workers to follow and there were systems to manage medicine safely. Care staff told us they had received medication training, and they were able to describe of the procedures they were expected to follow in the service. They had also received regular competency checks from their managers to ensure they were still following the agreed policy and procedure. One member of staff told us, "My manager has been out several times to watch what I'm doing." Another member of staff told us, "I think it works brilliantly, as there are changes all the time. Any doubt and we would ring the pharmacy." Home care support workers were aware of the procedures for administering 'as required' medicines (PRN). One member of staff told us, "I ask them if they need it and check the time that they last had it; then record it on the chart." The recording of any administration of medicines was audited by a dedicated member of the senior staff as part of the review of the care provided. Care staff told us that they received feedback from the senior staff if there was any recording issues and this had been a topic covered during their staff meetings.

People told us that their care calls were not missed, care staff arrived on time and provided the care and support as agreed. Most of the feedback was that the regular care staff whilst busy didn't make people feel rushed. One person told us, "No, you know they're busy, but they don't skimp on what jobs they have to do here." Another person told us, "Sometimes they're a bit rushed, but they don't complain and they always make sure I can reach everything before they go, they don't just go off." Care staff told us that there was usually enough staff to cover the care calls. One member of staff told us, "On the whole, most of the calls seem to be seen. We normally have enough time with people, and enough time to travel." Another member of staff told us, "It depends; sometimes we need lots of staff, but it varies due to the number of discharges from hospital."

Staffing levels could be adjusted according to the needs of people, and we saw that the number of care staff supporting a person could be increased if required. For example, where a person's mobility had changed. Senior staff had the support of the provider's human resources department when recruiting staff. They told us that all new staff had been through a robust recruitment procedure to meet the requirements of the provider's policies and procedures. There was a programme of recruitment of staff for the agency. Comprehensive recruitment practices were followed for the employment of new care staff. We looked at the recruitment records for six new care staff, and checked these held the required documentation. Checks had been carried out by the provider to ensure that potential new care staff had no record of offences that could affect their suitability to work in this setting. New care staff were able to confirm the recruitment procedures had been followed.

Is the service effective?

Our findings

People told us they felt staff were well-trained and competent, and provided a good level of care. They had been asked to consent to their care and treatment. Care staff told us they always asked for peoples consent before assisting with any support. If people refused their care one member of staff told us they would, “Respect their decision, but I always ask again. If it leads to self-neglect it’s more difficult, but you cannot force anybody, its human rights.”

Staff understood the principles of the Mental Capacity Act 2005 (MCA). They gave us examples of how they would follow appropriate procedures in practice. There were clear policies around the MCA. The MCA is legislation which provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for them. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. The senior staff told us that if they had any concerns regarding a person’s ability to make a decision they had ensured appropriate capacity assessments were completed. Care staff told us they had completed, or were due to complete this training and all had a good understanding of the need for people to consent to any care or treatment to be provided. One member of staff told us they, “Always ask before I do anything.” We asked care staff what they did if a person did not want the care and support they were due to provide. One member staff told us, “You have to give them choices; go along with what they want. If they decline, it’s their choice.” They added that they would ensure that the person’s decision was also recorded. Another member of staff told us, “You give them choice and time; and knowing the person well is important. Empower them.” Another member of staff described how a person they were assisting declined to be transferred using a hoist. The staff member respected their decision and informed their manager, who subsequently reassessed the person’s needs. People told us care staff were respectful in checking out consent before providing care. One person told us, “Oh yes they always talk to you before they start doing anything.” Another person told us, “No I don’t feel they just come in and do things to me, it’s not like that.”

People were supported by care staff that had the knowledge and skills to carry out their roles. The registered manager told us all care staff completed an induction before they supported people. This was confirmed in

recording we looked at. The induction had recently been reviewed to incorporate the requirements of the new care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There was a period of ‘shadowing’ a more experienced staff member, before new care staff started to undertake care calls on their own. The length of time a new care staff member shadowed was based on their previous experience, whether they felt they were ready, and a review of their performance. New care staff told us they had recently been on an induction. Care staff described how they had accompanied other care staff on visits during the first two weeks and one member of staff told us, “I found it useful, especially as it was a new job. It was very helpful.” Another member of staff told us, “The support has been very good. There was loads of training. Colleagues here have been very supportive and share their knowledge.” When asked about the support they had received one member of staff told us, “It’s great, I have had all the support I need. If you need anything, they help you.”

Staff received training to ensure they had the knowledge and skills to meet the care needs of people living in the service. Home care support workers received training that was specific to the needs of people using the service, which included moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. Care staff told us they were up-to-date with their training, received regular training updates and there was good access to training. One staff member told us, “Whatever training is going I put myself forward for it.” Another staff member told us, “Yes, I’m up to date. My manager keeps an eye on that.” Another staff member told us, “Absolutely, they are very, very good at that. Hot on mandatory training.” Staff had also received training and guidance on providing care and support to people receiving a rehabilitation service. Staff were being supported to complete a professional qualification. One member of staff told us they had obtained a national vocational qualification (NVQ) at Level 2 and 3 in health and social care. They confirmed that they attended training and told us the training was, “Worthwhile, an update on what is needed.”

Senior staff told us they provided individual supervision and appraisal for staff. This was through one-to-one

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meetings. These meetings gave care staff an opportunity to discuss their performance and for senior staff to identify any further training or support they required. There was a supervision and appraisal plan in place which the senior staff were following to ensure staff had regular supervision and appraisal. Staff told us that the team worked well together and that communication was good. They had received supervision from their manager, felt well supported and could always go to a senior member of staff for support. One member of staff told us, "It's either by telephone or face to face." They also described supervision as, "Very useful; supportive." Another member of staff told us, they had a supervision meeting with their line manager, "Every six weeks," adding "They are always quite good if I have a problem." Another member of staff told us, "My manager, she is ok. If I say 'can I have a word', she listens. We have weekly meetings. We air our views or problems we have had and they come back with answers." One member of staff told us that they had been supported to attend further training as a manual handling assessor following a review of their personal development plan. Additionally there were regular weekly staff meetings to keep staff up-to-date and discuss issues within the service. One member of staff told us, "We go to team meetings every week; there is constant feedback." Records we looked at confirmed this.

Where required, care staff supported people to eat and drink and maintain a healthy diet. People were supported at mealtimes to access food and drink of their choice. Care plans provided information about people's food and nutrition needs. People spoke of having either meals or sandwiches prepared and most were happy with these arrangements. One person told us they had their breakfast prepared, "They do me some porridge and when it's my regulars they get it just right, other times it's not so good but it's ok." Another person told us, "They microwave the meals I've got in, yes they make sure it's all cooked properly." Another person told us, "I used to have an 8.00am call and teatime, but was finding that the girl didn't have time to boil potatoes for me and it was a rush against time, so I had to have the mash included in the packaging that I didn't want. So now I pay for two private carers to cook me a proper dinner and the others come at 8.00am and lunchtime and just do me a sandwich instead. It's

much better for me." One member of staff described how a person they were regularly visiting health had deteriorated and they had needed time and support to eat. They told us the person's care package had been altered to accommodate this. Care staff told us they offered people a choice from the food supplies available. One member of staff told us, "We make meals for them. They have a choice of what they want. I ask them 'what do you fancy?'" Another member of staff told us they discussed with people what they wanted when they were helping with their shopping list, and said, "They choose from what's in the freezer." In some instances food preparation at mealtimes had been completed by family members and care staff were required to reheat and ensure meals were accessible to people. If people had been identified as losing weight, care staff told us there was food and fluid charts they could use, and these were completed to monitor people's intake. Care staff had received training in food safety and were aware of safe food handling practices.

People had been supported to maintain good health and have ongoing healthcare support. We were told by people and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, care staff were available to support people to access healthcare appointments if needed. Care staff monitored people's health during their visits and recorded their observations. One member of staff told us, "When you are regularly going in you know any changes. You are always listening and observing." They liaised with health and social care professionals involved in their care if their health or support needs changed. Care staff told us what they would do if they found someone was unwell. One member of staff told us, "I'd call 999 if they were extremely poorly. If they were just unwell, I would give their GP a ring and arrange for them to call." Another member of staff told us they would, "Think about calling the GP, after discussing it with them (the person). Or dial 999 if urgent." Few people had required support in this area but did say that they felt confident that they would be supported in doing so should the need arise. One person told us, "My carer did think I was a bit unwell once and was very good and called me a doctor and I know she rang the office to let them know."

Is the service caring?

Our findings

People told us people were treated with kindness and compassion in their day-to-day care. They told us they were satisfied with the care and support they received. They were happy and liked the staff. Comments received included, “They make my day and make me laugh.” “They seem like happy carers,” “My main carer (care staff) is just marvellous, very exceptional. You just feel that (care staff) is there for you like a sincere friend that wants the best for you. If things don’t go to plan (care staff) just reassures me and nothing is too much trouble. Nothing phases (care staff)” and “They are just wonderful I wouldn’t swap them for anyone.” Caring and positive relationships were developed with people. People and their relatives were very complimentary about the care staff and the quality of care that people received. We were told of positive and on-going interaction between people and care staff. One person told us, “They are very professional and courteous; I like the fact that they’re well-presented and respectable.” One member of staff told us, “I make some time to spend a little more time (with people) if they are lonely.”

Staff told us people were encouraged to influence their care and support plans. Care staff told us how they knew the individual needs of the person they were supporting. They told us they looked at people’s care and support plans and these contained information about people’s care and support needs, including their personal life histories. People consistently told us they were happy with the arrangements of their care package. They had been involved in drawing up their care plan and with any reviews that had taken place. They felt the care and support they received helped them retain their independence. One person told us, “Yes they asked me what I wanted and yes I did feel listened to.” Another person told us, “Someone comes from time to time, I can’t remember her name, but she sits and talks to me.”

People told us they felt the care staff treated them or their relative with dignity and respect. One person told us, “They

just seem to do the right things.” Another person told us, “They don’t talk to each other as though I’m not here, we chat together.” Another person told us, “It’s the way they speak to you; it’s very polite but not patronising.” Care staff had received training on privacy and dignity and had a good understanding of how this was embedded within their daily interactions with people. They were aware of the importance of maintaining people’s privacy and dignity, and were able to give us examples of how they treated them with respect. One member of staff told us when they assisted people with their personal care, “I always ask if they want me to stay with them or go out of the room if they are having a wash.” Another member of staff told us, “You have to understand it’s their home. You have to knock. When it comes to washing and dressing you have to close the doors. You ask them what they want to wear, or what they want to eat.” Another member of staff told us it is, “Having patience and being aware of different areas of care. Everyone is an individual.”

Care records were stored securely at the service’s office. Information was kept confidentially and there were policies and procedures to protect people’s personal information. There was a confidentiality policy which was accessible to all home care support workers and was also included in the home care support worker handbook. People received information around confidentiality as well. Care staff were aware of the importance of maintaining confidentiality and could give examples of how they did this. One member of staff told us, “It’s personal information. If a neighbour asks about them I say ‘go and ask them yourself.’” Another member of staff told us, “You don’t discuss about the job outside of work. You should be aware of what the family should know or not know.”

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to people. The registered manager was aware of who they could contact if people needed this support.

Is the service responsive?

Our findings

People told us they felt included and listened to, heard and respected, and also confirmed they or their family were involved in the review of their care and support. One person told us, “I’m four weeks in and I know they’re going to reassess me soon and we’ll have a chat about it all.” People told us they were listened to and the service responded to their needs and concerns. People’s regular care staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. However, feedback from people was that there was a lack of continuity of care workers providing their care. One person told us, “They’re mostly regular, but sometimes strangers arrive, I don’t know whose coming and I don’t like it. I think the weekends are worst.”

People told us they had been involved in developing their care plans, felt they had been listened to and their needs were top priority. A detailed assessment had been completed for any new people wanting to use the service. This identified the care and support people needed to ensure their safety. One relative where the support was very recent told us, “Yes myself, Mum and Dad all discussed it together with them.” Care support managers then undertook the first visit and completed the care and support plans and the risk assessments. The care and support was personalised and care staff confirmed that, where possible, people were directly involved in their care planning and in the regular review of their care needs. One staff member told us, “Some are involved, if they want to be.” The care and support plans had been developed to be used in all the rehabilitation services in Brighton and Hove and enabled clear instructions about the care and support needs of the individual, the outcomes that people hoped to be achieved, with the support provided to be recorded. However, the detail of the care to be provided on the sample of care plans we looked at was variable. The lack of guidance for care staff to follow had the potential for a lack of a consistent approach in the care and support provided. We discussed this with the registered manager on the second day of the inspection. She confirmed this was an area senior staff had already identified to be improved and they showed us they were already working on this to address with care staff. This is an area that requires improvement. Care and support plans had been regularly

reviewed. We judged this had not impacted on the care provided to people. Care staff told us that people’s care and support plans were up-to-date and gave them the information they needed. If there were any changes in the care and support they would ring up the office and ask for someone to come out and update the information. One member of staff told us, “They are very good, we tell the manager if people’s needs change and they will come and update the care plan.” Another member of staff told us, “We use them. When we have a problem we call the manager and they will update them.” Any changes had been made in a timely way.

Feedback was varied as to if people always got their visit from regular care staff. One person told us, “Even if you had the same ones for a week at a time that might even be better.” Another person told us, “It’s much better with the ones that know you and you see regularly, you get a rapport going.” Another person told us, “It can be very frustrating when ones come that don’t know you as you have to explain everything and it’s not as relaxing.” Another person told us, “I sometimes feel like I’m starting from scratch.” Another person told us, “It gives my wife a rest and she knows I’m being well looked after and has complete confidence in them. They come to our house as a friend, but at the same time are very professional. We appreciate the continuity. Very occasionally (once every couple of months) if someone is on holiday they have to use agency and my wife helps out as the carer won’t know me well enough so we have agreed that its best like that if they can just ring us a few hours before.”

Feedback from the care staff was also varied about the continuity of care staff providing people’s care calls. One member of staff told us, “Different people turn up, which is a bit unfair on them.” Another person told us, “We need more consistency regarding visits as we have six or seven carers going in due to leave and sickness. It goes through periods; they should have regular carers. We constantly bring this up at meetings. It’s our biggest bugbear.” They gave an example of one person using the service, where it had been arranged that only four care staff provided support. They stated “It has worked well, made the family happy, with more continuity.” Another member of staff told us, “There is a problem there. It’s due to sickness and leave, but they (the managers) try.” Another member of staff told us, “It happens, but they try to give you the same person, but holidays and sickness are a problem.” We also discussed this feedback with the registered manager who

Is the service responsive?

acknowledged this had been particularly difficult the previous month. Senior staff showed us how care calls were rotered, and work being completed to try to address this and improve the continuity of care staff. They told us the system highlighted individuals' preferences, such as a preference of male or female care workers, which was considered when scheduling the care calls. Care staff covered a geographical area and within that had tried to allow for short travel times between care calls, which decreased the risk of care staff not being able to make the agreed appointment times. This is an area that requires improvement.

People told us when a new care worker arrived they were unfamiliar with, they invariably didn't know they were coming, as no rotas were provided. One person told us, "I have another care agency as well and they provide a rota which would be really useful so you know who to expect." We were also told that care workers didn't routinely present their identification. One person told us, "They didn't show me any [identification], but I assumed they were from the agency." Another person told us, "I presume they must have ID but I never thought to ask." We discussed this with the registered manager, as this had been highlighted as an issue as part of the providers own quality assurance monitoring. They told us this feedback would be given to the care workers at the next team meeting, and the importance of proactively showing their identification when going to see new people would be reiterated. This is an area that requires improvement.

For the majority of people, the service was for a short period to help them regain their independence. Several people spoke of how the package of care had reduced in accordance to their needs and they had understood and been happy with this process. One relative told us, "They don't just come in and do everything it's very much about encouraging (person's name) to help promote (person's name) independence again." Care staff were asked how they helped promote people's independence. One member of staff told us, "You have to rein in sometimes. If it means waiting for ten minutes for them to get up, it's got to be done. You need patience and encouragement." Another member of staff told us, "I love my job. I encourage where possible. It can be difficult where they feel there is someone there to do it for them."

People and their relatives were asked to give their feedback on the care provided through spot checks of the work completed, reviews of the care provided and through quality assurance questionnaires which were sent out at the end of each period of care. Where people had concerns they were made aware of how to access the complaints procedure and this was available in the information guide given to people who used the service. The complaints policy gave information to people on how to make a complaint, and how this would be responded to. The policy set out the timescales that the representatives of the agency would respond in, as well as contact details for outside agencies that people could contact if they were unhappy with the response. The information provided to people encouraged them to raise any concerns that they may have. Care staff told us they would encourage people to raise any issues that they may have with directly the manager. Where people had raised concerns they told us the agency had acted promptly and appropriately. Care staff were asked how they dealt with complaints from people. One care staff described how they had gathered information about a complaint from the person and took it to their line manager. When asked if their manager had followed up the complaint they told us, "Yes, they dealt with it." Another member of staff told us, "I would phone the duty manager and record it. I would contact my manager as well." They added that they felt "They (the complaints) do get dealt with."

We looked at how people's concerns and complaints were responded to, and asked people what they would do if they were unhappy with the service. People told us that if they were not happy about something they would feel comfortable raising the issue and knew who they could speak with. Records showed comments, compliments and complaints were monitored and acted upon. Complaints were being handled and responded to appropriately and in line with the provider's policy. One person told us, "Oh I do tell them if I'm not happy." Another person told us, "I'd ring and speak to (managers name) he's ever so nice there and very flexible if I need to change anything."

Is the service well-led?

Our findings

People told us they would definitely recommend the service and that it was well led?. One person told us, “In fact I’ve just written them a thank you card, I don’t know what I’d have done without them and I shall miss them.” One relative told us, “Its complete peace of mind for us all as a family.” One member of staff described the managers as very supportive adding, “I think they do a very good job.” Another member of staff told us, “There is a very strong culture of openness and transparency.” Another member of staff told us, “I think they do a very good job.”

There was a clear management structure with identified leadership roles. The registered manager was supported by two operations managers and a team manager. Care staff told us they felt the service was well led and that they were well supported. One member of staff told us, “Yes, as much as it can be. It’s a huge service.” Another member of staff told us the level of communication within the service was, “Excellent” adding that they were able to highlight any problems at meetings and seek clarification on any issues they may have.” They said they felt the service was well led adding, “I think they are very, very focused and that comes from the top down.” Care staff told us the registered manager and supervisors were approachable, knew the service well and would act on any issues raised with them. One member of staff told us of the registered manager, “She is very organised.” Another member of staff told us, “She has her finger on the pulse.”

There were systems in place to drive improvement and ensure the quality of the care provided. Staff demonstrated an understanding of the purpose of the service, with the promotion and support to develop people’s life skills, the importance of people’s rights, respect, diversity and an understanding of the importance of respecting people’s privacy and dignity. Senior staff monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received, completing reviews of the care provided, and undertaking visits to review the quality of the service provided. This included arriving at times when the care staff were there to observe the standard of care and to obtain feedback from the person using the service. These visits were also used to review the care records kept at the person’s home to ensure they were appropriately completed. If any concerns were identified during spot checks care staff told us this

was discussed with individual staff members during one to one meetings with their manager. Additionally, any issues identified had been discussed with the care staff team as a topic at the staff meetings, or had been detailed in the staff newsletter.

Staff meetings were held throughout the year. These were used as an opportunity to both discuss problems arising within the service, as well as to reflect on any incident that had occurred. Staff told us they felt they had the opportunity if they wanted to comment on and put forward ideas on how to develop the service.

Senior staff carried out a range of internal audits, including care planning, checks that people were receiving the care they needed, progress in life skills towards independence, medication, health and safety and infection control. They were able to show us that following the audits any areas identified for improvement had been collated into an action plan, work completed to address any shortfalls and how and when these had been addressed. The provider visited with a representative from the local Clinical Commissioning Group (CCG) and audited the care provided. We looked at the last record of their visit which detailed they had looked at recording and the care and support provided. An action plan had been drawn up, which the registered manager told us had been addressed.

The registered manager had regularly sent statistical information to the provider to keep them up-to-date with the service delivery. We looked at the last report which gave the provider information on staffing, incident and accidents. This enabled the provider to monitor or analyse information over time to determine trends, create learning and to make changes to the way the service was run. The registered manager told us that where actions had been highlighted these had been included in the annual development plan for the service, and worked on to ensure the necessary improvements. Records we looked at confirmed this. The registered manager was able to attend regular management meetings with other managers of the provider’s services. This was an opportunity to discuss changes to be implemented and share practice issues and discuss improvements within the service.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). Senior staff had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. Policies and

Is the service well-led?

procedures were in place for staff to follow. There was a policy and procedure on people's responsibility under the Duty of Candour. This is where providers are required to ensure there is an open and honest culture within the service, with people and other 'relevant persons' (people

acting lawfully on behalf of people) when things go wrong with care and treatment. We discussed this with the registered manager during the inspection who demonstrated an understanding of their responsibilities.