

Newcastle Home Care Associates Limited

18 Portland Terrace

Inspection report

18 Portland Terrace
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Overall summary

We undertook an announced inspection of Newcastle Home Care Associates Limited on 2, 5, 8, 9 and 15 December 2014. The service is registered with CQC and operates under the title 18 Portland Terrace. We last inspected 18 Portland Terrace in June 2014.

At the last inspection we found the provider was not meeting all the regulations inspected. We found suitable appraisal and supervision arrangements for staff were not fully in place. We also found people were not always protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records

were not maintained. An action plan was received from the provider which stated they would meet the legal requirements by 31 October 2014. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

18 Portland Terrace is registered to provide personal care to people in their own homes. 18 Portland Terrace has two key parts, Care and Share Associates (CASA) and LIFE. CASA provide care at home services for people in Newcastle. LIFE is an Independent Supported Living (ISL)

Summary of findings

service for people with learning disabilities, which operates across Newcastle and North Tyneside. At the time of the inspection CASA was supporting 288 people and LIFE was supporting 47 people.

The service had two registered managers; one who managed CASA and one who managed LIFE. Both managers had been in post since 2010. 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.

People using the service and their relatives told us they were well cared for and felt safe with the staff who provided their support. One person told us, "I feel safe with my staff. A lot of them know me really well now; they are friendly and nice." Staff we spoke to understood what abuse was and knew how to report abuse if required.

We found that staff were recruited appropriately and they had the skills and knowledge to safely care for people. Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance to staff.

People were assisted with their medicines in the right way. The provider had a detailed policy in relation to medicines management, so staff had access to information and were clear about what was good practice. Staff competency regarding medication handling was subject to regular supervisory observation checks and medicine training was refreshed annually.

The service followed the requirements of the Mental Capacity Act 2005 (MCA). MCA assessments and 'best interests' decisions had been undertaken by the relevant supervisory body where there were doubts about a person's capacity to make decisions.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. People were also supported to eat and drink.

Staff knew the people they were supporting and provided a personalised service. Care support plans were in place detailing how people wished to be supported. Risk assessments were also in place to effectively manage risks. People told us they generally saw the same core group of care staff. They told us they liked the staff who provided their care and support and enjoyed their company. One person told us, "My carers are marvellous." Other people's comments included, "I've got one main carer," "There are odd occasions where I get a new member of staff; but it doesn't happen very often," and, "It's always the same care staff who come and visit me," Relatives comments included, "Yes, she gets the same two girls," and, "She's never been happier."

The service was flexible and responded positively to people's requests. People who used the service and their relatives told us they were able to raise issues and concerns and the service was responsive to their requests. People were supported by staff to access their communities, pursue leisure interests and educational opportunities. One person told us, "They [staff] always ask me what I want doing." Another person said, "She (staff member) does everything she's supposed to and she does anything that I ask her to do and more."

Systems were in place to monitor the safety and quality of the service and to gather the views of people, including whether they were happy with the quality of the services provided. The provider supported care workers and managers through effective inductions, training and supervision and with regular meetings to share best practices. Care and support was provided by a consistent team of care staff who knew people well. Staff had the necessary knowledge, skills and experience to meet the needs of the people they supported.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were effective processes in place to help ensure people were protected from the risk of abuse and staff were aware of safeguarding adults procedures.

Staff had access to information and a detailed policy in relation to medicines was accessible, so people's medicines were managed and they received them safely.

There were safe and robust recruitment procedures to help ensure that people received their support from suitable staff. People had confidence in the service and felt safe and secure when they received their support.

People and their relatives told us staffing levels were suitable and they generally received care and support from a consistent group of staff. Staff told us they had sufficient time allocated to travel from one call to another.

Good



Is the service effective?

The service was effective. People received care from staff who were provided with effective training and support to ensure they had the necessary skills and knowledge to meet their needs effectively.

Mental Capacity Act 2005 (MCA) assessments and 'best interests' decisions were in place for people who couldn't make some or all decisions for themselves.

People were supported to eat and drink, have access to healthcare services and receive on-going healthcare support.

Good



Is the service caring?

The service was caring. People told us staff who provided their care and support were kind and caring and that they were treated with dignity and respect.

People were involved in making decisions about their care and the support they received.

We saw people were encouraged to maintain their independence.

Good



Is the service responsive?

The service was responsive. Care support plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

Requires Improvement



Summary of findings

People were supported by staff to access their communities, pursue leisure interests and educational opportunities. This reduced the possibility and risk of people becoming socially isolated.

A complaints process was in place and people told us that they felt able to raise any issues or concerns.

Is the service well-led?

The service was well-led. The service had two registered managers who spoke enthusiastically about their roles.

Management regularly checked and audited the quality of service provided and made sure people were satisfied with the service and support they received.

Good



18 Portland Terrace

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 2, 5, 8, 9 and 15 December 2014 and was announced. We gave the provider two working days notice of our visit. This was because the service provides care to people in their own home. We were initially visiting the office and needed to ensure the registered managers would be available to speak to us.

The inspection was carried out by two adult social care inspectors and an expert by experience. 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 reviewed the information we held about the service, including notifications we had received from the service about serious injuries, matters which had been reported to the police and other issues of concern. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also reviewed a whistleblowing report and complaints that had been received.

We spoke with six people and six relatives by telephone following the inspection. We also spoke with four people who used LIFE services and two people who used the CASA service by visiting them in their homes, with their permission.

Following the inspection, we contacted the local authority commissioners for the service, a care manager and a social worker and did not receive any information of concern.

We spoke with both registered managers of CASA and LIFE, both deputy managers (care managers) of CASA and LIFE, the provider's compliance and quality director, the provider's training officer and three support workers.

We spent time looking at a range of records during our inspection, this included records kept in people's homes and Independent Supported Living services and the provider's main office. We examined the care records and support plans held in the provider's main office for four people using CASA and four people using LIFE. In addition, we examined the support plans which were held in six people's homes. Furthermore, we examined selected documents including policies and procedures, staff training, supervision and appraisal records, recruitment records for four staff members, minutes of meetings and surveys.

Is the service safe?

Our findings

People using the service and their relatives told us they were well cared for and felt safe with the staff who provided their support. One person told us, “I trust them 100 per cent.” Another person’s comments included, “My support is brilliant. My staff are really good fun and I’m happy with them, and, “I do feel really safe with all of the staff who support me; they are all good people.”

We saw staff had received training in safeguarding vulnerable adults. A safeguarding adults policy was in place and staff were required to read it as part of their induction period. We noted the service had made 11 safeguarding referrals to the relevant local authorities during 2014. We spoke with three members of staff. They were confident they knew what action they would take if an allegation was made. Staff were able to describe appropriately the procedure for dealing with and reporting an allegation and said they had received safeguarding training. They said they had not seen any poor practice and were confident concerns would be taken seriously by the organisation. Both registered managers and deputy managers were clear about their roles and responsibilities in dealing with any safeguarding concerns. The provider’s training officer told us, “Safeguarding adults training is refreshed annually. There are exercises and exams and there’s a cost factor in the training, but it’s important we do this; it’s important that staff have a comprehensive understanding.”

We also noted the service had a whistleblowing policy. This meant staff could report any risks or concerns about practice in confidence with the provider. The provider’s training officer and staff we spoke with confirmed, that all new staff received training in the whistleblowing policy as part of their induction training.

Financial recording systems and arrangements were in place and the service had taken reasonable steps to identify the possibility of financial abuse, and prevent it before it occurred. In addition, the service had a policy to provide staff with specific advice on accepting gifts and legacies.

We saw and staff confirmed risks for individuals were assessed and plans were in place to minimise risks. For example we saw assessments were in place for the administration of medicines, falls, the environment, use of oxygen, and self harm. Where risks were identified specific

plans outlined the support to be offered and we saw plans were updated when changes had occurred. We saw evidence Behavioural Assessment and Intervention Team had been involved in a plan for maintaining positive relationships and that advice provided had been included in the plan. We talked with staff who were able to give examples of how risks were managed for one individual and described how specific training had been provided. We saw plans were regularly reviewed and updated to reflect any changes.

Risk assessments relating to people who used both the CASA and LIFE services and premises were in place. Risk assessments regularly reviewed. We noted one person’s risk assessment in relation to their moving and assistance had recently lapsed and was due for review. We discussed this with the LIFE registered manager who informed us that this would be addressed immediately.

Both registered managers told us accidents and incidents were reviewed and monitored monthly. This was to identify potential trends and to prevent reoccurrences. Both registered managers told us, where appropriate, care support plans and risk assessments would be reviewed to ensure people were kept safe.

People and their relatives told us staffing levels were suitable and they generally received care and support from a consistent group of staff. The CASA deputy manager told us where possible, support workers would live nearby to the people they supported to minimise travelling time between calls and reduce the risk of staff being unable to make the agreed appointment times. One person told us, “The service I get is very good; I must have one of their best carers. My main carer is excellent, she’s very good, she’s always on time and she always stays for the length of time she’s supposed to.” Another person’s commented, “I have consistent carers and I always know who is coming. They’re always on time; I’m chuffed to bits with them and they always stay their full time.” Other people’s comments included, “I’m lucky, I’ve got the same team of four carers,” and, “It’s usually the same core of people.”

Staff told us they had sufficient time allocated to travel from one call to another. They said where two staff were required this level of support was always provided. They told us that sickness and annual leave was generally covered by staff working additional hours and this worked well. One staff member told us, “There are enough staff and people using the service get consistent care. Staff have

Is the service safe?

enough time to do the tasks necessary and the out of hours team are responsive. The office telephone us to tell us of any changes.” The CASA deputy manager was able to describe how the care manager was involved when it was identified additional hours were needed to assist a person with shopping and cooking.

We examined six records for staff who had recently been employed at the service. We found the service operated appropriate and safe recruitment practices. We saw each file had a completed application form, detailing their employment history, reasons why their employment had ended and proof of their identity. We also noted that security checks had been made with the Criminal Records Bureau (CRB), or the Disclosure and Barring Service (DBS), as it is now known. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. At least two written references had been obtained and verified, where possible, from a previous employer.

Staff told us they had received training in handling medicines. They said this was updated regularly and

competency checks were carried out by senior staff. One person described how extra support was provided for them during their probationary period. We looked at care records and saw there was clear information about each person’s medicines. We saw from complaints records that there had been concerns about the recording of the application of topical creams. The CASA registered manager could describe the action taken to improve recording of personal care and application of creams. We saw that any changes of medicines or care arrangements were documented in individual records. One person told us, “I take medication every day and they help me to manage the tablets I have to take.”

We also saw contingency plans were in place in case of a fire, flood, loss of utilities, or other emergency. Both registered manager’s told us, and records confirmed the provider operated

an out of hours contact facility where staff were able to contact a duty manager for advice and in the case of emergencies.

Is the service effective?

Our findings

During our last inspection in June 2014, we asked the provider to take action and make improvements. We were concerned that suitable appraisal and supervision arrangements for staff were not fully in place and regular meetings for staff were not taking place. We asked the provider to send us an action plan outlining how they would make improvements.

During this inspection we found that all the issues identified at our last inspection had been addressed and the improvements required had been made.

People who used both services and their relatives were complimentary about the staff employed by the services and told us they thought support workers were competent and well trained. One person told us, “The girls are spot-on; they certainly know what they are doing.” Other people’s comments included, “They seem well trained; they know what they are doing, and, “They give me great support; I cannot fault them in any way.”

Both registered managers and the provider’s training officer told us all new staff received appropriate induction training and a period of shadowing an experienced and established colleague before working unaccompanied. Both registered managers told us that all staff undertook an initial induction period and were required to complete their common induction programme within 12 weeks of commencement of their employment. The training officer told us that upon completion of the common induction programme, all care and support workers would embark on gaining NVQ qualifications in Health and Social Care. Staff suitability to perform their role was reviewed after three months, during a six month probationary period.

We saw training records were kept in an appropriate form. Induction training was recorded and staff confirmed new staff received training to ensure they had the skills they needed. Staff told us they had received support from other staff and were accompanied when they first started work. We saw and staff told us they had undertaken and completed mandatory safe working practices training. For example, fire safety, food hygiene, health and safety, moving and handling, safeguarding vulnerable adults, infection control and emergency first aid. Staff also told us, and certificates confirmed, that they received training that was specific to the needs of individuals they cared for. For

example, colostomy care, dementia awareness, catheter care, palliative care and stroke awareness. Staff also told us they were aware people were referred to health care professionals such as speech and language therapists, physiotherapists and occupational therapists. One person commented, “I would recommend the LIFE service to anyone. They are knowledgeable and they know what they are doing and saying. They are reliable and my support is really good quality.”

We saw individual records contained evidence of competency assessments carried out by senior staff. These included observations of staff giving medicines, medicines competency checks, a spot-check form and a direct observation check. The CASA deputy manager was able to describe the systems used and what happened if any concerns were identified which involved further training, additional supervision and a repeat of the competency checks.

During our inspection staff told us, and records confirmed that one to one meetings, known as supervisions, as well as annual appraisals were now being carried out. Supervision sessions are used, amongst other methods to check staff progress and provide guidance. Appraisals provide a formal way for staff and their line manager to talk about performance issues, raise concerns, or ask for additional training. Staff files and records we examined showed that regular supervisions and annual appraisals were being conducted. Staff said they received supervision every three months. They said they felt well supported and able to raise issues about their work. They said they were confident the senior staff would respond to any concerns.

Both registered managers, deputy managers and staff we spoke with told us they were aware of and had received training on the Mental Capacity Act (MCA) 2005. The training officer told us, MCA and Deprivation of Liberty Safeguards (DoLS) were covered during initial induction and were refreshed annually during the course of safeguarding adults training and dementia awareness training. The MCA supports people in England and Wales who can’t make some or all decisions for themselves.

The CASA deputy manager told us that MCA 2005 assessments were not conducted by the service. Where there was any doubt or concern that a person may not be

Is the service effective?

able to make some or all decisions for themselves, then a referral would be made to the person's relevant health care professional, or social worker. This ensured that appropriate capacity assessments were undertaken.

We saw there was evidence that mental capacity assessments had been undertaken where people were not able to make an informed decision about their own care.

We saw family and health and social care professionals were involved in these decisions. We saw that there was a full record of the decisions made and staff were aware of these. These decisions had been made in the best interests of the person. It was evident the service recognised the need to seek assessments where there were concerns about people staying safe and were unable to make some or all decisions for themselves. For example, the consequences of one person not keeping to their budget, smoking and the risks to their health and another person's contact with an estranged family member and the safe storage of their personal hygiene products.

People's care support plans included details of important contact details, so staff were able to contact people's relatives and health and social care professionals if they were any concerns regarding their health or well-being. People told us where medical and health care appointments had been arranged and their relatives or friends were unavailable, support workers were available to support people to access the appointments. Staff also liaised with health and social care professionals involved in people's care if their support or health needs changed. One person told us, "My support workers support me with my doctor's appointments and other appointments I have." Another person said, "They'll involve professionals if I want them to."

People were supported at mealtimes and were able access food and refreshments of their choice. We noted support workers had received training in food hygiene, diabetes and infection control. One person told us, "I have a main carer who comes in to support me and is good. She's a very good cook, she does everything and more."

Is the service caring?

Our findings

People who used the service and their relatives gave us positive feedback about the care provided and the staff who provided their support. One person told us, “The staff are definitely kind and caring. If I’m ever down, they brighten my day up. They’re all good lasses (girls) and I’ve got a lot of time for CASA staff.” Another person told us, “They are caring and accommodating.” Other people’s comments included, “They are all caring and kind,” and, “I am very happy with the girls; the girls are fine – they treat me well.” One relative said, “They don’t just come to do their jobs,” “they just treat her nice.” Another relative told us, “I’d recommend the service because of the carers and that she’s comfortable with them.” Other Relative’s comments included, “She is happy with her care,” and, “It’s going very well and she’s never been as happy as she is now.” A care manager we spoke with told us, “He (person using the service) is very happy with the service and feels he has made massive steps with his independence. He has a good working relationship with the support staff and enjoys their company.”

We spoke with four people who used LIFE services and two people who used the CASA service by visiting them in their homes. Where staff were present during the visit, we saw that staff were kind and patient and the relationship between people and staff was positive, relaxed and friendly. One person told us, “The staff are really nice and pleasant; they are like my family – it’s that good. They are brilliant with me and I think the world of them and I treat them like I treat my own family.” Another person said, “The staff are nice; I feel like an older sister to (support worker).” Other people’s comments included, “They never say a wrong word to you. They’re always very polite – I have a real good laugh with (support worker) and she makes me laugh every time she comes. She’s smashing, with a great sense of humour,” and, “They are friendly and I get on well with them.” Relatives’ comments included, “I’d recommend it (the service) because they’re understanding,” and, “I would recommend it because she’s got a better life and has become more independent and learned new skills.”

People and their relatives told us staff treated them with dignity and respect. One person told us, “They are very respectful and polite with me.” The provider’s training officer told us, and records confirmed, that all staff received training in confidentiality, dignity, and equality and diversity during their initial induction period and this training was refreshed annually.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

We saw people were encouraged to maintain their independence. One person told us, “They support me to be remain as independent as I can be and to stay in my own home.” Another person said, “The staff do help me, but I do most of the cleaning myself.”

People told us they were able to express their views and be involved in making decisions about their care, treatment and support. One person told us, “They do a review every year with me and staff; I am allowed and asked what I want.” Another person said, “I am fully involved in making decisions on how I am supported and the activities I want to do,” and, “I have meetings every Sunday to get my pocket money sorted out and to pick what I want to do the following week.”

We discussed with the CASA manager what arrangements the service had for advocacy. Advocacy ensures that people, especially vulnerable people, have their views and wishes considered when decisions are being made about their lives and have their voice heard on issues that are important to them. We noted that this information was not included in the provider’s service users guide, or their statement of purpose. This meant advocacy information was not always easily accessible to people and their relatives. We discussed this with the registered manager during our visit, who told us this would be included in both documents in the near future and made readily available to people who used the services and their relatives. The registered manager told us no people were using an advocacy service at the time of the inspection.

Is the service responsive?

Our findings

During our last inspection in June 2014, we asked the provider to take action and make improvements. We were concerned that people were not always protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. We asked the provider to send us an action plan outlining how they would make improvements.

During this inspection we found that all the issues identified at our last inspection had been addressed and the improvements required had been made.

People and their relative's informed us the service was responsive to their needs. One person said, "They are absolutely brilliant, the care's fantastic and my main carer X; she's exceptionally good – it's always spot-on. If anything is a problem, it's sorted straight away; it's unbelievably good." Other people's comments included, "Anything I want them to do, they'll do it," "They support me with anything I need help with," and, "I would recommend it, because it suits me as it's a flexible service." One relative told us, "They changed the times of the visits to suit me." Another relative said, "The older ones (staff) understand him better... by having a settled team they got to know him and vice versa." A social worker we spoke with commented, "I find that CASA are fairly good with regards to their communication. They will usually respond fairly quickly to messages left and will try to get someone to assist you where possible. They are quite quick at looking for care availability and getting back to you."

Prior to starting using the services, an initial meeting was carried out to assess the person's needs and a care support plan was formulated. We noted these care support plans were personalised and documented people's likes and dislikes, medical conditions and other important information for support workers to follow and provide care and support.

We looked at care support plans held in the provider's main office for four people using CASA and four people using LIFE. In addition, we examined the care support plans which were held in six people's homes. All were up to date and had been regularly reviewed. The domiciliary records

(CASA) contained information to show what support was offered and there was evidence of changes made to reflect people's needs. For example, on someone's return from hospital or where they required a higher level of care.

Care support plans described how people were involved in drawing up and reviewing their own plan of care. Staff told us how they checked people were happy with the support they received by asking them how they wanted care delivered and what their preferences were each time they supported them. One person told us, "They listen to me and always look at me and listen." Another person said, "They ask me what I need help with." Relatives comments included, "They (staff) treat him like an adult; the way they speak to him," and, "She is very involved."

When people's needs had changed, this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. We noted for one person, staff had identified this person was not self-administering their prescribed medicines. Evidence was gathered established this person had not taken their medicines over a period of time and this was acted upon by the service and this person's social worker was immediately informed. This resulted in a review and amendment of this person's local authority care package.

The LIFE registered manager told us that she regularly provided a two hour support session with one person. This was to maintain a contact with them and support the person with their personal care. This also provided an opportunity for a staff meeting with this person's support staff to be undertaken.

People were complimentary about the services provided and the support they received to access their communities and pursue leisure interests and educational opportunities. One person commented, "The staff support me in my home, to go to appointments and outside when I go shopping; I feel safe with them." Other people's comments included, "They take me places that I like to go – The Sound Room in Gateshead, disco's and karaoke. I've been on a trip to Edinburgh and went to a Chinese restaurant and the Museum of Scotland. X (team leader) is always coming up with different ideas and activities for me to enjoy," and, "I go to the cinema on Tuesdays and they are flexible on the timings of the support."

We observed one person being asked what activities they wanted to do later that day and if they wanted to finish

Is the service responsive?

buying their Christmas present shopping later that week. Other people told us how they were supported to make their own meals and refreshments. Another person told us about a motor car they owned, which was driven by staff for this person to go shopping and enjoy social activities.

We saw the provider had a written complaints policy and procedure. This detailed the process that should be followed in the event of a complaint and indicated that complaints should be documented, investigated and responded to within a set timescale. An easy to read format with picture symbols which explained how a person could raise concerns or complain and who could help, was also available in care support plans kept at people's homes.

All the people and relatives we spoke with told us that they were aware of how they would make a complaint and were satisfied that any concerns would be taken seriously and dealt with promptly. They all told us they had not had to raise any concerns. One person told us, "I've never made a complaint; I'd just ring the head office and speak to the manager if I did." Other people's comments included, "I'm happy with the service I get... I've never made a complaint, but if I did, I'd get my daughter to ring up," and, "If I wasn't happy about something I'd tell the staff. If it was about a staff member, I'd go straight to (team leader), or Michelle (LIFE registered manager) and report it."

People and their relatives told us they felt happy to raise any concerns or complaints they had. All of the people with whom we spoke informed us that they were happy with the service they received. People's comments included, "They are a lot more hands on; listening a lot and things are nipped in the bud," and, "I couldn't praise all my staff highly

enough... I go into the office once a week with a member of staff and I get to see Michelle (LIFE registered manager), or (deputy manager). I can talk to them if I have any complaints or wanted something; they're spot-on."

We examined the complaints files for both CASA and LIFE. We noted some of the records relating to the complaint, its investigation and outcome, were not always clearly recorded. The service's policy indicated a letter should be sent to the complaint to confirm the findings of the investigation and outcome of the complaint. Whilst there was evidence that the registered manager, or deputy manager had contacted complainants, clear records of these communications were not always kept. This meant that whilst there was evidence to confirm the complaints had been recorded, investigated and resolved, where possible to the satisfaction of the complainant, there was no evidence to confirm whether a written or telephone response had been given to the complainant. We discussed this with the CASA registered manager and deputy manager, who confirmed that all complainants had received a response and would ensure that all complaints received in the future would have their response and method of delivery recorded.

A relative told us that she had contacted the service on one occasion, as her son did not seem to get along with one of the support workers, as well as he did with the others. The issue was dealt with promptly and alternative staffing arrangements were immediately made. This relative told us, "I've got a positive relationship with the agency and her (registered manager) support workers."

Is the service well-led?

Our findings

The service had two registered managers; one who managed CASA, and one who managed LIFE. Both managers spoke enthusiastically about their roles in ensuring the care and welfare of people who used the service. Both registered managers had been in post since 2010. Both services had also recently appointed deputy managers, who were enthusiastic about their new roles. They were looking to develop their roles to help ensure people received good quality care and support. People who used the services and staff, were fully aware of the roles and responsibilities of managers and the lines of accountability.

During the inspection, we spoke with the provider's recently appointed quality and compliance director. He told us he was currently testing new audit methods to identify how best to conduct audits at the services. He told us he intended to conduct full audits of each service every six months. We saw form audits conducted in November 2014 the quality and compliance director had concentrated on evidencing staff supervisions and appraisals had being undertaken and that care support plans and their reviews were up to date and accurate. He told us, "My focus is trying to achieve more about making the service person-centred and not just about outcomes. It's about what the person wants and we are keen to achieve that. I like the 'mum's test' (a service that we would be happy for someone we love and care for to use) and want an organisation we can be proud of." The quality and compliance director also told us the provider's operations director regularly conducted branch visits and conducted quality assurance audits, in order to identify any shortfalls in the services provided and areas for improvement.

The provider used a range of other systems to monitor the effectiveness and quality of the service provided to people. Weekly and monthly checks included medicines, environmental and health and safety checks. Team leaders were required to complete weekly medication audits and monthly observations of support worker's competency in relation to the administration of medication.

The LIFE registered manager told us, and records confirmed, that both herself and the deputy manager conducted unannounced spot-checks. These checks included direct observation of staff working practices and

also checks that personal protective equipment was being worn appropriately, attendance and appointment times were being kept and care support plans and risk assessments were accurate and up to date.

People and their relatives were also consulted about the service people received. This was done by means of an annual survey, to obtain their views and feedback on important issues. The survey completed in November 2014 was being collated at the time of our inspection and was due for publication the following month. We noted in the previous published service user questionnaire, people were satisfied and positive with the overall service provided. One person told us, "I get a survey sent out to me in the post every year to fill in and find out about my opinions and find out if everything is alright. I always return it and it's generally always good comments in it," and, "Every now and then there's a lady, a manager I think, who comes out and asks me if I'm satisfied with the service. They phone up to let me know she's coming; she's been out a few times. They've even rang me up just to see if I'm ok." Another person commented, "Once a week I have a meeting with the team leader to discuss things."

Adverse incidents, such as accidents, matters reported to the police, medication errors and complaints were monitored and analysed and were discussed during monthly management meetings. This was to prevent reoccurrences and to ensure any potential learning could be identified and whether care support plans and risk assessments needed to be reviewed and updated.

We found staff were enthusiastic and positive about their work. They were well informed and had a good working knowledge of their role and responsibilities. Staff we spoke to confirmed they had received the training they needed. Staff told us they were well supported by the management team. One staff member told us, "I am really pleased I came to work for this service. I have been well supported since I came here to work, it is much better than the last agency I worked for."

Staff were asked their opinions by means of an annual employee satisfaction survey. The survey for 2014 was yet to be published, but we saw that 80% of staff had indicated they were happy working for the service in the previous year's survey. Both registered manager's told us, where possible, the service had acted upon any negative responses received. For example, an information 'dashboard' had been installed and displayed in the

Is the service well-led?

provider's main reception office where visiting staff were able to see the company's growth in terms of staffing levels and quality of service. In addition, the CASA registered manager told us the service had employed additional team leaders to support care staff in the areas they worked following employee feedback.

Staff told us, and minutes of meetings confirmed, that staff meetings were now being held regularly. These meetings were used to keep staff informed of best practice and to

discuss important issues. For example, staff shifts and training, reviews of care support plans and future development /expansion of the services and possible relocation of the provider's head office.

They told us staff meetings were held regularly every three months and they could raise any issues. They said sometimes it was difficult to attend if they had shifts on that day.