

Newcastle Home Care Associates Ltd

18 Portland Terrace

Inspection report

18 Portland Terrace
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Date of inspection visit:

20 September 2016
26 September 2016
27 September 2016
28 September 2016
29 September 2016
30 September 2016

Date of publication:

02 November 2016

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 20 September 2016 and was announced. We also made phone calls to staff, people and their relatives on 26, 27, 28, 29 and 30 September 2016.

We last inspected this service in September 2015. At that inspection we found the provider was not meeting all the regulations. We found suitable arrangements were not in place to support staff through the provision of training, supervision and appraisal, consent to care and treatment had not been obtained from people, recruitment checks were not robust enough and systems in place to monitor and improve the quality of the service were not effective. An action plan was received from the provider which stated they would meet the legal requirements by 20 January 2016. 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 provides care at home services for people in Newcastle including palliative and end of life care. LIFE is an Independent Supported Living (ISL) service for people with learning disabilities, which operates across Newcastle and North Tyneside. At the time of this inspection, 18 Portland Terrace was providing care to approximately 300 people. Of these people, approximately 50 people were being supported by LIFE.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe from harm. Staff completed safeguarding training as part of their induction and this was refreshed on an annual basis. Staff were aware of the different types of abuse people might experience and of their responsibility for recognising and reporting signs of abuse. People told us they felt safe.

Possible risks to the health and safety of people using the service and the staff members who supported them were assessed. Where risks were identified, care plans were created to provide advice and guidance to staff members on how to safely support the person whilst also taking into account the person's wishes and rights.

We found improvements had been made to the systems for the recruitment of new staff members. Checks were completed to establish whether potential staff members had criminal records, to determine their right to work in the UK and references were sought to verify the information supplied on their application forms. Recruitment files were reviewed by senior staff members to ensure potential staff members were suitable before they were allowed to work with people.

People were assisted to take their medicines safely by staff who had been appropriately trained. Medication

Administration Records (MARs) were returned to the office on a regular basis and checked by senior staff members to ensure people were receiving their medicines as prescribed.

Staff were given the appropriate training and support they required to work effectively. Staff spoke highly of the training they received and the provider encouraged and supported staff to undertake additional qualifications relevant to their roles.

People's rights were respected and protected. Care staff were aware of the importance of offering people choice and respecting their wishes. Information was provided in people's care records of any assistance people required to make informed choices about their care. The service was in the process of introducing new documentation which provided additional direction to staff where there were concerns about a person's capacity to make decisions about their care and treatment.

Care workers were described as kind and caring and people were very positive about the care and support they received from the service. External healthcare professionals told us staff were knowledgeable about the people they supported and acted on advice and guidance.

People using the service received care and treatment that was appropriate to their needs. People and their relatives were encouraged to be involved in their care planning and were consulted on a regular basis about their care and treatment. Spot checks and observations were completed to ensure staff were providing people with appropriate care and support. People's care plans were reviewed and updated on a regular basis, including following a change in their needs.

Information about the provider's complaints policy and procedure was made available to people and their relatives. Complaints were investigated thoroughly and written responses provided to complainants about the outcome of their complaints. Action was taken to improve the service in response to complaints and comments from people, their relatives and staff.

People and staff told us the service was well managed. There was a clear management structure in place and staff told us they knew who to contact if they required assistance or advice. Staff and people felt able to raise issues of concerns and that these would be dealt with appropriately. External professionals we spoke with were complimentary about the service.

Improvements had been made to the system for checking the quality of the service although we found the records kept of actions taken were not always clear. We also found the registered manager did not always have a comprehensive oversight of the service due to the delegation of a number of roles and responsibilities. We made a recommendation in relation to this.

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.

Staff received safeguarding training and were aware of the signs and symptoms people being abused may display and of their responsibility for reporting any concerns promptly. Records were maintained of safeguarding concerns including actions undertaken by the service to protect people from harm.

Risks to people were assessed and appropriate measures taken to either minimise or mitigate these risks whilst also taking into consideration people's choice.

Improvements had been made to the systems for checking the suitability of new staff members. Checks were performed by senior staff members to ensure new staff members were suitable for the role before they were signed off to work with people.

People were assisted to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate levels of training and support and were encouraged and supported to undertake additional qualifications relevant to their roles.

The service worked within the principles of the Mental Capacity Act (MCA) 2005 to protect people's rights. New care documentation had been introduced to assist staff in determining whether people required support to assist them in making informed decisions about their care and treatment.

People were supported to maintain good health and have access to other healthcare services.

Is the service caring?

Good ●

The service was caring. People spoke highly of the caring nature of the staff who supported them.

People were treated as individuals and encouraged to be as independent as possible. The service encouraged people using the service to make choices about their daily lives.

People's privacy and dignity were respected

Is the service responsive?

Good ●

The service was responsive.

People spoke highly of the service they received and felt it was responsive to their needs. People were regularly asked for their views and opinions of the service and the care they received.

People's needs were monitored and reviewed on an on-going basis and where changes were required to people's package of care, these were made promptly.

Information was provided to people about the provider's complaints policy and procedure. Complaints were taken seriously and investigated thoroughly. Complainants were informed of the outcome of their complaints in writing.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led. Although there were systems in place to monitor and develop the effectiveness of the service we found improvements could be made to the documentation which detailed the action taken to improve the service. We also found through delegating roles and responsibilities to the three care managers the registered manager did not always have oversight of the service in all areas.

People and staff were complimentary about the management of the service. People and their relatives felt able to approach management staff with concerns or issues and that action would be taken to address these. Staff told us they felt supported in their roles and were able to access support when they required it.

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 20 September 2016 and was announced. The provider was given two working days' notice of this inspection as the service is a domiciliary care agency and we needed to make sure the provider's representative was available to assist us with this inspection. We also made telephone calls to staff, people and their relatives on 26, 27, 28, 29 and 30 September 2016.

This inspection was undertaken by one adult social care inspector 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 care service.

Before the inspection, the provider completed a provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service prior to our inspection. This included the notifications we had received from the provider about significant issues such as safeguarding, deaths and serious injuries the provider is legally obliged to send us within required timescales.

We contacted other agencies such as local authorities, clinical commissioning groups and Healthwatch to gain their experiences of the service. Following the inspection we also contacted a number of social workers who regularly worked in conjunction with the service.

During the inspection we talked to 15 people who used the service by telephone and four relatives. We spoke with staff including the registered manager, three care managers, the clinical lead, one team leader and nine care workers. We reviewed a sample of six people's care records, six staff personnel files and other records relating to the management of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe and that they usually received care from the same staff members who were usually on time and stayed for the correct length of time. Comments included; "They've never missed a call and they usually arrive pretty close to their time but you have to allow for traffic" and "I can't recall ever having a missed call. I've sometimes cancelled the carers coming because we were having family here but no, we've never had any missed calls." Another person told us "They use the key safe to come in and always shout hello it's ... [name] so I know who to expect. I've never had a problem or a worry about any of them and if I did I would soon sharp tell the office."

At our last inspection in September 2015 a breach of legal requirements was found. Recruitment practices had not ensured staff were of good character and had the necessary qualifications, competence, skills and experience. We reviewed the action plan the provider sent to us following our last inspection. This gave assurances that action was being taken to improve to improve recruitment practices. The provider told us they would be compliant with the regulations by 30 January 2016.

We found improvements had been made to the recruitment process. A dedicated recruitment team had been created and were responsible for conducting pre-employment checks on potential staff members. We reviewed six personnel files and saw relevant references had been obtained before staff were employed. A result from the Disclosure and Barring Service (DBS) which checks if potential employees have any criminal convictions, had also been obtained before they were offered their job. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people. Each of the department managers was responsible for checking staff members' recruitment files before they were signed off to commence their roles. We saw evidence references were verified as part of the recruitment process and all of the staff files we reviewed contained signed copies of contracts of employment.

The provider had a safeguarding policy and procedure in place. This set out the provider's responsibility for recognising and reporting abuse. Staff received safeguarding training as part of their induction and this was then refreshed on an annual basis thereafter. Staff we spoke with confirmed they had received safeguarding training, were aware of the potential signs of abuse and of the process for reporting any concerns.

We found each of the different departments; complex and palliative, home care and LIFE each held their own individual safeguarding records. We found evidence incidents were being reported to the local authority safeguarding adults' team and that internal investigations were also being conducted. However for one department, we found notifications had not been submitted to the Care Quality Commission for all safeguarding incidents. We highlighted this to the registered manager and reminded them of their responsibilities for notifying the Commission of all incidents of alleged abuse. We will follow this up in writing to the provider and registered manager and monitor their compliance with this legal duty.

We looked at how the service identified and managed risks. We found the service had a business contingency plan which covered the actions to be taken in order to continue the service in the event of an

emergency. For example, we saw plans were in place to continue the service in the event of traffic disruptions preventing staff members from being able to reach people using the service.

We reviewed the care records for six people using the service and found as part of their initial assessment potential areas of risk were identified. We saw where a risk was identified a corresponding care plan was established providing advice and guidance to staff on how to support the person safely. We found general environmental risk assessments were also undertaken to establish any risks to staff or people using the service as a result of their home environment. Care records we reviewed showed risk assessments were reviewed and care plans updated where there was a change to a person's needs.

The safety of people using the service and staff was protected by the provision of training in areas such as moving and handling and health and safety and the provision of personal protective clothing such as disposable gloves. We saw where staff were working in excess of 48 hours per week they had signed a 'working time directive opt out' form. This is a form that allows staff to 'opt out' of the European Union restrictions on working excessive hours. Staff members we spoke with told us they were happy with the hours they were working and where they were working in excess of 48 hours per week that this was their choice. Staff told us they felt able to speak to the provider if they wanted to work less or more hours and that they had been accommodating about this in the past.

We spoke to the three care managers about staffing. We were informed when the service was asked to take on a new package of care an assessment was undertaken to establish whether the service was able to fulfil this package. This involved an assessment of the person's needs to establish whether the staff team already had the appropriate skills and knowledge to care for the person safely. It also took into account staff availability. The care managers told us where they felt the service was not able to safely care for the person, the care package would not be undertaken. Some of the external healthcare professionals we spoke with following the inspection confirmed this was the case.

Rotas were produced on a weekly basis by senior members of staff and were checked to ensure calls had been allocated in line with people's individual care packages. The majority of staff we spoke with told us they received sufficient time to travel between calls and that calls were long enough to enable them to safely support people. We were informed sickness and annual leave was generally covered by staff working additional hours and staff we spoke with confirmed this.

People and relatives we spoke with told us staffing levels were suitable and they usually received support from a consistent group of staff. The staff members we spoke with told us they tended to provide care and support to the same people and that where possible this was close to where they lived. Staff also informed us where new care packages were undertaken they were either informed about these in advance or able to contact the office in order to obtain relevant details before supporting the person for the first time.

The majority of staff we spoke with felt they were well supported and they were usually able to get in contact with a senior member of staff when they needed to. We were informed staff had access to an on call system outside of normal office hours. Staff were complimentary about this service and although we were advised they may not always be able to get hold of someone immediately they informed us they could leave a message and someone would always get back to them quickly.

From the records we viewed and our discussions with people, relatives and staff we established the vast majority of people using the service did not require assistance with their finances. However we were informed the service had a policy and procedure in place for when this was required. We were informed where a person did require assistance with their finances this was generally only for small items purchased

on their behalf, for example groceries and individual records were maintained for each person who required financial assistance.

We reviewed the financial records for one person using the service. These consisted of a paper record kept in the person's care file. The date, amount of money and change given had all been recorded. All entries were signed and receipts were also retained. We saw these records were audited on a regular basis and the entries balanced. Staff we spoke with were aware of the importance of accurately recording any purchases made on behalf of a person using the service.

We looked at how medicines were managed. Staff we spoke with told us they had received training in handling medicines and this was updated regularly. We saw evidence regular competency checks were performed by senior staff members to ensure staff were able to administer medication safely. Care records we reviewed contained clear information about each person's medication. Staff members we spoke with told us the Medication Administration Records (MARs) in people's home gave specific instructions about the medication people required. We saw MARs were returned to the office on a regular basis and audited by senior staff members. One of the care managers we spoke with explained that after a number of issues similar in nature had been identified on MARs which had been audited, additional training had been provided to staff.

Is the service effective?

Our findings

People and relatives we spoke with felt care staff had the skills and experience to care for them effectively. People felt staff provided them with the care and support they required and that they knew them well. Comments included; "If there's anything I need my carer will do it. They're marvellous" and "I'm quite independent and my carer knows that so they more or less watch over me whilst I get ready and just give a helping hand when I need it." Another person told us "I'm never very happy when my regular carers are on holiday or sick just because you get used to them and they know what's needed but the ones who replace them are okay, it's just you're not familiar with them if you get my meaning." One relative told us how the care staff had enabled their relative to get out into the community again and of the positive impact this had on their relative; "The carers really make a difference to my [relatives] life because it means they can get out. They take them out swimming and it really does make a difference. Without them they wouldn't get out."

At our last inspection in September 2015 breaches of legal requirements were found. Staff had not been given appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties they were employed to perform. Consent to care and treatment had not always been provided by the relevant person. We reviewed the action plan the provider sent to us following our last inspection. This gave assurances that action was being taken to improve the training and support provided to staff and to ensure consent to care and treatment was obtained from the relevant person. The provider told us they would be compliant with the regulations by 30 January 2016.

We found improvements had been made with regard to the training and support provided to staff to enable them to effectively carry out the duties they were employed to perform.

We reviewed the staff training records for each of the three departments. We found most staff were up to date for training the provider considered to be mandatory such as safeguarding and moving and handling. Each of the care managers told us they reviewed their training matrix on a regular basis and we saw evidence staff members who required training were identified on the matrix and nominated to complete refresher courses. We were informed training was mandatory and where staff failed to keep their training up to date they were 'stepped down' from duty, preventing them from providing care to people until they had completed any outstanding training. We saw evidence this action had been taken in the past and the care manager had worked with staff members to update their training and get them back to work.

Staff we spoke with were complimentary about the training they received. We saw where appropriate, new staff members worked towards the Care Certificate in health and social care. The service had a clinical lead who was able to provide and source specialist training for staff. The clinical lead told us they worked closely with the care manager responsible for the complex and palliative department to ensure sufficient staff members were training to support people safely. Staff we spoke with told us they had been encouraged and supported to achieve various National Vocational Qualifications (now known as Diplomas) relevant to their roles and that they were able to request additional training and these requests would always be considered.

The provider's policy for supporting staff included a commitment to providing four supervisions and an

annual appraisal each year. In the records we reviewed we saw staff received supervision on a regular basis. Staff we spoke with confirmed this and told us these sessions were identified on their weekly rotas. Staff told us all information discussed during supervisions was recorded and they felt able to discuss issues as well as to identify any training and development needs they may have.

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.

During our previous inspection we found people's consent had not been formally requested and given. The registered manager informed us new care documentation had been introduced which included decision making and consideration of the MCA. We were advised the new documentation would direct staff to complete an assessment if any competency issues were noted in relation to people's ability to make decisions about their care and treatment.

At the time of this inspection, we found this new documentation had only been introduced to approximately 160 people. We discussed this with the registered manager. The registered manager informed us following the previous inspection the new documentation had initially been introduced to those people where there were concerns about their capacity to make decisions including giving consent to their care and treatment. Following this the service had then started to introduce the new documentation at the point that people using the service were due for their annual review. Where the new documentation had not been introduced, the registered manager informed us people had signed their care plans to give their consent to care and treatment.

In the records we reviewed we saw the service was aware of the importance of respecting people's rights. For example in one of the complaints we reviewed we saw concerns had been raised about staff not supervising a person at all times. The complainant was advised; "As [name] has capacity we cannot overrule their wishes" and "if they insist they would like to go on their own we do have to respect that." We also saw where a person using the service had appointed a relative as their Lasting Power of Attorney (which gives them the legal authority to make decisions on the person's behalf if they lack the mental capacity to do so themselves) this relative had been asked to sign to consent to the provision of care and treatment to the person.

Training records showed staff had received training in relation to the MCA and staff we spoke with confirmed this. Staff told us people's care plans contained information about their capacity to make decisions and any assistance they may require including the use of advocates. People and their relatives told us care staff always asked for permission before providing care.

From the records we viewed and our discussion with people, relatives and staff we established the vast majority of people using the service only required minimal assistance with their food and fluid intake. Where people had specific needs we saw staff had received appropriate training and support. For example we saw some people in receipt of care from the complex and palliative department received their food and fluid through a Percutaneous Endoscopic Gastrostomy (PEG) feeding tube, which is a tube which allows food to be fed directly into a person's stomach. Staff had received training and support from the clinical lead to ensure they were able to cater for these people's needs safely. This involved checks of staff member's competency.

Contact details for relatives and relevant health and social care professionals were documented in people's care records. Where necessary the service would support people to attend appointments and we saw evidence of referrals and liaison with other health and social care professionals where there were concerns about a person's needs.

Is the service caring?

Our findings

People and relatives we spoke with were positive in their views about the care provided by the service. Comments included; "I can't speak highly enough of my carer, they are a wonderful person and will do anything for me. They're on holiday at the moment and I really miss them" and "The carers are all very nice, very kind, very supportive and helpful." One person told us; "The carers help me to have a bath which could be embarrassing but it's not because they chat to me so there's not time to feel embarrassed" and another person said; "The staff are honest, reliable, very nice and intelligent, everything is okay and I feel well cared for and safe." Relatives also told us they felt their family members were well cared for and one said; "The carers are good. We have a routine and a way of doing things and they respect that."

One of the care records we viewed contained a personal profile which provided details of the person's life history. We asked the registered manager about this as we had not seen copies of this document in all of the care records we viewed. We were informed this document was used to help staff to connect with people using the service who had problems with their memory. This document provided staff with a good insight into a person's background which would help them to care for the person on an individual basis.

People's care records contained details of their likes and dislikes as well as information about their immediate support network and things which were important to them. Staff we spoke with confirmed care records were always present in people's homes and these provided them with sufficient detail to provide care to people in line with their individual needs and wishes.

People we spoke with did not feel rushed by staff during calls and told us staff would complete any additional tasks they asked them to. Staff we spoke with also felt they were allocated sufficient time to provide people with the support they required.

The service was aware of the need to respect people's preferences. People's care records captured details of any preferences they had in relation to their care and staff were aware of the importance of respecting this. People we spoke with felt if they had any specific preferences these would be respected and were able to give us examples. We saw evidence people's care packages had been changed in line with people's preferences, for example the evening call times for one person were changed to reflect their preferences in relation to their bedtime routine.

The care records we viewed were written in a respectful manner with people being referred to in the first person and clear evidence of their involvement in their care planning. We saw evidence that daily communication logs were returned to the office on a regular basis. We were informed these records were checked by a senior member of staff and saw evidence of this during the inspection. We saw evidence action was taken where there were concerns about the information recorded in people's communication logs. For example we saw evidence where staff members had recorded the acronym: ACL (all care given) this had been addressed with them on an individual with them being reminded of the importance of maintaining full and accurate records of care and support provided to people.

Staff we spoke with were aware of the need to respect people's privacy and dignity and gave examples of how they would do this. For example one staff member told us of the importance of using the correct equipment, covering people when providing personal care to them and of listening to them and respecting their wishes. Care records we reviewed also contained information for staff to assist them in maintaining people's privacy and dignity. For example one record stated whilst providing personal care the person would like staff to; "ensure my privacy and dignity is maintained, keep me covered with a sheet or towel and close the bathroom door." People and relatives we spoke with confirmed staff were respectful, they always asked for consent and they maintained people's privacy and dignity whilst providing care to them.

End of life care was generally provided by staff in the complex and palliative department. Staff who provided end of life care had been provided with relevant training. Senior staff members were sensitive to the impact the provision of this care could have on staff and they were offered additional support if necessary to assist them in providing this care. People using the service were asked about their wishes in relation to end of life care and where applicable these were recorded in people's care records. We saw evidence where people had made advanced decisions records were maintained in relation to these. For example we saw three of the people whose care records we reviewed had made "Do Not Attempt Cardiopulmonary Resuscitation" decisions and copies of these were retained in their care records.

As part of the assessment of people's needs, factors relating to people's diversity, such as their age, disability, gender, beliefs and religion were taken into consideration. Where people were identified as having a particular need in any of these areas, there was the capacity to incorporate this into their care plan. For example we saw one person using the service had requested female care staff for religious reasons and that this had been acknowledged and respected.

Is the service responsive?

Our findings

People and relatives told us the service was responsive to their needs. For example where people or their relatives needed to make changes to their package of care they told us the service was very accommodating. Comments included; "Sometimes I need to cancel a visit because I might have family staying overnight. I just phone the office and they just cancel the visit" and "The office are very helpful, if I've got a question I just ring them up and they will sort it out." Nobody we spoke with had felt the need to make a complaint as they were happy with the service they received. One person told us; "I've got no complaints and I've never complained; everybody does a good job." People also told us where they had contacted the office to make changes for any reason these were dealt with promptly; "Quite a while ago I wasn't comfortable with the carer, it wasn't her, it was me. I phoned the office and she's not been back since" and "I did need to contact the office because one of the carers wasn't disposing of sandwiches and there was a build-up of packets with mouldy sandwiches. As soon as I mentioned it they sorted it out and it hasn't happened since."

An assessment of each person's needs was completed when they were first referred to the service. These assessments covered areas such as behaviour, cognition, communication, mobility, nutrition, medication and environment. Where a need was identified in any of these areas, we saw a care or support plan had been introduced. There was evidence that people or their representatives were involved in this process and information and guidance was provided to staff about the person's ability to make decisions. For example, in one of the records we reviewed we saw it noted "[Name] has capacity and is able to make decisions regarding their care."

Individual support plans covered the following areas; the outcome the person would like to achieve, what they were able to do for themselves and what they would like staff to support them with. They provided specific instructions to staff about the care people required during each visit and provided guidance to staff on how to support people in the way they preferred. Staff we spoke with told us people always had a care plan in their homes and this provided them with sufficient detail to be able to meet people's needs. Staff we spoke with were aware of the importance of reading people's care plans and communication sheets to ensure there had not been a change in the person's needs or preferences. Where people's needs had changed, staff updated care plans to reflect this.

Staff told us they were able to contact the office for advice or support if they required this. One of the staff members who worked for LIFE told us when a new person had joined the service they had been provided with the opportunity to meet their staff team on an informal basis before they started to receive care and support from the service. Other staff members told us they were able to ring the office for information about people who were new to the service. Another staff member told us when they had been added to an existing care package they had attended a shadow shift with an existing member of staff prior to providing care to this person on their own. Overall, staff we spoke with felt they well informed about the care people using the service required and were able to raise any concerns they had.

People's care plans were reviewed regularly to ensure they were accurate. People using the service were

involved in these reviews, or where appropriate their interests were put forward by a relevant representative. In one of the records we saw the person's call times had been changed in response to feedback from the person.

We found each of the three departments maintained their own complaints records. We reviewed the records held in connection with five complaints which had been received in the previous 12 months. In the records we viewed we found the complainant had always been informed of the outcome of their complaint in writing and where appropriate action had been taken in response to complaints.

We reviewed the results from the June 2016 service user questionnaire. We found of the 208 surveys that had been issued, 99 had been returned. The responses received were largely positive and showed an improvement in most areas on the scores from the previous year. The results of the survey had been analysed. It was noted that although there had been an improvement in all aspects since last year's questionnaires and the majority of people were very happy with the care they received improvements could still be made. The outcomes recorded included additional communication training for office staff, continued recruitment of care staff and the opportunity for office staff to meet people using the service.

In addition to the annual surveys, we found people were asked for feedback about the service they received as part of their regular reviews. In the records we viewed we saw people were very complimentary about the service they received. Comments included; "Everyone always does what I need them to do. I have confidence in the staff to know if I need anything I can ask. All staff are lovely and friendly" and "I think your communication with clients is very good."

When people joined the service they were provided with a "service user guide". These were tailored to the individual service people were provided with and also to their individual needs. For example for people using the LIFE department we found pictorial documents were available to aid people's understanding.

Is the service well-led?

Our findings

People and relatives we spoke with told us the service was well managed. People told us they had contact numbers for the office so if they needed to speak to anyone they could; "I've rarely phoned the office because everything is working just fine but I've got the number in my book if I do need to contact them."

At our last inspection in September 2015 a breach of legal requirements was found. Effective systems were not in place for assessing, monitoring and improving the quality and safety of the service. We reviewed the action plan the provider sent to us following our last inspection. This gave assurances that action was being taken to improve the systems for assessing and monitoring the service.

We found improvements had been made with regard to the systems for assessing and monitoring the service.

During our previous inspection we found the documentation held in connection with audits was not always fully completed and lacked detail of the process or the records which had been reviewed. We found action had been taken to make the audits more robust. On this occasion we found the provider had a range of systems in place for checking the quality of the service. These included the completion of observations of staff members, audits of people's medications records and communication logs and audits of staff files. In addition to this, feedback was requested from people and their relatives, for example through the completion of regular reviews and through the completion of an annual survey.

We saw evidence that issues or areas for improvement identified were carried forward and action was taken to resolve these. However we found records documenting this were not always easy to follow. We highlighted this to the registered manager, who agreed the documentation could be improved.

We found the registered manager had delegated responsibility to the care managers for the completion of a number of audits. Responsibility had also been delegated in other areas, for example in recording and responding to safeguarding incidents or dealing with complaints. We discussed this with the registered manager and were informed they did not audit the work undertaken by the care managers but that they did meet regularly to discuss the service overall. During the inspection we found notifications had not been submitted by one department for all safeguarding incidents. We felt the lack of checks or audits of the work undertaken by the care managers meant the registered manager had failed to identify this. We therefore concluded that the registered manager lacked oversight of the service as a whole. We recommended the registered manager review the delegation of responsibility and consider introducing additional checks to assure themselves all aspects of the service were being managed appropriately.

The service had a person-centred, open, inclusive, empowering culture. The registered manager was open and honest with us about the service's recent decision not to renew its contract with the local authority. We were informed consultations had been held with staff members affected by this decision. We viewed the minutes from these meetings. We found staff had been provided with the reasons for this decision and details of any potential impact on them. Staff were also reassured that they would be kept informed

throughout. The registered manager also informed us the local authority had started to inform people using the service and they were available to provide support to people in dealing with the news.

We asked each of the three care managers about staff meetings. We found these were held but records we reviewed showed staff meetings occurred on a more frequent basis for office staff and that care staff were not always provided with an opportunity to attend staff meetings on a regular basis. However staff members we spoke with told us they felt supported in their roles and had access to relevant contact numbers should they need assistance. Staff told us they were kept up to date with changes and felt they were able to discuss any concerns or issues they may have during their regular supervision sessions. A number of staff we spoke with explained everything discussed during supervisions was recorded and that action was taken in response to information discussed during these sessions.

The service had a registered manager in post who was aware of their responsibilities. The manager explained how the service was organised into three departments; home care, complex and palliative and LIFE which were each headed by a care manager. The registered manager delegated a number of roles and responsibilities to the care managers to assist her in the effective running of the service. We found senior staff members had responsibility for conducting observations and supervisions with more junior members of staff. All of the staff members we spoke with told us they felt supported and knew who to contact should they require assistance. Staff told us they felt the management were approachable and they would feel confident and comfortable raising issues or concerns and that these would be listened to and acted upon.