

Wetherby Home Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The inspection took place on 14 June 2016 and was announced. This was the first inspection.

Wetherby Home Care Limited provides care and support to people in their own home. The office is based in Wetherby and they provide support to people in the Wetherby and York area of Yorkshire. It is a small family run business.

The service had a registered manager. 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.

We found there were appropriate systems in place to protect people from risk of harm and safeguarding procedure were in place. There were policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA) and staff had received training in the MCA.

People's care and support needs were assessed and care and support plans identified how care should be delivered. People and relatives we spoke with told us they were very happy with the service they received and staff were kind and caring, treated them with dignity and respected their choices. Most people told us they would recommend the service. People received assistance with meals and healthcare when required. We found there were appropriate arrangements for the safe handling of medicines. However, the recording of some information on the medication administration records was not robust.

There were enough staff to meet people's needs. We found people were cared for, or supported by, appropriately trained staff. Robust recruitment procedures were in place. Staff received support to help them understand how to deliver appropriate care. People who used the service said their visit times suited their wishes and staff always stayed the agreed length of time.

People who used the service, relatives and staff all told us the management of the service was very good. They said the registered manager was hands on, approachable and responsive. We found there were appropriate systems in place for the management of complaints and effective systems to monitor and improve the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was mostly safe.

Staff understood how to keep people safe and where risks had been identified action had been taken to mitigate those risks.

There were enough skilled and experienced staff to support people and meet their needs. Robust recruitment procedures were in place.

Staff made sure people received their medicines safely. However, the recording of some information on the medication administration records was not recorded accurately.

Is the service effective?

Good 

The service was effective in meeting people's needs.

Staff received training appropriate to their job role, which was continually updated.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

Staff supported people with their meals and healthcare needs when required.

Is the service caring?

Good 

The service was caring.

People were very happy with the care and support provided to them. Feedback about the quality of care and support was consistently positive. People were supported by regular care staff.

Staff used their knowledge of people to deliver person centred care.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive to people needs.

People had their health, care and support needs assessed and individual preferences were discussed with people who used the service. People's care and support plans provided staff with the information they needed to meet individual's needs.

People were provided with information about how to make a complaint.

Is the service well-led?

Good ●

The service was well led.

People who used the service, relatives, staff we spoke with were very positive about the management team. They all said the registered manager was committed to providing the best service they could offer and was approachable.

There were effective systems in place to monitor and improve the quality of the service provided.

Wetherby Home Care Limited

Detailed findings

Background to this inspection

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

This inspection took place on 14 June 2016 and was announced. The provider was given notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team consisted of one adult social care inspector and an expert-by-experience who had experience of people who used a domiciliary care service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of this inspection there were 34 people were receiving personal care from Wetherby Home Care Limited. We spoke with 11 people who used the service and 10 relatives on the telephone, five staff, the registered manager and the nominated individual. We visited the service and spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at four people's care and support plans.

Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority who told us Wetherby Homecare provided a consistently high standard of service. In the first year, they had established a reputation for offering high quality person centred service. Feedback passed to social workers from family members was on how proactive Wetherby Homecare were, the good quality of communication, how well the care staff engaged with and enabled a relative who was receiving care, how supportive the manager was and what a wonderful team of care staff they had. The local authority stated Wetherby Homecare went

'above and beyond' the usual domiciliary care practice. We contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

We asked people who used the service if they received assistance with their medicines. Some people told us they were reliant on carer workers to give them their medicines and that worked very well. People who used the service told us they felt well supported with their medicines. Comments included, "They give me my pills, morning and evening, they do that perfectly well", "They change my 'patch' once a week and they do that fine", "They do all my pills, I have been so poorly so that's important, they do those right", "They do all the medicines, if they didn't come and do them we wouldn't be here now" and "They do my medicines for me, they do them as they should."

Relatives we spoke with told us, "They look after her medications, they noticed when the chemist sent the wrong things in the blister pack, they rang and said 'this doesn't look right' so I am very happy with that", "We have had other care agencies and it was awful, the council came up with this one and what a difference, [name of person] has her medication in blister packs" and "They do give [name of person] their pills."

The provider had policies and procedures relating to the safe administration of medication in people's own homes which gave guidance to staff on their roles and responsibilities. We looked at the medicines care plans and saw they gave staff clear instructions on how medicines should be administered and what tasks staff members could and could not undertake in relation to administering medicines.

The majority of people's medicines were provided pre-dispensed from the local pharmacist, which minimises the risk of errors being made. Staff who administered medicines told us they had completed training which had provided them with information to help them understand how to administer medicines safely.

We noted from the PIR there had been 232 medicines recorded related errors with medication in the last twelve months. We looked at the medication administration records (MAR) in the office and saw they had not been consistently signed by staff each time medicine was given. We saw the nominated individual had started to review the MAR's on a monthly basis and action plans were created and appropriate staff spoken with regarding the signing of the MARs. The nominated individual told us the errors had dramatically reduced with the introduction of the audit process. One staff member told us, "I inform [name of manager] if things are missed and this makes sure they are corrected." Another staff member told us, "The medication process is safe."

We were told by the nominated individual people's prescription information was transferred on to coloured sheets, which indicated the time the medication would be required. For example, yellow was for morning medication. We noted from the MAR that some had been transcribed incorrectly, For example, one person's MAR stated venclafaxine 1 pink/grey 37.5mg tablet in morning. The 37.5mg had been crossed out and replaced with 3.75mg. We also noted some entries on the MAR had been hand written and were not signed or checked that these had been transcribed correctly.

We saw there was a coding system on the MAR to show when people had taken their medication, refused,

not required and other. We noted that no explanation was given on the MAR or the person's daily notes as to why they had refused or the medication was not required. The 'other' code was also not explained. We spoke with the registered manager and the nominated individual about the MARs and they said they would address these issues immediately. In the PIR the provider told us, 'We are adding a category to our system to better record medication errors or potential problems. This will be implemented by the end of June 2016'.

We also saw people had been prescribed creams. The nominated individual told us, cream or lotion body maps were in place to show staff exactly where these needed to be applied, however, these were kept in people's homes and copies were not available in the office. Staff we spoke with confirmed body maps were shaded and used when creams were required.

Staff we spoke with had a good understanding of safeguarding and were able to confidently describe what they would do should they suspect abuse was occurring. Staff had received training in safeguarding adults and we saw safeguarding and whistleblowing policies were available.

They told us no safeguarding incidents had occurred within the service; however, staff said they were able to raise any concerns with the registered manager knowing that they would be taken seriously. These safety measures meant the likelihood of abuse going unnoticed were reduced.

In the PIR the provider told us, 'Staff have all had safeguarding training and are scheduled to receive refresher training'.

Risks to people's health and safety were assessed. We saw risk assessments for moving and handling, falls, infection control and medications. There was guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

We saw before a service was offered the registered manager completed an assessment which included looking at the person's home environment in order to identify any potential hazards to the individual or staff member. These included internal and external areas of the home.

There were procedures for staff to follow should an emergency arise in relation to the deterioration in the health or well-being of someone who used the service.

In the PIR the provider told us, 'Risk assessments are done on premises, medication, risk of falls, moving and handling and the risk of infection. They are reviewed as required, for example in the event of a change in the client's requirements. Occupational therapist has been contacted in a number of cases to provide up to date assessments, equipment and training in the use of equipment for specific individuals. We also check that they have successfully logged out of the final call at night'.

The service operated a robust recruitment and selection process. The registered manager was active in the recruitment of staff and made sure they would be the 'right' person to join the team and work within the ethos of the service. Appropriate checks were made before staff began work, including a Disclosure and Barring Service (DBS) check. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. The staff we spoke with told us the recruitment process was thorough and they had not been allowed to start doing solo visits before all the relevant checks had been completed. The staff files we looked at included an application form, interview notes and references.

In the PIR the provider told us, 'There is a structured interview and recruitment process, references are taken up, if there is no response to a written request a verbal reference is sought'.

There were sufficient numbers of staff available to keep people safe and provide consistent care and support. We spoke with the registered manager who told us staffing levels were determined by the number of people and their care and support needs. They said they would not offer a service to any new customers until they had enough staff in place to cover the visits. People who used the service told us they received support from the same group of care workers which helped to ensure continuity of care. People we spoke with confirmed they had regular and reliable staff and knew the times of their visits and were kept informed of any changes. Comments included, "They turn up on time, I have never had a missed call", "They are more or less on time, they have never been so late that they have needed to ring me", "I usually know who is coming or they'll say 'I'll be back lunchtime'", "They are on time", "They turn up on time, I have had no problems", "They changed the time, they should come at 8:00am but they come at 7:00am, they should send a letter to say so" and "They haven't missed any calls just the times are off."

Relatives we spoke with told us, "They ring if they are going to be late so [name of person] doesn't get anxious", "[Name of person] likes them as they only send ladies, she's had other agencies and sometimes they would send men and that frightened her" and "[Name of registered manager] tries to send the same carers as [name of person] has dementia now and it's better that she knows who it is", "They come on time and if they get held up the ring."

One relative said, "Well they could improve their communication for a start, take this morning they had got [name of person] up and he was very poorly but they didn't tell me. I rang the office and [name of registered manager] said the carers had told me. We sort of know who is coming but sometimes it's different ones and I say 'can you tell me who you are but sometimes they don't even speak to you and it can be frightening. We haven't had a missed call and they ring if they are going to be late.'" We spoke with the registered manager who told us they had had several meetings and discussions with the family member to try to resolve their concerns and they would continue to do so. We also spoke with the local authority who told us, "Wetherby Homecare have worked consistently with social workers and wider family members over a period of time to support the relative and the person in addressing their concerns."

The registered manager recorded details of the times people required their visits and which staff were allocated to go to the visit. Staff we spoke with told us they had been allocated enough time to complete each call and were always introduced to the person before they carried out any visits. One staff member told us, "I have never been aware that calls are not met." Another staff member told us, "Never know calls not to be done."

People who used the service told us they had telephone numbers for the service so they could ring during office hours and in the evening and weekends should they have a query.

In the PIR the provider told us, 'Staff are always introduced to the client by a member of staff known to them; they do not turn up unannounced. This also enables the staff to be aware of a client's particular needs prior to any visit they make on their own. We do not take on any additional customers unless we are confident that we have adequate staff to support them'.

Is the service effective?

Our findings

We asked people who used the service and relatives if they felt staff had the right skills and experience to provide them with care and support. These were the comments people made; "They come four times a day, often it's different ones but I couldn't call one better than another", "They are very well trained", "They seem on time and do everything they should" and "They seem well enough trained."

Staff we spoke with said they had regular meetings and an annual appraisal which gave them an opportunity to discuss their roles and options for development. We looked at staff records which confirmed staff meetings were held. The registered manager told us, they hired a room once a week for supervision; however, these were not formally recorded. They said they were in the process of formalising supervision and this would be documented. We saw the supervision matrix for 2016, which showed dates of when some staff supervision had been held and some of these were group supervision. The registered manager also explained if staff needed additional support they could contact them at any time. Staff we spoke with told us they were well supported by other staff members and the registered manager.

We saw from the training matrix staff training was up to date. Staff we spoke with told us the training was good and provided them with the knowledge and skills they needed to deliver care and support. This showed us staff were receiving appropriate training and were being supported in their roles.

1. ☐ We saw some 'spot checks' were made while staff were working in people's homes. This is a check made without warning. This was to make sure they were applying their learning and knowledge in practice. However, this process was been reviewed and re-launched as one of the staff was now in a senior position and this would be part of their responsibilities.

The registered manager told us some staff would be completing the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The service had a staff induction programme that was completed by all new members of staff on commencement of their employment. We were told by staff this included training, policies and procedure for the organisation and shadowing of other staff members.

In the PIR the provider told us, 'New staff have a period of shadowing to introduce them to all the clients and to ensure that they are competent and confident in the client requirements and the company standards before they start to work alone. We will continue to use external training providers to provide annual refresher training and the initial Care Certificate training but we will introduce more in house packages. We will open an office in the area and this will have an area specifically to enable us to increase the amount of training that we provide for the staff. We anticipate being in the office May/June 2016'.

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.

We found the service was working within the principles of the MCA. Members of staff and the management team demonstrated a good understanding of this legislation and what this meant on a day to day basis when seeking people's consent. Staff had access to policies and procedures. People told us they were supported to make their own decisions. One staff member told us, "Choice is offered every time. I ask if I can wash up a bit and if they say no, I don't." Another staff member told us, "People get a lot of choice." A third staff member said, "The MCA training was an eye opener and now I always encourage people to make decisions." People had signed documents within their care and support plan and these included consent to care and support and administration of medication. These showed the person agreed with the care package and the support provided.

We saw evidence people's individual dietary needs and preferences were being planned for and met. Staff had a good knowledge of people's dietary preferences and the level of nutritional support people required. Staff told us they would prepare meals for people and this would be from items already purchased or ready meals. One staff member told us, "We prepare ready meals and on occasion do some shopping." Staff told us before they left their visit they made sure people had access to food and drink.

People we spoke with told us, "They do my meals, my breakfast and my lunch and my tea. They make what I want, I have ready meals but they make egg and bacon if I want it, they leave me a sandwich and fruit for later", "They do all the meals, that's ok, they make what I ask for, but they don't wash up properly", "They do my evening meal, my daughter leaves me a meal and they serve it up to me" and "They do ready meals for me, I chose them or they make me a sandwich, whatever I want."

Relatives we spoke with said, "[Name of person] wasn't eating but with them leaving a sandwich or a sausage roll out for her, she's eating again", "They see to her meals, we have ready meals for lunch and they make a sandwich or a salad for later with yoghurt or fruit" and "They do breakfast and we do his meals but we are away in July so they are going to do them then."

We found people who used the service or their relatives dealt with people's healthcare appointments, although staff told us they did sometimes arrange GP, dental or optician's appointments for people when needed. If there were other concerns about a person's health staff told us they would call the GP, an ambulance or 111, they would also alert the registered manager. One staff member told us, "Just a month ago I contacted 111 for advice." People we spoke with told us, "I had a small stroke last year and the carer came in and found me, she called everyone she should, so it's very reassuring" and "I have to go to hospital a lot and [name of registered manager] often takes me herself and brings me back, isn't that nice, there is not many who would do that and I have had other agencies, so I know."

One relative we spoke with told us, "They are very proactive in looking after [name of person] they offer her different things if she won't eat, they spotted her difficulty in getting out of the bath and contacted the OT themselves and sorted out a shower for her, they spotted she was struggling with her tea cup and suggested a thermos cup with a lid and she is back enjoying hot tea again." Another relative said, "[Name of person] health has been deteriorating and if I hadn't had them she would be in a nursing home now but they are so good."

In the PIR the provider told us, 'We have a good working relationship with other health care professional e.g. district nurses and occupational therapists'.

Is the service caring?

Our findings

Everyone we spoke with were very satisfied and happy with the staff who provided their care and support. People who used the service told us, "They are very nice to me and polite, I like it", "They are really good. They are nice girls, really helpful", "They are very nice, they are polite to me, I am very happy with it", "It's lovely, I couldn't do without it. They are so nice and such a great help to me", "I can't fault them. The girls are so good to me, I can get depressed in the winter months but this year with the girls coming in, they just keep you going", "It's very good, I can't fault it. They always say 'is there anything else we can do' they are so nice, so caring, they help me a lot" and "They do everything I want, they are nice when they are here."

Relatives we spoke with told us, "They are polite to [name of person] and do everything", "Oh we are very pleased they look after [name of person] lovely, they do everything they should and they are so nice with him", "They are marvellous, I couldn't ask for better. They were so kind to me when [name of person] was in hospital; they talked to me and gave me advice, which they didn't need to do. They are just so good, I don't know how I would cope without them, the carers are very nice, the two we have mostly have very calming ways, you can't fault them", "They have been marvellous, they are really nice, I couldn't do without it" and "It's a refreshing change, this is so much better we are very happy with it."

In response to a survey the service had sent out this year one person had stated, "Such an excellent service for [name of person] and ourselves. So glad we found Wetherby Care."

In the care plans we looked at we saw they were easy to follow and provided staff with information and direction to make sure that people received the care and support they needed safely and in the way they preferred. There was detailed information about people's preferred routine and their personal preferences, past life and experiences.

We found the registered manager and staff to be motivated and enthusiastic about making a difference to people's lives. One staff member told us, "The manager went above and beyond recently for one person." Staff told us people were supported very well. One staff member said, "I look at people and image that is my mum and treat them accordingly." Another staff member told us, "We are a good team and work well together." A third staff member said, "Care is really good and we have lots of time, we have time to chat and have a cup of tea. Sometimes we are the only people that go in to see them."

People told us they were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out.

The registered manager told us they also delivered care and this gave them the opportunity to speak with people and assess if the care and support plan was up to date. Formal care reviews were held with the person and/or their relative annually or sooner if needed.

In the PIR the provider told us, 'We look to develop a close working relationship with the families of clients involving them as much as possible in the development of the care delivered whilst preserving the client's

dignity and independence. We take account of the preferences of clients in setting rotas and if they are more comfortable with some carers for certain types of care'.

Everyone we spoke with confirmed the care workers and the office staff were always respectful and helpful in the dealings they had with them. People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. People told us care workers ensured their privacy was protected when they provided personal care.

We asked staff how they ensured people's privacy and dignity was maintained and we saw support was tailored to meet people's individual needs. One staff member told us, "I make sure the curtains are closed as they live in a bungalow." Another staff member said, "I make sure people don't feel embarrassed."

In the PIR the provider told us, 'The company statement 'is our primary value is that the needs, dignity, independence and wellbeing of our clients is paramount', we reinforce this message on an on-going basis in discussion with staff about their performance and by our own words and actions'.

Is the service responsive?

Our findings

People who used the service we spoke with told us they were happy with the standard and quality of care they received.

Before people started using the service, the registered manager visited them to assess their needs and discussed how the service could meet their care needs, wishes and expectations. The information was then used to complete a more detailed care and support plan which provided staff with the information to deliver appropriate care. We found care and support plans were developed, with the person and/or their relative, to agree how they would like their care and support to be provided. Care and support plans contained details of people's routines and information about people's health and support needs. There was also person centred information recorded within care and support plans. This information was important to enable staff to deliver person centred care. One person told us, "They came out originally and sorted everything out, I have had a questionnaire, but that was a while ago."

Relatives we spoke with told us, "They came out and sorted out the care package, we added things like making a sandwich and the laundry", "[Name of person] has dementia and she can't remember people coming but it's all documented in the folder and she seems happy, not disturbed at all", "We have just started with the service so we did all the planning, and so far so good" and "We had an original planning meeting."

Staff told us care and support plans were kept up to date and contained all the information they needed to provide the right care and support for people. The registered manager told us a copy of the care and support plan was kept in the person's own home and a copy was kept in the office. We saw care and support plans were reviewed annually, or sooner, if people's needs had changed. The nominated individual told us they were in the process of adding a checklist to people's care and support plans for staff to check they had performed all of the detailed care tasks required before they left the person's home. One staff member told us, "The check lists are very useful."

People we spoke with told us, "The manager I see quite often", "[Name of registered manager]) has been out several times to check", "They have been out a few times from the office to see me, I can't remember a survey", "They do check from time to time" and "They come from the office to check with me from time to time."

Relatives we spoke with said, "The office has been chasing me for a review date, so they do that", "We have regular reviews, well I have got the managers mobile number if I needed her, I can't remember a questionnaire but there might have been one" and "We haven't had a review for a while but he has been in and out of hospital."

In the PIR the provider told us, 'Our policy is that the registered manager always does the initial client visit, with family present if possible. This ensures she is fully apprised of the desired outcomes and these are reflected in the care plan.'

The registered manager and nominated individual told us they were looking to forge links with local community groups and identify organised activities that people may wish to be involved or take part in.

A relative said, "The carers seem very good in engaging [name of person] in activities and with the better weather they take her to the park. They have brought in decoupage and glass painting or they find videos of things she likes. They have actually been quite inventive."

In the PIR the provider told us, 'There are some local facilities, for example, a 'Dementia Cinema' session that are available that would be of benefit to our clients and we shall seek to make arrangements for clients to attend these within their package of care'.

Staff we spoke with told us people's complaints were taken seriously and they would report any complaints to the manager. The registered manager said people's complaints were fully investigated and resolved where possible to their satisfaction.

We looked at the complaints records and saw there was a system in place to make sure any concerns or complaints would be recorded together with the action taken to resolve them and the outcome. This showed people's concerns were listened to, taken seriously and responded to promptly. One person said, "I have no complaints at all."

Compliments we saw included, "Thanks for all your efforts" and "Thank you very much for the wonderful care and kindness, you all showed to [name of person] over the past months, the whole family are very grateful to you all."

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who worked alongside staff overseeing the care and support given and providing support and guidance where needed. The nominated individual also worked closely with the registered manager and staff team.

Staff we spoke with told us they felt supported by the registered manager and they were very approachable and supportive. Comments included, "They do the best they can and have appointed a senior which is good. [Name of registered manager] is approachable and amenable", "They are really approachable and they will do there utmost to help you with your personal issues", "They are a good employer", "Very good management", "It is family run and that is what I like and they are interested in you", "I am happy in my job, I am happy with the management and things are improving all the time. It is a family friendly service" and "Works as a little family."

We asked people who used the service and their relatives about the management of the service. Everyone we spoke to knew the managers and staff by name and said they were helpful. They were complimentary about the service. One person said, "We had four visits a day when I came out of hospital but then the girls said 'you don't really need this' so they asked and we are on twice a day now and it's working very well." Another person told us, "If I am going out or going away I just call the manager and she sorts it no problem." Relatives said, "I am pleased to say the standards are high, I used to work for [name of another care provider] and expect good standards and I am pleased to say it is good. Much better than I expected", "They ring me and let me know if [name of person] needs anything or how she is. They keep me right about how she is in comparison to other older people living on their own, as I didn't know, it's been really helpful to me", "We can contact the managers at any time to ask them anything" and "We are going away and it was easy to change things with the office, no problem."

The service had effective systems to manage staff rotas, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant the registered manager only took on new work if they knew there were the right staff available to meet people's needs. The registered manager explained they used as electronic monitoring system which enabled them to monitor staff movements in actual time and they were able to send messages between the office and the staff. This also showed reoccurring schedules and monitoring of call times and length of stay. Staff were able to add notes to the electronic system for the registered manager. Staff were also encouraged to report any concerns. One staff member told us, "The information flow works well." Another staff member told us, "Communication is effective and the app and messaging works well." The registered manager told us they were looking at developing the electronic system further to include staff training information and people's medication regimes.

We saw there was a quality assurance monitoring system in place that continually monitored the service provision. The nominated individual told us they had stopped taking new people at the moment as they were pausing growth to review the service they were providing and were in the process of making changes to improve the service they offered. We saw the nominated individual audited people's care and support

plans, risk assessments and MARs. They also showed us a care performance review and update dated June 2015 to March 2016, which included client and staff information, systems and procedures, rota planning, care plans and MAR information. We saw a quarterly report that was sent to York city council, which included staff training, late calls, missed calls, safeguarding, complaints and customer reviews. This showed us any shortfalls in the service were being identified and action taken to address them.

Systems were in place to seek and act on people's feedback about the quality of the service. The registered manager met and spoke with people on an informal basis during periodic visits. Quality questionnaires were sent to people periodically. We looked at the ones which had been returned in 2016 and saw responses were very positive. For example, when asked 'how satisfied are you with the service', 77% of people said they were very satisfied and 91% would definitely recommend the service. This showed us the registered manager and nominated individual were continually looking at ways to improve the service and was interested in people's views.

People who used the service and relatives we spoke with told us, "I would recommend them, I did have another agency three years ago but sometimes they wouldn't turn up, these always do and I know who to ring", "I am really happy with it and would recommend them to anyone", "I would recommend them to anyone they are marvellous", "We would recommend it, it seems ok", "I would recommend them to anyone and I am very particular" and "Recommend them, probably not."

The registered manager and nominated individual had a clear vision, values and were enthusiastic about how they wished the service to be provided and these values were shared with the whole staff team. Staff had adopted the same ethos and enthusiasm. Staff told us they received regular support and advice from the registered manager via electronic systems, phone calls, face to face individually and at meetings.

The registered manager told us they were in the process of reviewing the 'spot check' procedure with a view to these becoming more robust and this should be completed by July 2016.

The registered manager told us that no accident or incident had been reported.

We saw staff had opportunities to contribute to the running of the service. One staff member told us, "We have not had a team meeting for a while but communication with the management team is effective." Other comments included, "They always ask if we have any concerns" and "They look after your welfare." In the PIR the provider told us, 'There is a strong emphasis on openness within the company and staff are encouraged to give honest feedback even when it may be seen as criticism. We actively seek to demonstrate that the feedback will be used constructively and sensitively'. Staff we spoke with told us they were happy to provide feedback to the management team.