

Carefirst IW Ltd

# Carefirst IW Limited

## Inspection report

Prospect House  
Prospect Road  
Cowes  
Isle Of Wight  
PO31 7AD

Tel: 01983290718

Website: [www.carefirstiw.co.uk](http://www.carefirstiw.co.uk)

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 20 April 2016 and was announced. The provider was given 48 hours because the location provides a domiciliary care service; we need to be sure that someone would be available in the office.

Carefirst IW provides personal care and support to people in their own homes. At the time of this inspection the agency was providing a personal care service to 70 people with a variety of care needs, including people living with physical frailty or memory loss due to progression of age. The agency was providing a service to people in the north and west of the Isle of Wight.

The agency 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 received positive feedback from people about the service. All people who used the service expressed great satisfaction and spoke very highly of the staff.

People told us they felt safe and secure when receiving care. Staff received training in safeguarding adults. Staff knew how to recognise and respond to abuse and understood their responsibility to report any concerns.

People's risk assessments and those relating to their homes' environment were detailed and helped reduce risks to people while maintaining their independence.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. There were sufficient numbers of care staff to maintain the schedule of visits. Staff told us they felt supported and received regular supervision and support.

People were cared for with kindness and compassion. People who used the service said their privacy and dignity were respected. People were supported to eat and drink when needed and staff contacted healthcare professionals when required. Staff had an understanding of the Mental Capacity Act (MCA) and were clear that people had the right to make their own choices.

Staff were responsive to people's needs which were detailed in care plans. People told us they had been involved in care planning and care plans reflected people's individual needs and choices.

People felt listened to and a complaints procedure was in place. The provider sought feedback from people through the use of a questionnaire. The results from the latest survey were predominately positive.

Regular audits of the service were carried out to assess and monitor the quality of the service. The manager demonstrated strong values and a desire to learn about and implement best practice throughout the service.

## 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.

Recruitment procedures were followed to ensure staff were safe to work with people. People's needs were met by sufficient numbers of staff who were seen as reliable.

Staff had received training in safeguarding adults and were aware of how to use safeguarding procedures.

There were safe medication administration systems in place and people received their medicines when required. Risks to people's welfare were identified and plans put in place to minimise the risks.

### Is the service effective?

Good ●

The service was effective.

Staff knew people's needs and records showed people received appropriate care.

Staff were aware of the Mental Capacity Act 2005 (MCA) and had an understanding of consent and how this affected the care they provided. People said staff always obtained their consent before providing care.

Systems were in place to ensure staff received training, support and supervision.

### Is the service caring?

Good ●

The service was caring.

People and their relatives said staff were kind and caring. Staff had built good relationships with the people they provided care for.

Staff respected people's privacy and dignity. People felt involved in their care and that they were encouraged to be as independent as they could be.

### Is the service responsive?

Good ●

The service was responsive.

People told us the care they received was personalised and people's needs were reviewed regularly to ensure this remained appropriate for the person.

The manager sought feedback from people and made changes as a result. An effective complaints procedure was in place.

### Is the service well-led?

Good ●

The service was well led.

People and staff spoke highly of the service and the manager, who was approachable and supportive.

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

# Carefirst IW 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 20 April 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure someone would be in.

The inspection was carried out by two inspectors and an expert by experience who had experience of caring for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we checked information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection we spoke to nine people who used the service, or their relatives, by telephone and visited two people in their own homes. We received completed surveys from 25 people, four relatives and eleven staff members. We spoke with the provider, the registered manager and eleven staff members. We looked at care records for seven people. We also reviewed records about how the service was managed, including staff training and recruitment records.

At the previous inspection in September 2014 we found that systems could not show that staff were receiving regular training and support. We told the provider to make improvements. At this inspection we found staff were receiving all necessary training an

# Is the service safe?

## Our findings

People told us they felt safe and felt the agency provided staff who kept people safe whilst providing them with personal care. Everyone responded positively to the survey question 'I feel safe from abuse and or harm from my care and support workers', showing that they felt safe with their care staff. One person said, "Yes I feel safe". Another person said, "No concerns, I feel safe." A family member said, "No complaints, they make him feel safe". Another family member said, "My [relative's name] feels safe." One relative added comments to their survey saying "I trust the support workers implicitly and can depend on them to do their best for my [relative] and to alert myself of any situation I need to be aware of. The support workers are more than carers, they are an important ingredient to [my relative] living as normal a life as is possible". Relatives also responded positively to the survey question 'I believe that my relative / friend is safe from abuse and or harm from the staff of this service'.

People benefited from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was available and care staff were required to read this and complete formal safeguarding training for adults and children as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member said, "If I had any concerns, I would contact the office immediately no doubt about it, and record it on my paper work." Another staff member said, "Most important thing is to make the person safe, wouldn't leave them if not safe and contact my line manager." All eleven staff who completed the survey stated 'I know what to do if I suspect one of the people I support was being abused or was at risk of harm'. They also agreed with the statement 'People who use this care agency are safe from abuse and or harm from the staff of this service'. The registered manager knew how to use safeguarding procedures and had reported concerns appropriately.

Assessments were undertaken to assess any risks to people who received the service and to the care workers who supported them. These included environmental risks and any risks due to the health and care needs of the person. Risk assessments were also available for moving and handling, use of equipment, nutrition, medication and falls. Where risks were identified there was guidance for staff as to how to reduce risks to people and themselves. For example, in one care file we saw 'Carers to reduce and risks around the home, ensuring that all walkways remain free from potential trip hazards.' In another care file care staff were reminded of the actions to reduce the risk to the person including 'Ensure pendent alarm is being worn before leaving.' Risk assessments also contained information which may indicate a person required additional support from health professionals. For example, we saw in one care file, communication was highlighted as a risk stating, 'High levels of fatigue and onset of depression can make speech difficult. This maybe a sign of deterioration in mental health that [person's name] may not be aware of. Support workers are to identify such changes and report through to office for further professional help to be sought. Ensure that when discussing information with [person's name] that she is fully aware of conversation to avoid misinterpretation of information.' The person told us the staff were good at identifying when they may need additional support and ensured they received this. Risk assessments were reviewed every six months.

Systems were also in place to help keep staff safe. There was a lone working policy and staff told us "We

have to phone up after our shift to inform on call we have returned home safely". Also seen in one care file was specific guidance for staff stating 'If attending during darkening hours, always carry a torch outside.'

There were safe medication administration systems in place and people received their medicines when required. Staff received training, both face to face and on the computer, about how to support people with medicines. After the training, the registered manager assessed their competence and offered further training if necessary. Staff said their training had included how to complete the Medication Administration Records and how to check the medicines they were giving were the correct ones. If they had any doubt they were clear they would telephone the office. One said "We are offered extra [training] if we need it." Staff were clear about the importance of recording what support they had given people with their medicines. Another staff said "I had initial [computer] training, then MAR medication assessment where I was shadowed. [Medicines] are mainly in blister packs. A few people have a medication safe due to their dementia, to make it safe for them. There are also sheets for recording creams and eye drops. I also carry spare MAR sheets, for example if a person needs to take antibiotic's. If there are any changes to medicines I will let the office know, they will then send a text message to staff to inform them of the changes."

MAR charts were checked when they were returned to the office monthly and any remedial actions were completed. We saw safe systems were in place and followed by care staff to support people who required eye drops or prescribed topical creams.

Recruitment procedures ensured staff were suitable to work with vulnerable people. One staff member told us, "The recruitment process was comprehensive and thorough." Another staff member told us, "Before I started work I had to wait for the references and police check to come back." Staff files included application forms, records of interview and appropriate references. The application form requested a full employment history however, it did not request dates of previous employment. Therefore it was not possible to identify any gaps between jobs and ensure these were followed up during interviews. Where staff themselves identified a gap in employment the agency had followed this up and recorded this within recruitment records. Checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults and that staff members were entitled to work in the UK.

People's needs were met by sufficient numbers of staff who people saw as being reliable. One person said "Yes they are very punctual. They stay the full time and help with my shower and anything I need." Another person said "Yes they are on time. They stay for the time they are supposed to". A relative told us "90% of the time they are punctual. They carry on over if they need to make up the time". Staff were allocated to work in a particular area and told us most people they provided a service for lived within a short distance of each other. We saw staff allocation lists which allowed staff adequate traveling time between visits. All staff who completed our survey told us their work and travel schedule meant that they were able to arrive on time and stay for the agreed length of time. One staff member told us "[name staff member who allocated work] sometimes phones me and asks me how long it would take me to get from one house to the next so they can allow the correct time". They added "that's good because I know the area and if I tell them I need more time for travel then it's built into my rota".

In the past year the agency had recruited three response care staff. Their role was to be available to cover, usually at short notice, when other staff were unable to undertake a planned shift such as due to ill-health. This meant on call managers were able to reallocate work promptly when required meaning people received the care they required when they needed it.

Staffing levels were determined by the number of people using the service and their needs. The registered manager told us "We don't take on too much work, so we can't cover the calls. Even though we get asked to



take more packages on we won't over book. We also have office staff that are trained to provide care, who can help cover calls when required." Staff told us the managers would support them if required, either by taking over on a call or continuing their planned work if they were unable to leave a person due to an urgent change in the person's needs.

The service had a business continuity plan in case of emergencies. This covered eventualities such as flooding and the risk of snow and ice. This contained procedures to follow and emergency contact details for key staff. For example, in severe weather there was an identified four wheel drive vehicle which could be used to get key staff to work. The registered manager described the actions they had taken when sea flooding prevent staff reaching several people. This had involved contacting people's relatives and staff at the affected sheltered accommodation to ensure people's safety.

# Is the service effective?

## Our findings

At the previous inspection in September 2014 we found that systems could not show that staff were receiving regular training and support. We told the provider to make improvements. The provider sent us an action plan detailing what they would do to ensure improvements were made. At this inspection we found staff were receiving all necessary training and support.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. All staff who completed the survey told us they had received an induction which prepared them fully for their role before they worked unsupervised. The training programme started with a four day formal induction where new staff completed a range of computer and practical training in the agencies training room. This was followed by up to two weeks shadowing experienced staff. One staff member said they had completed two weeks shadowing and had been offered more if they felt they needed it. Another staff member confirmed the importance of shadowing, saying "even though I had worked in a care home, I still learnt lots during the shadowing. Home care is very different and the manager said if I needed more shadowing this could be arranged".

During their induction staff completed a competency based workbook and commenced the care certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. Workbooks were seen showing staff received a comprehensive induction which was relevant to their role. The registered manager told us staff could come to the office to discuss anything they were not sure of, or would like to see again, following their induction. Staff were positive about the induction and ongoing training they received. One staff member said "I completed the care certificate in about nine weeks. I'm completing my NVQ 3 at the moment." All staff who completed the survey told us they got the training they needed to enable them to meet people's needs, choices and preferences. One said ""Loads of training, really good. If there is any training you want to do you just put your name down and they cover your shift. I've just finished end of life as well as my NVQ 3."

People and their relatives were confident that care staff had the skills to care for them effectively. One person said, "yes, they give me a full wash and they are properly trained for this I feel". Another person said, "they help me with showering, I have problems with my skin so we have to check my skin, which they do". A third person said "The hospital wanted me to go into a home and I refused. Wanted to be home, I've got back home and it is working well." A relative told us "yes, they are able to understand my [relatives] needs, she can be a bit awkward but they can handle her". Another relative made similar comments and said "yes I feel they are properly trained, I have no complaints".

People were supported by staff who had supervisions (one to one meetings) with their line manager. All staff who completed our surveys said they receive regular supervision and appraisal which enhanced their skills and learning. One staff member said "as well as supervisions, there were "spot checks and that sometimes the managers' work with you on two staff calls". Another care staff member said "I have a spot check once a month, which can be announced or unannounced as well as office supervision every three months. Good to get feedback, and we receive a copy of the form to read and sign so we are aware." Records of supervision

and spot checks were kept. These showed the process used was formalised and covered all relevant areas. When necessary actions for improvement were identified and followed up.

People and their relatives also responded positively to the questions we asked in the surveys regarding whether the service was effective. Everybody said they would recommend the service to another person who needed support. Comments included, "Carefirst provided care for my mother, up until her death in 2015. The care she received was wonderful, professional and enabled her to stay at home until the end. I can also add that Carefirst have provided care for [another relative] (who has Alzheimer's) for nearly a year. Without the agency's help I would not be able to manage". People also felt staff had received the training they required. Everyone who completed a survey stated they agreed with the statement 'My care and support workers have the skills and knowledge to give me the care and support I need'.

People were happy with the way their care needs were met. One said "I have great regular carers, they look after me really, really well". People's health and personal care needs were met because staff knew people's needs and were able to describe how to meet them effectively. For example, one person had diabetes. There was clear guidance for staff about the support the person required to manage their diabetes and staff have received training to assist with this. The care plans stated 'Support workers who have received glucometer training are permitted to assist with taking blood sugars and monitoring readings. Once the level is known will need support with pen to ensure that the correct amount of insulin to administer.' Records viewed showed staff were following the guidance and recording blood sugar readings appropriately. Staff were aware of the action they should take if a person was unwell. One care staff member told us "If someone is unwell and we are with them would call the GP, as we are there and will have information to hand if not sure would just call the office for advice." One person told us "A few times staff were concerned and sent me into hospital". This showed staff were able to identify when people's conditions required medical attention.

Staff told us the time allowed for each visit meant they were able to complete all of the care and support required by the person's care plan. Care plans contained information about people's health and personal care needs and any action that was required to meet these. Staff recorded the care and support they provided and a sample of the care records demonstrated that care was delivered in line with the care plan. Staff told us they were always told about the needs of the people they provided care and support for. One care staff member told us if they saw a new name on their rota they could telephone or visit the office to get more information. All essential information for care staff about each person was available in the office. We were shown the folders which staff could access and take a copy if required. This not only detailed the care people needed but information about where staff should park and how to find the house. One staff member said this was important as "in rural areas they often just had a house name and road and at night it could be challenging to find the correct house".

Duty rosters detailing which staff would be attending each call showed a high level of consistency of care staff for each person. One person told us "I have the same carer every week and they know what they are doing." A relative said "They have been coming for several years and have always been very good, always tends to be same lady that comes, we know her very well and she is very kind and caring. If I had to I would be happy to use this service myself". The agency sent a rota to each person weekly informing them of who would be attending and when. A person told us "I have a rota and I get this weekly to tell me which carers are coming and what times they are coming. I get this rota weekly". People who completed the survey all said they received care and support from familiar, consistent care and support workers. They also said care workers completed all of the tasks that they should do during each visit. Care staff told us the agency made sure that people received care from familiar, consistent care and support workers.

Most of the people we spoke with said either they or a relative prepared their meals. One relative said "the

care staff prepare breakfast for [my relative] and this is fine". Care staff involved in the preparation of food told us they would always ask the person what they wanted. We saw records of food and fluid people were offered and eaten were kept when there were concerns the person may not be eating enough. Care plans contained information about any special diets people required and about specific food preferences although they did not include information about dietary restrictions necessitated by some medicines.

People said they were always asked for their consent before care was provided. One person said, "they ask if I want anything else doing". People's care plans instructed staff about ensuring people's consent was gained. Staff said they gained people's consent before providing care. One staff member said "I always ask for verbal consent, as I wouldn't do anything they didn't want me to." Care plans including data protection forms, permission to share forms and terms and conditions. These had all been signed by people showing they consented to the care planned and processes used by the agency to support the delivery of care.

Staff were aware of the Mental Capacity Act 2005 (MCA) and had an understanding of how this affected the care they provided. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decisions that affect them. Staff described the process to follow if they were concerned a person was making decisions that were unsafe. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People and a relative told us they had been involved in discussions about care planning and we saw people had signed their care plans agreeing to the care the agency intended to provide.

## Is the service caring?

### Our findings

People and relatives said staff were caring and they had a good relationship with them. One person said "More my friends than my carers, I feel they think of me as a friend. I know their job means they have to remain professional". Everyone who completed a survey told us the care workers were kind and caring. One person said, "The carers are caring and respectful. They chat and talk and we have a relationship". Another person said, "they are respectful and always ask if I need anything or if they can do anything for me". Whilst a third commented "I'm very lucky, they are courteous, respectful and very pleasant. I feel very comfortable with them". A relative said "The carers are extremely respectful and [my relative] looks forward to them coming. They chat and there is a relationship there". Another relative said "Yes they are very respectful".

The registered manager described how they cared for the "whole person". This included ensuring people had peace of mind knowing that much loved animals were also looked after. We saw in one care plan guidance for staff about the support a person required to look after their pet dog. The registered manager described the action they were taking to ensure a person's animals were safe and cared for whilst the person was in hospital. They explained that the person had been unwilling to accept essential medical treatment because they did not want to leave their pets. However, they had agreed to treatment once they knew that the agency would ensure their pets were cared for. People's hobbies and interests were recorded on the care plan, for example one stated a person 'enjoys sewing'. When we visited we saw they were making a dress. People's cultural needs were recorded. Information was also provided about people's religious views and needs and about external support circles they had. This demonstrated an understanding of the need to consider the person and not just provided the allocated and contracted tasks.

The agency encouraged staff to be caring of the community in which they lived. They informed us that care staff collected vouchers for the local schools, stamps for the RSPCA as well as old bedding for the RSPCA. These community initiatives were passed onto staff through a staff newsletter. We also saw a collection box for the stroke association in the office reception area. The agency had a supply of simple equipment suitable for people living with dementia to encourage them to explore and manipulate items with their fingers. The registered manager told us these were distributed to people they felt would benefit from them and had been made by local people.

Care staff said they always kept dignity in mind when providing personal care to people. All staff who completed a survey stated that people who were supported by Carefirst IW were always treated with respect and dignity by staff. They described how they would close curtains or doors and ensure people were covered with a towel when having a wash. Another care staff member said "I make sure people feel comfortable by covering them up, I think how would I feel and how I like would to be treated." One care staff member said they encouraged people to be as independent as possible encouraging them to undertake aspects of their own care where they were able to. They said "I try to promote independence by getting people to wash themselves, and help where needed". They explained this also helped promote people's dignity. People said this was how care was delivered. One person said, "They treat my house respectfully." Another person said "Respect my privacy and dignity and offer me choices and encourage me to be as independent as I can." Care plans guided staff to how people's dignity should be respected, for example one said, 'Assist [person's

name] to remove nightdress and cover with towel. The care plan added, 'preserve dignity and keep towel covering as much of [person's name] as possible.

People said care staff consulted them about their care and how it was provided. Care plans were detailed and showed people were involved in the planning and reviews of their care. Care plans stated how much assistance people needed and what they could do independently. Care staff knew the level of support each person needed and what aspects of their care they could do themselves. Staff who completed surveys told us the care and support provided helped people to be as independent as they could be. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely. One person told us "The care packages provided for their service users enable the carers to assist independence within the home environment not only with their personal care but also encourages them to interact with the carers." A relative told us "[My relative] likes to maintain their independence and the carers respect this. 98% are absolutely excellent. [Person's name] has been brought up to be self-sufficient and it can be a battle as they are resistant to help. [My relative] thinks they don't need help and it can be difficult but they [care staff] are very understanding". Information for care staff also promoted independence. One care file viewed stated 'Place some Liz Earle hand wash in [person's name] hands and she will complete hand washing independently.'

Most people and relatives said they were introduced to care and support workers before they commenced providing care for them. New staff told us they had shadowed more experienced staff in the areas they were latter allocated to work in and had met people during this time.

The registered manager was mindful that some people may have gender preferences regarding who supported them with personal care. The majority of staff were female and the registered manager said if someone expressed a preference for a male staff member, they would explain that this may not always be possible. The registered manager ensured people were involved in making decisions about elements of the care package, such as the timing of the call. For example, if a person requested the call at 8am, but only 8.30 was available, they would offer the person this time with a commitment to change to 8am as soon as was possible. Staff would also let people know if they were going to be late.

Care staff respected people's rights to refuse care. They told us that if a person did not want care they would encourage but then record that care had not been provided and why. Care staff also said they would inform the registered manager.

All records relating to people were kept secure within the agency office with access restricted to only staff who should have need of access. Records kept on computer systems were also secure with passwords to restrict access.

## Is the service responsive?

### Our findings

People received individualised care that met their needs. People we spoke with were very satisfied with their care and the way it was planned and delivered. One person said, "They always ask if I need anything or if they can do anything for me". Another person said "I have no complaints, they are very helpful. I am old and that's what I need". Where people requested a change to their care this was done. For example, a relative said "The carers help [my relative] maintain their choices by always asking and being flexible around what they want. If they don't want to get up from bed in the morning then the carers will negotiate for them to have breakfast in bed. Or if [my relative] does not want a full shower then they will just wash her hair and give her a body wash".

One care staff member said the "Care plans are very good, everything is there that needs to be to provide care." Another care staff member said the "Care plans are brilliant and really useful. If I go into someone and I'm not sure, I can look at the care plan to see what can be done and what can't." Care plans reflected people's individual needs and were not task focussed. For example, in one care plan we read 'dexterity has been affected by their medical condition, 'Reynaud's syndrome'. Which means difficulty is noted with little things such as buttons.' Copies of care plans were seen in people's homes allowing staff to check any information whilst providing care.

People confirmed they had been involved in planning their care and in reviews of their care plans. One person told us "I have a care plan and someone from the agency came a fortnight ago to look at it. I think they come once a year to look at it". Another person said "I have a care plan, someone did come to discuss it from the agency". There was a system that care plans could be reviewed and updated as needs changed or on a regular basis. A relative told us "there is a care plan and it is reviewed once a year. The papers are always kept up to date." This was confirmed by another relative who said "it is reviewed once a year. I and [my relative] are involved in the care plan". Records confirmed this and people had signed their care plans.

A record of care provided was kept for each person. These records showed people occasionally required a change to their routine, perhaps due to ill health. Staff responded to this and ensured care was provided to the person. The agency was responsive to changes in people's care needs. For example one person told us, "They are very very responsive, if I am not having a good day I can just ring the office to arrange extra care". Office staff told us, "They can phone up if they are not feeling good, and need extra calls. For example, if they need an extra two hours tomorrow we can do that ad hock." Another person's care was organised to reflect their relatives variable work schedule. The care plan was over a two week pattern and was very detailed so care staff would be able to follow and provide the necessary care even if they had never visited before. Staff were clear that if they felt they needed extra time to meet a person's needs they would let the registered manager know and were confident they would make any necessary arrangements. Although the agency was responding to people's needs and staff were aware we found records were not always updated to reflect this. For example, in December 2015 one person's care had increased to receive daily extra calls which the agency was providing. However, this had not been updated in records in the office or in the service user's home.

The registered manager sought feedback from people or their families through the use of a quality assurance survey questionnaire. This was sent out to people every year seeking their views. We saw the results from the latest questionnaire, which had been completed in September 2015. The results of the survey, which were predominately positive, had been analysed and assessed. The registered manager said that if the forms had identified any issues and had not been submitted anonymously then they would address the issues directly. Otherwise they would review the agency systems to make improvements.

Staff knew how to deal with any complaints or concerns according to the service's policy. The registered provider recorded complaints with investigations and outcomes documented. Information on how to make a complaint was included in information about the service provided to each person. A person told us "I would feel comfortable if I had to make a complaint. I am not frightened to speak up." This view was confirmed by everyone we spoke with. People and relatives were confident that the registered provider took their concerns seriously and took appropriate action in response. One person told us "in the past I had to complain about my rota. It was not being sent. The agency listened and now they send it weekly by email and in the post."



## Is the service well-led?

### Our findings

People and their families told us they felt this was a well led service. One person said, "I'm very happy with the service and I would recommend the service". Another person told us, "the office is available and yes I would recommend the service." A family member told us, "the agency does phone to discuss any changes, they email too regularly. We are happy with the service. The carers are triple star; they have been supportive emotionally as well as practically. We would recommend the service". Another family member told us, "happy to contact the agency and they do respond. Everything is ticking along nicely, very pleased and satisfied." Two people added comments when they completed surveys, one said "For some years my care company attended my late wife. When I required care I requested the same company, all the carers are kind, cheerful and of a pleasant nature. In my opinion, a good company". Whilst another added "We (my daughter and I) could not be happier with the agency and service provided and would recommend them heartily to anyone needing agency help." The registered manager placed people at the heart of the service which was evident throughout our inspection.

Staff spoke highly of the agency and were pleased to work there. One wrote on their survey "Carefirst is a very caring company who take staff views into account, I feel like a valid team member and the agency couldn't do enough for staff and service users." Another added "I've been working for Carefirst for four and a half years now and am very happy doing so. No complaints!" whilst a third said "I am very happy working for Carefirst, I feel that I am part of a very professional team and service delivered is personal and of the highest quality. I would have no hesitation in recommending Carefirst to both future service users or those wishing to take up a position as a carer in the community".

Staff were all positive about the registered manager and other members of the management team. Staff comments included, "I like the fact the directors are so approachable, whether personal or work related. They don't sit at a desk all day they go out as well and know all the service users, very in touch." Another staff member said "Management are great they would not expect us to do something they wouldn't be prepared to do themselves. Someone's always there to help or offer advice." The registered manager said "We have an open door policy". This was confirmed by staff. One care staff told us "Open door policy most definitely, if I have a problem I can call them for advice at any time."

Staff felt the service was open, honest and transparent. The registered manager encouraged staff to be honest about their practice. They said "We have a no blame culture, if mistakes have been made, let's apologise, let's get better." They also said that if staff were continuously making the same mistakes, their training needs would be looked at and consideration given to whether the training methods were working for that staff member. The registered manager told us they kept up to date by reading the commission's website and through other professional websites. They also said they reviewed other information and research about health and care. They explained that as a result they had now used yellow paper for the agency brochure as research had shown that this enabled people with impaired vision to see and read better.

Team meetings were held every few months. These were based around the areas staff were working in. The

registered manager said team meetings enabled staff to "talk, and if there is a better way of doing something, bring it to the group. We ask staff if there is something we could do better." A staff member said "We have regular staff meetings, if there are any problems or something we need to know they can happen at any time." Another staff member said "We are able to bring ideas to staff meetings as the management are very approachable." Staff received a weekly newsletter with their rosters. We saw these informed staff about significant events or updates about people using the service as well as thanks and acknowledgement to care staff. For example, in March 2016 care staff were congratulated on achieving their NVQ level 3 and all staff were thanked 'for the excellent care and support you give to our service users and also the dedication you give to carefirst'. The news letters helped ensure staff were kept aware of current information and involved in the agency.

The registered manager completed a number of audits and told us they reviewed records of care provided and medicines administration records when these were returned to the office although records were not kept of these checks. They informed us that through the auditing process they had identified that some aspects of office records could be improved. They had decided that there was a need for an administrator who would be able to focus on these areas and had been recruited to fill this vacancy. The registered manager also, on occasions, worked directly with care staff and completed training with them. They said this enabled them to fully monitor the way staff worked. The registered manager also identified that unannounced 'spot checks' enabled them to ensure staff were following the correct procedures and people were receiving safe care.

The registered manager had further plans to improve the agency such as extending the skills of some care staff with specialist training from health professionals to meet the increasing complex needs of people requiring a domiciliary care service. Some work had already commenced in respect of this with selected staff having training with district nurses. The agency had also invested in a 'pool' car which meant that staff could borrow this if their own car was not working. This meant staff would continue to be available to work.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

One person summed this up the quality of the service by telling us "the service is extremely good, and I would recommend the service".