Meritum Integrated Care LLP

Meritum Integrated Care LLP (Ashford)

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on the 11, 15 and 16 of October 2018 and was announced.

Meritum Integrated Care LLP (Ashford) is a domiciliary care agency. It provides personal care to adults who want to remain independent in their own home in the community. The service also provides care and support at Homebridge. Homebridge is a short-term rehabilitation unit where people have their own flat and stay for up to 6 weeks. At the time of the inspection 35 people were receiving the regulated activity personal care, two of these people were at Homebridge. Most of the people who use this service are older adults.

People's care and housing at Homebridge are provided under separate contractual agreements. This inspection looked at people's personal care and the support service. At the time of the inspection not everyone using the service or living at Homebridge received a 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.

At the last inspection in December 2017 the service was rated overall as requires improvement. Following this we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, responsive and well-led to at least good. At this inspection we found that the service had improved, the service is now rated Good.

There was a registered manager at the service who was also the area manager for the providers' two other locations. 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.

At the previous inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In that the provider and registered manager had failed to adequately assess all risks relating to people's care and support, and they had failed to implement systems and processes to ensure the safe management of medicines.

At this inspection we found that the provider had taken the necessary steps to improve. Risks to people had been assessed and there was guidance in place for staff to minimise these risks. The administration of medicines had significantly improved and there were systems in place to ensure that people got their medicines as prescribed. However, we found that one person's cream did not have the date on which it was opened.

At the previous inspection we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In that the provider and registered manager had failed to ensure

that information within people's care plans reflected their assessed needs and preferences. At this inspection we found that the service had improved. Care plans were detailed and provided staff with the information they needed about people's assessed needs and how people liked to be supported with these needs.

At the last inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider and registered manager had failed to ensure the safe management of medicines. Records were not always complete or accurate. At this inspection we found that records were complete and accurate including medicine records. There were effective systems in place to improve the safety and quality of the service. Regular audits were being undertaken which had identified where action needed to be taken to improve the service and keep care plans up to date.

There were enough staff to support people to remain safe and there were no missed calls. People had regular carers and the care provided to people was consistent. People told us that staff were reliable and stayed for their allotted time. Staff were recruited safely and there were appropriate pre-employment checks in place.

People were protected from abuse. Staff understood how to report abuse. The registered manager understood their obligation to report concerns and knew how to do so. There had been no incidents or accidents involving people since the last inspection. Previous incidents had been reported, investigated and followed up appropriately and people's care plans were updated. One of the providers' other services had recently been inspected and learning from that inspection was shared across the providers' services and was communicated to the staff.

There were systems in place to ensure that people were protected from infection, such as the use of gloves and aprons where needed.

People's needs were assessed prior to the receiving a service or moving in to the Homebridge rehabilitation unit. This information was used to plan people's care and support. Staff had the skills and training they needed to support people. New staff completed an induction which included shadowing more experienced members of staff. Staff were regularly supervised, undertook annual appraisals and there was a system for spot checking staff performance in place.

Where people needed support with eating and drinking this was provided. People had the support they needed to access healthcare. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff knew people well and treated people with kindness and respect. People's privacy and dignity were promoted. Records were kept confidential. Care plans provided the information staff needed to support people to maintain their independence. People's views about their care were listened to and people were involved in planning their own care. Care plans were reviewed annually or where people's needs had changed. There were processes in place if people wanted to complain if they chose to do so. There had been no complaints since the last inspection.

The service had a clear vision and values which were displayed at the office and understood by the staff we spoke to. There was an open and transparent culture and staff felt that they were well supported. There were regular staff meetings and staff were provided with a handbook which contained important information such as the provider's policies.

People, their relatives and staff were given the opportunity to feedback on their experience of the service. The results from surveys were shared and action was taken when areas were highlighted for improvement. Relatives were positive about the service and how the service communicated with them.

The service was working in partnership with other health care services to promote partnership working. The provider and registered manager understood their legal responsibilities to notify CQC about important events and display the provider's latest CQC inspection report rating.

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.

Risks to people were assessed and there was guidance for staff to mitigate risk.

There were enough staff available to provide the service. Safe recruitment practices were followed.

People were protected from the risk of abuse, staff had the appropriate training and knowledge.

Medicines were managed safely and people received their medicine when they needed it.

Staff used personal protective equipment as appropriate and people were protected from the risk of infection.

Lessons were learned when things went wrong and learning was shared with staff.

Is the service effective?

Good

The service was effective.

People's needs had been appropriately assessed before they received support from the service or at Homebridge.

Staff were appropriately supervised and had the skills, knowledge and training the needed to support people. There were spot checks on staff performance.

People were provided with the appropriate support to eat and drink where this was required.

People were supported to access to healthcare professionals when they needed this.

The provider followed the principles of the Mental Capacity Act (2005).

Is the service caring?

Good

The service was caring.

Staff were kind and caring.

People and their relatives were involved in decisions about their own care.

Staff assisted people to maintain their dignity and privacy.

People were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised and contained information on how people liked to be supported.

There was a complaints policy in place and people and their relatives knew how to complain if they chose to do so.

Is the service well-led?

Good

The service was well led.

Regular checks of the service was undertaken to ensure that the service quality was improved and maintained.

Staff were happy in their role and felt well supported by the provider and that their views were listened to.

People, their relatives and staff had the opportunity to feedback about the quality of the service. Where changes were needed these were made.

Staff and the registered manager were aware of their roles and responsibilities and notifiable incidents were reported to CQC.

The service worked in partnership with other relevant organisations.

Meritum Integrated Care LLP (Ashford)

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.

We gave the service 24 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 11 October 2018 and ended on 16 October 2018. This was a comprehensive inspection. We visited the office location on 11 October 2018 to see the manager and office staff; and to review care records and policies and procedures. On the 15 October 2018 we visited Homebridge and spoke to people who received a service. We also shadowed staff undertaking care calls to people to see how care was delivered. On the 16 October we returned to the office to speak to the provider who had been away.

The inspection team consisted of two inspectors and one expert by experience who undertook telephone calls to people who used the service and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We sought feedback from relevant health and social care professionals and staff from the local authority on their experience of the service. We contacted Healthwatch, who are an independent organisation who work

to make local services better by listening to people's views and sharing them with people who can influence change.

During the inspection, we visited three people in their own home and spoke to three people and five relatives on the telephone to gain their views and experiences. We looked at six people's care plans and the recruitment records of four staff employed at the service.

We spoke with one of the providers, the registered manager, and five members of staff. We viewed a range of policies, medicines management, complaints and compliments, meetings minutes, health and safety assessments, accidents and incidents logs. We looked at what actions the provider had taken to improve the quality of the service. We also used information from a recent survey of people undertaken by the provider.

Good

Is the service safe?

Our findings

People and their relatives told us that the service was safe. Relatives said, "They always give [my relative] their medicines and ensure they have taken them then they write it on the MAR chart." And, "It's another set of eyes and ears and I'm confident they arrive and do the job set out for them."

At the last inspection in December 2017, we found that the provider and registered manager had failed to adequately assess all risks relating to people's care and support. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had improved the assessment and management of risks to people. Individual risks to people's health and wellbeing had been identified and staff had the guidance they needed to mitigate risks. Care plans were detailed and contained information on the risks people had such as those relating to mobility, long term heath conditions, the use of equipment, nutrition and hydration, continence and skin integrity. For example, one person was at risk of developing pressure wounds and there was guidance for staff to ensure that the risk was mitigated, and any concerns were identified and addressed. The person also had a pressure relieving mattress in place. It was not the responsibility of the service to manage this equipment but there was information in place to enable staff to be able to identify if there was an issue with the mattress and alert the relevant health care professional to address these concerns.

When we spoke to staff they were aware of the risks to people and were able to tell us how they mitigated these and knew how to identify concerns. Another person was supported with catheter care and there was detailed guidance for staff to ensure that this was managed safely, and any concerns were identified such as a possible infection. Where people had long term conditions such as diabetes there was information on how to support the person to maintain their health and how to identify if the person was becoming unwell.

Care plans included information on risks from the environment to people and staff. For example, Staff working out in the community at night were given an alarm if they required assistance; this would alert members of the public and act as a deterrent. There was also guidance for staff relating to the use of equipment. This provided staff with the information they needed on how to use equipment safely. For example, relating to using height adjustable beds.

At the last inspection in December 2017, we found that the provider and registered manager had failed to implement systems and processes to ensure the safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection there were multiple gaps in the medicines administration records (MARs); at this inspection we found that MARs were complete and accurate. There was information on what medicine people were taking, what the medicine was for and how the medicine should be administered. There was guidance for staff on what the signs of an adverse reaction to a medicine was and whether there were any risks associated with the medicine and how to mitigate these risks. For example, there was information on

creams which contained flammable substances and could increase the risk of fire. There were body maps in place for the administration of creams to show staff where these needed to be applied. There was clear guidance on how to apply pain patches to ensure that these were not applied repeatedly to the same area of skin. When people had 'as and when' medicine these were included on the MARs and there were protocols in place to provide staff with the information they needed to administer these safely. One person received their medicine through a tube into their stomach and there was clear guidance for staff to ensure that this was done safely, staff had also had the appropriate training to undertake this task.

Creams and liquids expire within a certain time of opening. When we checked creams in one person's home these were not marked with the date on which they were opened. Staff would not have been aware of when the medicine was opened to ensure that it was not used after this time. During the inspection the registered manager updated the guidance for staff to make it clearer that staff needed to date creams and liquids when they were opened. The registered manager shared this information with staff at this service and their other services.

There were enough staff to meet people's needs and keep them safe. People told us that they had regular carers which meant that there was continuity of care. Staff told us, "I know people really well and have my regular rounds of people." Systems were in place for the monitoring of any missed or late calls. The registered manager confirmed that there had not been any missed calls since the last inspection. In the event of an emergency or illness office staff had the skills and training they needed to cover calls and staff confirmed that this happened on occasion. Staff told us, "There are never any missed calls." Staff told us that if they were going to be late they would contact the registered office or the on-call staff who would inform the person. People and their relatives told us that staff usually arrived on time and stayed for their allotted time. One relative said, "The best thing is that they are reliable we know they will arrive." Another relative told us, And, "We have CCTV to my phone, so I know they turn up on time." Staff told us that there was enough travel time between calls to enable them to arrive on time. Outside of office hours there was an on-call system which staff could contact if they had concerns or needed support. Staff told us, "If I have a problem I can always speak to someone."

The service had a program of ongoing recruitment and at the time of the inspection three new members of staff were in the process of recruitment. The registered manager told us that this would enable them to take on further care packages. There were safe recruitment policies and practice in place when employing new staff to the service. Pre-employment checks were carried out which included obtaining a full employment history, identification checks, references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to identify people who are unsuitable to work with adults in vulnerable settings.

People were protected from abuse. There was a safeguarding policy and procedure in place and staff had access to the local authority policy and protocol. Staff had undertaken training and could demonstrate that they knew what the possible signs of abuse were such as bruises and a change in behaviour. There had not been any safeguarding concerns since the last inspection. The registered manager was able to demonstrate that they knew to report concerns to the local authority. Staff told us that they knew how to raise concerns about abuse and that they were confident that the registered manager would deal with any concerns when they were raised. Staff said, "I feel they would definitely take it seriously and act on it." Staff were also aware of who to report a concern to if they felt that the concern was not addressed by the registered manager. Staff had had training on how to blow the whistle if they had concerns about poor practice at the service.

There had been no accidents or incidents relating to people who used the service since the last inspection. Incidents prior to the previous inspection had been reported, investigated and followed up appropriately

and people's care plans were updated. We saw evidence that lessons were learned when things went wrong and learning was shared with staff.

We observed that staff used personal protective equipment (PPE) such as aprons and gloves where appropriate and that this was available to staff. There were prompts in peoples care plans to remind staff to maintain good levels of infection prevention and control during care. For example, there was information on how to dispose of continence pads safely. We saw that staff changed gloves when appropriate between tasks and understood how to use PPE to reduce the risk of infection being transferred to people. One person told us, "They always wear gloves and apron to put in my eye drops." Staff had undertaken food hygiene training to provide them with the knowledge they needed to make food for people safely.

Good

Is the service effective?

Our findings

People told us, "[The carer] will do whatever I ask, they make me tea or coffee." And, "They do exactly what I ask and it's never a problem."

One relative said, "The manager came and met me and mum, and we went through how she could manage and what she could do." Another said, "I think that is so nice that we are confident to leave [the person] with care staff and know they are being well looked after."

People's needs were assessed to ensure that the service could meet these needs before agreeing to provide a service to the person. The service also took part in the assessment panel for Homebridge, this panel made the decision on whether Homebridge could offer people appropriate support, often when they left hospital. For example, where short term support at Homebridge could help someone return to their own home rather than move in to residential care. People were visited by a member of the management team who undertook an assessment with the person and their relatives where appropriate. The assessment included areas such as peoples care needs, mobility, hydration and nutrition needs as well as information about people's protected characteristics, such as their race, religion or sexuality. This information was used to plan people's care and develop the care plan for the person.

Staff had the skills, knowledge and training they needed to provide safe and effective care. Staff training included moving and handling, health and safety, fire safety, end of life, food hygiene, safeguarding, whistleblowing, first aid and medication awareness. Staff had also completed training specific to people's needs such as diabetes awareness, dementia awareness and supporting people who were fed and given medicine using a feeding tube. Training was delivered in groups face to face or in groups watching videos and discussing them. Staff told us, "The training is very good they do two different time slots to make sure that you can attend. We watch the videos and then answer the questions, if we are not sure about something we discuss this as a group. If there is something that I am not sure off I can ask, and it will be addressed. I feel that I have enough training to meet people's needs." And, "Training is on-going, and it gives you the confidence that you need."

New staff completed an induction when they first joined the service. Staff confirmed that they completed this induction which included reading the provider's policies, people's care plans and working alongside an experienced staff member to gain more understanding and knowledge about their role. Staff told us, "The induction was good we went through everything." And, "If you don't feel confident you can shadow for longer." New staff also completed the Care Certificate, this is a set of standards for care staff working within health and social care.

Staff received regular supervision and undertook annual appraisals. There were spot checks in place to ensure that staff were delivering care safely and in line with guidance, these included checking staff were administering medicines appropriately and undertaking manual handling safely. Staff told us, "I feel really supported."

The service supported some people to make meals and drinks. One person was supported to eat when they needed it and we observed that staff supported the person appropriately. There were clear instructions in the person's care plan to guide staff to offer the person the support they needed and wanted at meal times. We observed that people were offered a choice of food and drinks and that staff left drinks where people could reach them. One relative told us, "They will look in the fridge and see what is in there and tell my relative so they can choose what they want for lunch, if my relative says they don't want to eat they will make up a sandwich and cover it with foil so that they can have it at a time that suits them." Another relative said, "They make sure that my relative has more than enough [drinks] before they leave and will encourage them to drink whilst they are there."

Not everyone using the service needed the assistance of staff to support them with their healthcare, such as making and attending appointments as they managed this themselves or a family member or friend assisted them. People told us that staff did provide help when they needed it such as when they felt unwell or in an emergency. One person told us, "I was quite poorly one morning when they arrived, they called an ambulance and waited with me." The service worked with other agencies to ensure that people were provided with effective support. Such as speaking to district nurses when one-person air flow mattress needed adjusting. A relative said, "My relative had a bedsore which [the carer] reported to me. The carer discovered that the air flow mattress was on the wrong setting and saw to it that this was changed."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. For domiciliary care agencies this would be through the Court of Protection. We checked whether the service was working within the principles of the MCA.

No one using the service lacked the capacity to make their own decisions. People had signed their care plans to agree to the care and support. One person had bedrails in place and we saw evidence that they had given their consent to this as they had the capacity to do so. Bedrails, even when used for safety, are a restriction to people's freedom of movement and so should only be used when people consent, or a best interest decision has been agreed upon. Staff we spoke with understood the principles of the MCA and were aware of how to respect people's choices. We observed staff ask permission before providing personal care. Staff told us, "I respect people's choices and treat people as an individual." One relative told us, "The staff know my relative well they know when they can do things and when they can't it depends on the day, they give my relative choices, they will say do you want your hair wash today it's up to my relative."

Good

Is the service caring?

Our findings

People told us that they were well supported, and they felt involved with their care and were given choices. People who use the service and their relatives told us that the staff were caring. One person said, "I consider the carer part of my family, I don't have a sister if I did I would want someone like them."

Relatives told us, "Even though my relative can't speak they still make them laugh, they have good banter." And, "They will look for jobs and chat to my relative whilst they do it, it's nice for me to come home and find that they have emptied the dishwasher or loaded it."

We looked at compliments received by the service. One card read, 'I just want to say a very big thank you for your friendship and care of me' 'Thank you for your help and care of me over a difficult time in my life.' A letter read, 'A big thank you to all the carers that are looking after [my relative] without your help I don't know where I would be.'

We observed staff treat people with kindness and respect. For example, when staff were supporting one person to eat their meal staff spoke to the person kindly and ensured that the person was supported to eat at their own pace and was comfortable with how they were being supported. Staff knew people well and people and staff engaged in conversation. Staff knew what was important to people as they asked them about important events in their lives such the birth of a new grandchild. People were comfortable with the staff and staff let people lead the conversation. One relative said, "There was so much noise coming from the bathroom laughing and joking." Another said, "The carer tells me if [my relative] is having and emotional day so I can pop in and see them and cheer them up."

Staff asked people for permission before undertaking personal care tasks. We observed staff ask people if they wanted to do certain tasks that day such as washing their hair and they respected the persons wishes. People and their relatives told us that they were involved in planning their care and that they felt listened to. Relatives told us, "They always talk about the care plan and change things as necessary."

There was information in the care plan to provide guidance for staff relating to protecting people's privacy during personal care such as the use of towels to protect people's dignity. People told us that staff respected their privacy and respected their home when they visited. We observed that staff always knocked on people's door or used the bell even when they had they key to let themselves in. Staff ensured that we were notified to leave the room before they provided people with personal care to protect the person's dignity and privacy. Staff told us, "I respect people's wishes and keep them covered up as much as possible." At the office people's files were kept securely in a locked cupboard to ensure that these were kept confidential. People also had copies of their own plans in their home.

There was information about the service in care plan folders in people's homes. Information included what they could expect from staff, contact numbers and how to make a complaint. The service was working according to the Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place in August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss

can access and understand information. For example, information was provided in plain English using clear large print format and, where needed, staff could use these documents to discuss and explain information to people. The service also offered documents such as the service user guide in other languages if this was required.

There was information in the care plan to guide staff on how to support people to maintain their independence such as details on what tasks and parts of tasks people could do for themselves. There was also information about tasks that people could do on 'good' days which they could not do on other days and instructions for staff to ask people what they needed support with on that day. People told us, "[The carer] does come in the bathroom as she never knows how I am on the day; she stands back and sees how I get on and is there if needed whilst I'm in the bath. I have a bath lift that I manage myself she has towels ready for me." And, "Recognising my needs on a daily basis but not taking over is the best thing."

Good

Is the service responsive?

Our findings

Relatives told us, "They will pop to the shop across the road and leave the receipt for us.", "In the summer they would ask [my relative] if they want to go for a walk and would take them out", "The care plan is in the folder, it was updated recently." "The times have been set up to suit us and so far, they have come on time." And, "Never had to complain, what's to complain about when they get everything right."

At the last inspection in December 2017, we found that the provider and registered manager had failed to ensure that information within people's care plans reflected their assessed needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014.

At this inspection we found that the service had taken the steps needed to improve. Peoples care plans were person centred and included information on their assessed needs, life history, what was important to them and their preferences. Care plans contained a good level of detail and set out what tasks staff needed to complete at each visit. Staff told us, "I have a new lady today, so I went in and read her care plan and it gave me the information of what was needed." There was detailed guidance for staff to describe what assistance may be needed and when or how they would know if assistance was needed. There was information about people's religious needs and needs relating to people's sexuality. There was information on what people liked to do for themselves and what they needed support with. For example, asking the person if they would like to wash certain areas of their body that day or if they needed support.

Staff knew people well and knew their dislikes and preferences. One person told us, "Having the same carer means they know my likes and dislikes, they know I can't reach things in my cupboard, so they will check if I need anything taken down that day, they know what I like for breakfast and know I don't like too much on my plate." There were details on people's preferences such as what they liked to drink and how they took their tea. One relative said, "My relative tells me that the carer makes the best cup of tea they've ever had."

Care plans were reviewed annually or when people's needs had changed. For example, one person was using equipment to get out of bed. When a health and social care professional assessed that this was no longer safe to do so the person's care plan was updated to support the person to be cared for in bed. Staff told us, "I have had to inform the office about a change in a person's needs and the office have acted straight away."

Relatives commented positively about the communication they had with the service. One relative said, "The best thing is the communication they always keep me informed and knowing that [my relative] gets their medication and meals on time as they are Diabetic.", "Of the two carers who come one is a senior and comes on a regular basis, I rely on them for giving me feedback.", "I had a call last week to check everything was ok.", "I speak to [office staff name] in the office, they used to come out to my [my relative] and we formed a good friendship always helpful." And, "Generally it's the same person but today for the first time [my relative] had someone new, they called just to make sure on how [my relative] likes things done."

People told us that they knew how to complain if they wished to do so but had no cause to complain. There

was a complaints policy and procedure in place which included information on who to complain to if people were not happy with the outcome of a complaint dealt with by the service. There had been no complaints since the last inspection. The information on how to complain was included in peoples care plan folder. However, complaints prior to this had been dealt with in line with the providers procedure.
At the time of the inspection the service was not providing end of life support to people. However, the registered manager was aware of their responsibilities if they did in the future. For example, to ensure that people had a plan in place so that that their wishes and preferences at the end of their life were respected.

Good

Is the service well-led?

Our findings

The people we spoke to were positive about how the service was managed. People told us, "They are very helpful, and nothing is too much."

One relative said, "They are brilliant, they are the fourth care company we have tried and I'm so glad we have them it is exceptional right from carers to management always helpful." Another said, "They are very accommodating if I call to arrange a Saturday visit they can usually fit [my relative] in." One friend told us, "I have never heard them complain about this company or the carers I only hear praise. I've told them if I ever need care I'm going to them."

At the last inspection, in in December 2017, we found that the systems in place to assess, monitor and drive improvement in the quality and safety of the service were not effective. The provider and registered manager had failed to ensure the safe management of medicines. Records were not always complete or accurate. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had taken the steps necessary to improve. We found that records for people were complete and accurate. There were effective systems in place to improve the safety and quality of the service. Regular audits were being undertaken which had identified when action needed to be taken to improve the service and keep care plans up to date. Care plans were audited annually and where changes were needed these had been implemented. Missed calls and late calls were audited monthly as were the daily notes where staff recorded the events which took place during care calls. The provider had introduced a new medicine auditing system and medicine administration records were checked monthly. This had led to an improvement in the management of medicines.

The provider had an oversight of incidents. One of the providers' other services had recently been inspected and learning from that inspection was shared across the providers' services and was communicated to the staff. For example, information on the service's vision and values had been shared with staff and was clearly displayed in the service and manual handling competency assessments had been implemented at the service.

The service had a clear vision and values which were based around caring for people like you would a family member or friend and team working. The care staff knew the staff in the office and the registered manager well and there was a positive atmosphere when the care staff came in to the office. When we spoke to staff they told us that there was good team work at the service and they were positive about the support they got from the registered manager and the management team and each other. Staff told us, "If I feel like I need to know anything I am able to contact the other members of the team for advice if needed." And, "The management team and care team are such a good team. No issues with anything the team are so supportive. I feel really supported."

Staff and the management team understood their roles and responsibilities. Staff had received regular

supervision and appraisals and spot checks were undertaken to ensure that staff were competent with tasks such as medicine administration. Staff told us that they were well supported and happy working at the service. Staff said, "I do get a boost out of helping people. I get a lot of support from the office staff. There is a personal touch to the agency and the management actually care about people". When we visited the service, there were staff on maternity leave and the provider had ensured the staff who were pregnant were supported with an appropriate risk assessment and flexibility in their working to enable them to work safely for as long as they chose to do so. The service also followed best practice by offering staff "keeping in touch days" during their maternity leave if staff wanted these.

The service held meetings for all staff every three months. At these meetings staff discussed any concerns they had about specific clients. The provider had recently changed the format of the meetings to ensure that discussions by staff were recorded and shared with staff who were unable to attend on that day.

Staff were provided with a handbook which included copies of policies such as health and safety, confidentiality, safeguarding and medicines management. The handbook had been updated in August 2018 following an inspection of another location run by the provider. The provider had also recently introduced a newsletter for staff to share news so that staff could keep up to date with events at the service such as staff retiring. There were events for staff such as a quiz night to encourage staff to get to know each other better. Staff spoke positively about their colleagues and said, "We work well as a team and help each other out."

An annual questionnaire was sent out to people and staff to provide them with an opportunity to feedback on their experience of the service. The registered manager analysed the results of the surveys and the feedback from people had been positive. People agreed that care staff were friendly and caring and the office staff were polite and helpful. Comments, 'I would really like to thank [staff name] for their tender loving care and sensitivity.' And, '[Staff name] is thorough and exceptional in their understanding of my relative's condition/abilities and enabling the right level of care to suit them.'

Feedback from staff was also positive. The results from the feedback was collated and shared with staff. One member of staff had fedback that they wanted more training in first aid and this was organised by the provider who now offered staff a first aid course which was recognised by the Office of Qualifications and Examinations Regulation who regulate qualifications, examinations and assessments in England.

The provider was involved in running the service and the registered manager told us they received support from them. Management team meetings were held to discuss the future of the business, recruitment and staffing, safeguarding concerns, issues and complaints. The registered manager worked in partnership with other agencies such as case managers and district nurses to provide appropriate support to people. For example, there had been contact with the district nursing team regarding a concern about one person's air flow mattress setting.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The provider had notified CQC about important events such as deaths and safeguarding concerns that had occurred.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their ratings in the office area.