Soma Healthcare Limited

# Soma Healthcare (Central London)

## Inspection report

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Limeharbour
London
E14 9TS

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06 July 2017

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 5 and 6 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the people we needed to speak with would be available. This was their first inspection under this registration with the Care Quality Commission since it had been registered in April 2016. It had previously been registered at a different address and the provider was meeting all the regulations that we checked at the last inspection in February 2014.

Soma Healthcare (Central London) is a domiciliary care agency which provides personal care and support to people in their own homes. At the time of our visit the service was providing personal care and support to 24 people in the London Borough of Wandsworth. The majority of people using the service were funded by the local authority.

There was a manager in place at the time of our inspection who was in the process of applying to be the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 felt safe using the service and care workers understood how to protect people from abuse. Staff were confident that any concerns would be investigated and dealt with. All staff had received training in safeguarding adults from abuse and had a good understanding of how to identify and report any concerns.

The provider had a medicines policy in place where care workers were only allowed to prompt people's medicines. Staff had completed basic training in medicines and knew what to do if they had any concerns.

People's risks were managed and care plans contained appropriate risk assessments which were updated when people's needs changed. Where necessary, guidance was in place to enable staff to support people safely.

The provider had a robust staff recruitment process and staff underwent the necessary checks to ensure they were suitable to work with people using the service. People had regular care workers to ensure they received consistent levels of care.

A new training programme had just started to be implemented and positive comments were received by staff who had already taken part in some training sessions. Care workers received regular supervision and told us they felt supported and were happy with their input during supervision sessions

Care workers told us they reported any issues or concerns to the care team and we saw evidence of this in

people's care records. We also saw people were supported to maintain their health and well-being through access to health and social care professionals, such as GPs, occupational therapists, district nurses and social services.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). Care workers respected people's decisions and gained people's consent before they carried out care tasks. The provider was aware of what to do and who to contact if they had concerns that people lacked capacity to make certain decisions.

People and their relatives told us care workers were kind and caring and knew how to provide the care and support they required. People told us that staff respected their privacy and dignity and promoted their independence.

People were involved in planning how they were cared for and supported. An initial assessment was completed from which care plans and risk assessments were developed. Care was personalised to meet people's individual needs and preferences and was reviewed if there were any significant changes, with health and social care professionals being updated on people's current conditions.

People using the service and their relatives knew how to make a complaint and were able to share their views and opinions about the service they received. There were regular monitoring systems in place to allow people using the service and their relatives the opportunity to feedback about the care and treatment they received.

There were processes in place to monitor the quality of the service provided and understand the experiences of people who used the service. This was achieved through communication with people using the service and care workers, with regular meetings, supervision and a programme of monitoring checks and audits of the service. New software was in the process of being implemented to help the provider further monitor and improve the service.

The provider promoted an open and honest culture and there was a positive environment within the care team. There was visible leadership from the management team and people who used the service and their relatives were confident with how the service was managed.

Staff felt well supported by the care services operator and manager and were confident they could raise any concerns or issues, knowing they would be listened to and acted upon.

## 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.

Risk assessments were in place to identify the areas of risk and to reduce the likelihood of people coming to harm. Guidance had been sought from health care professionals to support staff in their roles.

The provider took appropriate steps to ensure robust staff recruitment procedures were followed and there were sufficient staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse and protect people from harm. Staff were confident any concerns brought up would be acted upon straight away.

People were prompted with their medicines and staff were aware of what to do if they had any concerns about people receiving their medicines safely.

### Is the service effective?

Good

The service was effective.

The provider understood the legal requirements of the Mental Capacity Act 2005 (MCA) and staff took the necessary action if they had concerns about people's capacity.

A new training programme was in place whereby staff received accredited training to support them in their roles. Care workers received regular supervision to discuss important issues and provide support to meet people's needs.

Staff were aware of people's health and well-being and responded if their needs changed. People were supported to access health and social care professionals, such as GPs, district nurses and occupational therapists.

People were supported to have a balanced diet if this was required. People told us that care workers were aware of their preferences and offered them choices at mealtimes.

## Is the service caring?

Good

The service was caring.

People using the service and their relatives told us they were happy with the care and support they received. Care workers were consistent, knew the people they worked with and treated them with respect and kindness.

People were actively involved in decisions about their care and support, in accordance with their wishes. Relatives and health and social care professionals, were informed about people's health and well-being and also involved in decision making where appropriate.

Care workers promoted people's independence, respected their dignity and maintained their privacy.

## Is the service responsive?

Good

The service was responsive.

Care records were discussed and designed to meet people's individual needs and staff knew how people liked to be supported.

People using the service and their relatives knew how to make complaints and said they would feel comfortable raising any concerns with the office. The service gave people using the service and relatives the opportunity to give feedback about the care and treatment they received.

## Is the service well-led?

Good

The service was well-led.

There was visible leadership from the management team and they understood their responsibilities, which led to a positive environment within the staff team.

People using the service and their relatives told us that the service was well managed and had no concerns. Staff spoke highly of the support they received to carry out their responsibilities.

There were audits, meetings and quality monitoring systems in place to monitor the quality of the service and identify any concerns. Any concerns identified were followed up appropriately.

# Soma Healthcare (Central London)

**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.

The inspection took place on the 5 and 6 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the people we needed to speak with would be available. The provider knew we would be coming back the following day. The inspection was carried out by one inspector.

Before the inspection we reviewed the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to the CQC and the report from the previous inspection from February 2014, when it was registered under a different location.

We spoke with six people using the service, two relatives and 11 staff members. This included a registered manager that managed the provider's other service which was managed from the same office, the care services operator, who was in the process of applying to be the registered manager, a senior care coordinator, three care coordinators, the trainer, an accounts administrator and three care workers. We looked at four people's care plans, four staff recruitment files, staff training files, staff supervision records and audits and records related to the management of the service.

Following the inspection we spoke with two health and social care professionals who worked with people using the service for their views and feedback.

Good

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe when receiving care and were comfortable with the staff that supported them. Comments included, "I have had the same regular carer so I feel safe with them" and "I feel safe with them when they support me with personal care." Relatives spoke positively about the care their family members received and did not express any concerns. A health and social care professional also confirmed this and told us that no concerns had been raised by people using the service or their relatives.

Staff had received appropriate training in safeguarding and the provider had just started carrying out a new accredited training programme on safeguarding vulnerable adults. Sessions had been carried out the day before and during the inspection, by a new trainer who had experience of delivering training to the police force. Staff we spoke with were able to explain what kinds of abuse people could be at risk of, potential signs of abuse and what they would do if they thought somebody was at risk. This topic was covered during the induction programme and would then be refreshed every year. The trainer told us that it was important all members of staff received this training and not just the care workers. One member of the office team who had attended the training the day before the inspection said, "It was very informative, educational and I've learnt a lot. It's a new dimension of training and I'm very impressed."

The provider had produced an adult abuse newsletter, for people using the service and staff, with information about safeguarding and signposting to other websites and help to have a better understanding about abuse and safeguarding. There was also information on training available for staff. Staff we spoke with were confident that any concerns would be dealt with right away, and saw that it had been discussed at team meetings. One care coordinator said, "I'm 100% confident that any concerns will be followed up and investigated. We all discuss it as a team so everybody is aware. A care worker said, "If you report anything, they deal with it immediately, along with feedback about what has happened."

There were procedures in place to identify and manage risks associated with people's health conditions. Initial assessments were carried out by a member of the care team to identify any potential risks associated with providing their care and support. Their risk assessment covered areas of risk which included people's mobility, personal care and hygiene, nutrition, medicines and possible areas of neglect. They also carried out a health and safety assessment on the person's home environment to ensure their premises were suitable for care to be carried out. The assessment covered security, fire safety, appliances and whether there were any obstructions.

Once completed, risks that had been identified for the person and the care worker were highlighted and action that needed to be taken was recorded, including information about the level of support that was required. It included practical guidance for care workers about how to manage risks to people. For example, one person had reduced mobility and required support from two care workers during transfers. There was guidance in place for care workers on safe moving and handling procedures which had been taken from an occupational therapy assessment and moving and handling assessment for this person, along with information about the mobility aids used. Another person was at risk of displaying inappropriate behaviour. We saw that the kind of behaviour had been described and there was guidance for care workers to follow if

this behaviour was displayed. We spoke to the branch manager about this who told us that they provided a regular care worker so they were able to build up a good relationship with the person to better meet their needs. We spoke with the person who confirmed this and said, "She is really good, I'm very happy." Care workers we spoke with were able to tell us about individual risks to people's health and well-being and how they were to be managed.

The four staff files that we looked through were consistent and showed that the provider had robust recruitment procedures in place. All Disclosure and Barring Service (DBS) checks for staff had been completed in the last three years. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. We also saw that the provider had asked for updated documents and verified them to complete the renewal process for staff that had worked at the service for over three years. There was evidence of photographic proof of identity and proof of address, along with verified references. Interview questionnaires and notes were also available which showed that the provider had assessed the suitability of staff they employed.

There were appropriate medicines policies and procedures in place to ensure people received their medicines safely. Their policy was to only prompt people with their medicines that had been delivered by a pharmacist in a dosset box. People's care plans recorded if people's relatives or health care professionals were responsible for this task or whether they were able to self-administer their medicines. People using the service and care workers we spoke with confirmed this and we also saw that it had been recorded in people's daily logs when they had been prompted. We saw two people were supported with creams and we saw that this information had been recorded in people's electronic file, with details about the cream and where it needed to be applied. Care workers we spoke with knew they had to call the office if they had any concerns and a care coordinator told us that once they received this information, they would follow it up with the relevant health and social care professional. We did see in one person's daily logs that they were prompted with their medicines, but their care plan said they could self-administer their medicines. The care coordinator confirmed that this was a gentle reminder for the person and that they were able to take their medicines independently, but would update this information in their care records.

People using the service and their relatives told us that they had regular care workers, who were generally on time and stayed for the full length of the visit. Comments included, "They stay the full time and do everything that needs doing", "Even when we have a replacement carer they are absolutely spot on" and "They are always on time and stay the full time." Electronic call monitoring (ECM) records and daily logs confirmed this. A number of ECM records showed that care workers had at times stayed slightly longer than the planned visit time. We saw that there were nine active care workers at the time of the inspection however the provider told us that they were able to utilise the support of up to 150 care workers in times of emergency cover from their other service that was managed from the same location. We looked through a sample of ECM records for three people and saw that care workers were logging in and out of calls appropriately and any manual log in entries needed authorisation from the brokerage team.

One care worker said, "I have enough time and if there are any problems with traffic, I let the office know and they let people know." We spoke with an accounts assistant who explained how they monitored the ECM information to make sure that care workers arrived on time for their shifts. They explained that alerts were set up on the system so if a care worker had not logged in for the visit on the person's home phone, they could make contact with the care worker or person for further information. If there were late, missed or failed visits the care team would be copied into correspondence with social services for actions to be followed up. We saw that this was also discussed during the daily team meetings. For one person where care workers were unable to log in and out for their visits, time sheets had to be completed to verify their calls. We reviewed their timesheets for the previous month and saw that they had all been signed and confirmed

by the relative, with no evidence of lateness and that the care workers had stayed the full visit.

Good

# Is the service effective?

## Our findings

People told us their care workers understood their needs and circumstances and that they received the care and support they wanted. One person said, "They do a great job and my care worker looks after me." Comments from relatives included, "She knows my [family member] well, is very consistent and understands their needs" and "She's brilliant, I couldn't fault her at all." One health and social care professional told us that the provider had been supporting a person with a complex care package and that they had been doing a "fantastic" job in meeting their needs.

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.

All staff had a good understanding of the principles of the MCA. Where people had capacity to make their own decisions, care plans had been signed by the person who used the service to show their agreement with the information recorded. Staff understood consent and capacity issues and were aware of what to do and who to contact if the people they were supporting became unable to make decisions for themselves. We saw records for one person where the provider had concerns about their capacity and had made contact with the relevant health and social care professional to request a capacity assessment to be carried out. A senior care coordinator said, "We protect people and empower them to make decisions. If we have any concerns at all, we involve other healthcare professionals and follow this up." A care coordinator said, "If we feel any person lacks capacity, we need to raise this with our line manager to make sure an assessment is carried out. We also make sure we contact people's next of kin."

The provider had recruited a new trainer in May 2017 and had just started implementing a new training programme that had just started to be rolled out across the organisation. They were qualified to deliver accredited training in safeguarding, moving and handling and first aid. The trainer told us that when a member of staff started, they would go through a five day induction programme. This consisted of an initial one day induction programme, set out by Skills for Care. This covered the minimum standards that staff should have knowledge of to work in health and social care. If they were successful, they would then complete the four day training programme before being able to work in the community. The trainer said, "Everybody will do this, regardless of experience. It will enhance learning and they can draw on the experience of others. It also gives us a chance to see how knowledgeable they are."

The training programme was broken into four core subjects, which covered safeguarding, moving and handling, first aid and other training areas, which was called 'Soma Care'. Safeguarding covered areas such as reporting and recording, challenging behaviour, risk assessments and professional boundaries. Moving and handling also focussed on pressure area care and continence care, including theory and practical sessions. First aid was a full one day course and Soma Care covered areas such as medicines, MCA and DoLS, dementia, hydration, infection control and food hygiene. This training programme would cover all of

the 15 standards of the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment.

The trainer told us that the care team were undergoing the training programme first and we saw this had happened the day before the inspection and during our second day. The trainer added, "It's important that the care team have the training as they will be speaking with care workers who have questions that need to be answered." The training would then be reviewed throughout the year with care workers being booked onto training in advance to ensure training was guaranteed. The care team and a care worker who had received the training spoke positively about it. Comments included, "The training is more exciting and fun to learn. It was very engaging and makes you want to learn" and "I'm very pleased with it, it is very detailed and he takes his time with us." A care worker told us that the trainer had been in touch with them and had booked them onto the new programme.

Once the training programme had been completed, care workers had shadowing opportunities with other care workers before working independently. Care coordinators scheduled supervision meetings every three months and we saw this had taken place. Supervision records showed that care workers were given the opportunity to discuss a number of areas about their job, which included concerns with people using the service, the rota, training, communication and safeguarding. A care coordinator said, "It is important to find out what they are doing, what concerns they have, discuss training and give them the support that is needed." Care workers told us they received regular supervision and were happy with their input during the sessions. One care worker told us they would respond to issues discussed during their meetings. They added, "I highlighted some problems with a hoist for a client. They liaised with the social worker and occupational therapist and the issue was resolved within 48 hours."

We saw records and correspondence that showed people were supported to maintain their health and receive healthcare support if their needs changed. For one person, their risk assessment had recorded that the person would benefit from a physio assessment due to their mobility and saw that a referral had been made the following day. Care workers said they helped people manage their health and wellbeing and would always contact the office if they had any concerns about people's healthcare needs during a visit. We saw minutes of a daily handover that highlighted one person was confused and staff had concerns about their mental health. The care worker had called the paramedics and the community mental health team had been involved. We saw records for another person when care workers had reported concerns about their mobility and they were being supported to get a hoist. There was correspondence with the occupational therapist to make sure they were updated and that the care workers were aware of the change in care needs.

Some people required care workers to support them with meal preparation. This information was recorded in their care plan along with the level of staff support needed and if anybody else was responsible. For example, one person's care plan recorded that their family member was responsible for doing their food shopping, cooking and meal preparation and the care workers were responsible for heating it up or offering them snacks before they left. Even though people's preferred foods were not recorded within their care plans, care workers were reminded to offer people choice and ask them what they would like if they were responsible for meal preparation. We spoke with two people who were supported during mealtimes who confirmed this. One person said, "They help me with breakfast and give me a sandwich and cup of tea in the evening. They know what food I like." One care worker said, "If I support people with their meals, I always ask them what they want or I can give them two to three options, and give them time to make a choice." We saw records in people's daily logs that recorded a variety of food and drink that people were offered and whether they refused. One person told us that they liked porridge for breakfast as it set them up for the day and we saw that this was consistently recorded in their daily logs, along with offering fruit and a cup of tea.

Good

# Is the service caring?

## Our findings

People we spoke with told us they were well supported by the service and thought the staff were respectful and caring, and had a good relationship with them. Comments from people included, "They do respect me", "I've got a good relationship with them and they do everything that I ask" and "I'm very happy with the carers, they are no trouble at all." One relative told us that they were very happy with how their family member was treated. They said, "She's very caring and knows what she is doing. She has the experience and has a good rapport with [my family member]."

We saw that people had regular care workers which allowed them to develop caring relationships and understand how they liked to be treated. One care worker said, "I've worked here for a long time and I work with the same people. There is a good continuity of care without changing carers around, which is great for the clients." A relative said, "Our care worker is lovely, absolutely lovely." Staff were able to tell us about the people they supported and showed that they had an understanding for not only their health needs, but also about them as a person. A relative told us that despite the health concerns and the limited ability for their family member to communicate, care workers had developed a great relationship with them, and the family and were very happy with everything.

From speaking with staff we saw that they had an understanding of people's human rights and understood people's needs with regards to their disabilities, gender, race and sexual orientation and supported them in a caring manner. One care coordinator said, "We discuss it in training and we know it is important to respect people's backgrounds and cultures." They added, "We employ so many people from so many backgrounds. We treat everybody the same and nobody is singled out or treated differently because of who they are or where they are from."

People using the service and their relatives told us staff respected their privacy and dignity. We received positive comments about how respectful care workers were when they worked with people in their own homes. One person said, "I'm very happy with the care. She is very respectful when helping me wash, she's really good."

Care workers had a good understanding of the need to ensure they respected people's privacy and dignity. One care worker was able to explain how they respected people's privacy and dignity whilst also being able to maximise their independence. They said, "I make sure everything is always in private. If they don't need me, I let them do as much as they can for themselves." We saw information that showed privacy and dignity was covered in one of the four core training programmes and it had also been highlighted in a newsletter that was produced by the provider and distributed to people using the service and staff. It highlighted the aims for the organisation where they ensured dignity, independence, respect and choice. For their most recent quality assurance report which was produced in March 2017, all 32 respondents said their care workers maintained their dignity at all times when receiving care.

We saw records that showed people using the service and their relatives were involved in making decisions about their care and support. A care coordinator told us they always made sure, where appropriate, a

relative or health and social care professional was present with the person to ensure they had the support they required during an initial assessment or review. We saw that when care needs changed people had been kept updated, including their relatives. We saw correspondence where the provider had made contact with a relative to discuss areas of concern and whether there needed to be any changes made to the current level of care being provided. 29 out of 32 respondents from their most recent quality assurance report had said that they were informed of any changes to their care plan.

Good

# Is the service responsive?

## Our findings

People using the service and their relatives told us they felt their care was personalised, that they were able to contribute towards their assessment and felt listened to. One person said, "They have definitely improved and they listen to me when I call. I have no complaints about them." Another person said, "I'm happy with the care and they do all they can for me." A relative told us that the care and support their family member received was "brilliant". They added, "The office is responsive, they do get back to me. They are good." A health and social care professional told us that they were pleased with the service people received and that they responded well when dealing with queries and families had not highlighted any concerns.

The majority of the people that received care from the provider were funded by the local authority. After receiving the referral from the local authority, the provider was responsible for carrying out their own assessment to see what care and support people needed and whether they would be able to meet their needs. They would then discuss people's preferences for visit times and care workers and start to set up their care folder. One care coordinator said, "We match the correct staff with people and involve them and their family to ensure their needs are met."

Each person had an individual care folder which included an initial assessment from the local authority with an overview of people's care and support needs, along with their own care plan and risk assessments. The provider was in the process of implementing new software where people's care records would be electronic and could be accessed by staff on a device to enter the care and support tasks that had been carried out. As soon as this was done, it would show up on the system so the service would be able to monitor the visit. Relatives would also be able to have access to this information to see what care had taken place. It was in the process of being rolled out at the time of the inspection so we were not able to see any examples of how care visits had been recorded.

Care plans were consistent and contained contact details for the person, their next of kin, their GP and other health and social care professionals involved in their welfare. It identified a number of areas which included people's medical conditions, health issues, mobility, medicines and people's level of communication. Care plans recorded the time of visits people received and highlighted what care and support was to be carried out. It also included the names of the regular care workers who supported them. Care plans were person centred and highlighted people's preferences about how they wanted to be cared for. For example, we saw preferred time of visits at weekends being recorded, along with flexibility of visit times which were arranged by liaising with people using the service and their relatives to better meet their needs. Another person had detailed information about how they liked to be supported when receiving personal care. Care plans also contained other relevant information, such as correspondence with health and social care professionals and quality assurance monitoring forms.

The service provided to each individual was reviewed annually but if there were any significant changes to people's needs, this was brought forward. We saw records within people's electronic file that care plans had been updated to highlight this. For example, one person was no longer at a risk of falls due to a deterioration in their health and information had been added about how they were to be cared for in bed. There was

evidence that the provider listened to people's preferences with regard to how they wanted staff to support them with their cultural or religious needs. One person told us how they liked to go to church on Sunday. They said, "They are usually on time, but they are really good on a Sunday as they always make sure they are early to get me ready for church so that I'm on time." Care workers spoke positively about the content of the care plans they worked with. One care worker said, "The information in the care plan is detailed and if I'm carrying out a cover shift, I understand what I need to do." Another care worker said, "There's enough information and I can also see what has been done from the logs and know what to do as it is all in the care plan."

We reviewed a sample of daily log records for four people as they were returned to the office on a monthly basis to be checked. Care workers recorded what care and support they had carried out which included support with personal care, if medicines were prompted, support with food and drink and whether they had any concerns. One care plan highlighted that a person wanted to be supported to have a shower and we saw this was consistently recorded in their records. We did see records in one person's daily logs where one care task had not been accurately recorded but saw that the importance of recording in logs had been discussed regularly at meetings.

People using the service and their relatives said they would feel very comfortable if they had to raise a concern and knew how to get in touch with the service. The majority of people we spoke with told us that they had never had to make a complaint. One person said, "Everything is fine. I've got the number if I need to make a complaint but I've not had to make one." Another person told us that when they had raised some issues, they felt listened to and said the provider had responded to their concerns. A health and social care professional told us that there were no issues with complaints and the service had been performing very well.  One relative told us how they had listened to a concern and made immediate changes.

There was an accessible complaints procedure in place and a copy was given to people in their service user guide when they started using the service. The provider's complaints procedure was a three-stage process which gave the option for minor issues to be resolved immediately whereas if people were not happy with the response at stage one, they could escalate it to stage two to be dealt with at a more formal level by the registered manager. If people were still unhappy their stage three process would be escalated to the director who would aim to reply within three days.

There had been no formal complaints within the past year and we saw information in minutes of a recent team meeting where complaints had been discussed and they were committed to learning from concerns and complaints to help improve the service. We did see one compliment that had been received which said, 'We are so pleased and grateful we can't fault you guys and would recommend you to anyone.' Another way in which the provider listened to people's views was through a series of regular monitoring surveys for people using the service and their relatives called 'Views of Others' and 'Your Opinion Counts'. We looked through a sample of feedback forms and saw positive comments, with issues being followed up by the care team.

Good

# Is the service well-led?

## Our findings

At the time of our inspection the care services operator was in the process of applying to become the registered manager. He had worked for the provider for 20 years and was well supported by another registered manager who was responsible for another registered location of the provider, which was run from the same office. He had been formally registered with the Care Quality Commission (CQC) since 2011 but had worked for the provider for over 20 years. They were present and assisted us during the inspection, along with the care team.

People using the service and their relatives spoke positively about how the service was managed. Comments included, "They ask me how I am doing and visit to check up on me" and "I'm satisfied with how it's managed and don't have any concerns at all." Even where one person had highlighted a slight issue, they said, "I think they are doing their best under the circumstances." One relative felt that it was a very consistent service and added, "There are no concerns or issues. They have always listened to us and we are really happy at the moment." Health and social care professionals told us they responded quickly and had no concerns.

Care workers told us they felt well supported by the care team and we received positive comments from all staff about the management of the service. Care workers told us if they had any problems they could contact the office and speak to any of the care team at any time of the day. Comments included, "When we call the office, they always assist us. They are very good", "I am well supported, it is like one big family. They are ready to listen in any way they can" and "Everything is provided for us and if I have any concerns, they always listen, even if it is out of hours." The care team also spoke positively about the support they received and how they all worked well as a team. Comments included, "The teamwork is brilliant. We discuss all concerns as a whole team so we can all deal with any of the issues", "I don't think I could get any more support. They are always available, day or night, whether it is personal or work related" and "They have an open door policy, I can speak to anybody, even the CEO. They are very approachable." Even though none of the staff we spoke with had any concerns they all said they were confident that any concerns would be dealt with straight away.

We saw the results of their most recent quality assurance survey, which was completed in March 2017. The survey covered areas such as whether people were kept updated about any changes in their care, were supported to achieve their goals, care workers' attitude, preferences and dignity and respect. There were 32 respondents and information showed that they had improved from their results last year, with a 100% satisfaction rate. It also highlighted what actions to take to keep to their standards, which included continuous monitoring of the service and performance of care workers through spot checks and staff training. They also produced a newsletter that was sent out to people and their relatives, along with one for staff. Newsletters had information about office staff and advice about looking after your health. Information for staff included updates on future meetings, care worker of the month, training and updates on the introduction of the new monitoring system which was in the process of being implemented.

The provider had internal auditing and monitoring processes in place to assess and monitor the quality of

service provided. There were daily management meetings with the care team where a number of aspects about the service were discussed. We looked at a sample of four meeting minutes and topics included home visits, quality assurance, concerns, complaints and new care packages. There was also an overview of the out of hours report from the previous weekend where any actions were discussed and followed up. There were quarterly care worker meetings and we saw that they were always reminded to report and record any concerns they had, along with discussing topics which included safeguarding, health and safety, training, safe practice with moving and handling techniques and updates about the new monitoring system.

The provider's computer system was able to generate a quarterly report to check what records needed to be reviewed. These included care plan and risk assessment reviews, spot checks, annual surveys, quality monitoring records and staff supervision and appraisals. Telephone monitoring or quality assurance visits and surveys were due to be carried out every three months and we saw regular spot checks were carried out in the service to get people's views about the care they received. We saw positive comments in quality assurance forms that people were happy with the care they received. One comment said, 'I'm very happy with the care worker.' We saw one call had recorded that a person did not know if they had a care plan in place. We saw that this had been followed up and a care worker confirmed there was one and where it was located. We saw that people's daily logs were returned monthly and checked. If issues were found they would be followed up and discussed at care worker meetings. The registered manager for another service told us about the new system that was being implemented where care workers would record what they had carried out at the visit onto the software and this would be available to review in the office, which meant they had access to live information and could make contact with care workers if any issues were seen.

The provider was also responsible for submitting a quarterly quality assurance contract monitoring report to ensure their services were in line with the requirements of the local authority and to look at joint ways of improving the service. This report gave an overview of the service and covered a number of areas which included staffing, key document checks, complaints, policies and procedures and feedback from people and relatives using the service.

Due to the experience of the newly recruited trainer, they were now responsible for dealing with any accidents and incidents. We saw that when concerns had been raised by care workers, they had been reported to the office and recorded in people's electronic file. Depending on the incident, this was then reported to the local authority in line with their policies and procedures. We saw correspondence to show when incidents had been reported they were followed through. For example, one person had regularly refused hospital admissions when their health had deteriorated and concerns had been raised. We saw contact had been made with the local authority, along with contact with the person and had provided updates for the care workers for when they next visited.