AMG Consultancy Services Limited

AMG Nursing and Care Services - Crewe

Inspection report

West Wing, The Quadrangle
Crewe Hall, Weston Road
Crewe
Cheshire
CW1 6UY

Tel: 01270617148
Website: www.amgnursing.com

Date of inspection visit:
24 August 2016
25 August 2016
26 August 2016

Date of publication:
25 November 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected AMG Nursing and Care Services – Crewe, on 24, 25 ,and 26 August 2016. As this was a domiciliary care agency service, we contacted the manager 48 hours' before the inspection. This was so that we could ensure that staff were available at the office. At the last inspection in September 2013 we found the service met all the regulations we looked at.

AMG Nursing and Care Services (Crewe) is a domiciliary care agency that provides personal care for people in their own homes. The office is based in Crewe and is part of a larger organisation, AMG Nursing and Care Services that provides care in other areas of the UK.

The service did not have a registered manager in place. 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. There was a manager in post who had applied to register with the Commission.

We found that people were positive about the service that they received. They told us that they felt safe and well supported. We found that staff understood their responsibilities to report safeguarding concerns and to protect people from abuse or harm. Staff had received appropriate training and knew how to report concerns appropriately. However, not all staff knew where they could report concerns to outside of their organisation.

There were sufficient staff to meet the needs of people receiving a service. The service was recruiting new staff. People told us that staff always arrived on time and calls were not missed. The service had introduced a call monitoring system to support the monitoring of calls. However some people reported issues with the consistency of staff and said that many different staff provided their care. Other people told us that they had a regular small team of staff. The manager had taken steps to address people's concerns about the consistency of staff.

We found that there were robust recruitment procedures in place. Medicines were administered safely. People were supported to take their medicines by staff as prescribed. However, the auditing of medication administration records needed to be more robust.

We found that staff were appropriately skilled and trained to meet people's needs effectively. The manager told us that one of the service's strengths was the training available to staff by qualified nurses, employed within the organisation. We found that staff completed a robust induction prior to starting work in the service. Staff received regular and on going training. However the service needed to ensure that all staff had completed specific training required to meet individual needs.

The provider had a policy on The Mental Capacity Act (MCA) that followed the relevant principles, however

the management team had not ensured that this was fully implemented within its service, regarding appropriate mental capacity assessments. We recommend that the service finds out more about training for registered managers, based on current best practice, in relation to The Mental Capacity Act (2005) and adjust their practice accordingly.

People told us that staff were caring and treated them with kindness. We found that people and their relatives were very happy with the support that they received and told us that staff treated them with dignity and respect. Staff demonstrated a good understanding of the importance of treating people with compassion and dignity.

We found that people received care that was personalised to their needs. The majority of people we spoke with felt that the staff knew them well and knew how to support them. Care plans were thorough and person centred. They were reviewed on a regular basis and any changes to people's needed were responded to appropriately.

People knew how to raise concerns and were confident action would be taken. We saw that complaints had been dealt with thoroughly and appropriate investigations had been carried out, with actions taken to learn from and address any concerns.

The management team were friendly and approachable. We found that information was organised and readily available. There were systems in place to monitor the care provided and people's views and opinions were sought regularly about the quality of the service. There was a quality assurance team who helped to monitor the quality of the service and regular audits were carried out. Staff told us that they felt supported by the management team, but also told us that communication could be better and said that staff meetings would be helpful. There were plans in place to develop and improve further the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

We found that staff understood their responsibilities to safeguard adults from abuse and harm and staff had received appropriate training.

There were sufficient staff to meet the needs of people within the service, however some people found that they did not always receive consistent staff.

We found that medicines were managed safely, but found that more robust auditing procedures were required for medicines.

People and their relatives told us that they felt safe whilst being supported by staff.

We saw that the service operated safe recruitment processes.

Is the service effective?

Requires Improvement

We found that the service was not always effective.

Staff were skilled and well trained. They received a robust induction and regular training updates. However the service needed to ensure that staff always received training regarding people specific care needs.

Staff received training with regards to the MCA and staff sought consent from people to provide care. The MCA was not fully embedded as MCA assessments were not always documented where people had been identified as lacking capacity to make decisions.

People had access to health and social care professionals when required.

Is the service caring?

Good

The service was caring.

People were very positive about the support they received and

told us that care staff were kind and caring.

People were supported to be involved in decisions about their care and treatment.

We found that people were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Staff knew people well and were knowledgeable about people's care needs.

Assessments were carried out prior to the start of the service, to ensure that people's needs could be met. Care plans contained information on how to respond to people's assessed needs

People were aware of how to complain and we saw that any complaints had been appropriately dealt with.

Is the service well-led?

Good

The service was well led.

Staff told us that the service was well-led and they felt supported in their roles. However some staff felt that communication could improve.

People and their relatives told us that they were able to contact the office when they needed to and had been satisfied with the response.

We found that the service had systems in place to monitor the quality of the care. The was a quality assurance team to help monitor the quality of the service.

AMG Nursing and Care Services - Crewe

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 over three days on 24, 25 and 26 August 2016.The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to ensure that staff were available in the office, as well as giving notice to people who received a service that we would like to visit them. On the 25 August we spent time visiting people who used the service in their homes

The inspection was carried out by one adult social care inspector and an expert-by-experience contacted people using the service by telephone. 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 we checked the information that we held about the service. We looked at any notifications received and reviewed any information that had been received from the public. A notification is information about important events, which the provider is required to tell us about by law. We contacted the local authority contracts quality assurance team to seek their views and we used this information to help us plan our 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. Prior to the inspection we reviewed this information. We used a number of different methods to help us understand the experience of people who used the service. During the inspection we visited two people at home. We also spoke with people who used the service over the telephone including five people and six relatives.

During the inspection we spoke with a number of staff including, the manager, the compliance officer, quality assurance lead, one nurse and six care staff. We looked at a number of records during the inspection and reviewed four care plans of people supported by the service. Other records reviewed included records relating to the management of the service such as policies and procedures, rotas, complaints information and training records. We also inspected four staff recruitment files.

Good

Is the service safe?

Our findings

We asked people who used the service or their relatives if they found the service provided by AMG to be safe. People told us that they felt safe and well cared for. Comments included "I have no problems what so ever" and "They have been fantastic." A relative told us "Yes definitely (Safe), I think they are very good."

We found that people were protected from the risk of harm and abuse. All staff who we spoke with had a good understanding of safeguarding, the signs of abuse and how to report it. One staff member told us, "I would report it to the office," and someone else said "I would report it to the manager" However we noted that some staff were unclear where they could report safeguarding concerns to outside of their organisation, although those who were unsure told us that they knew where they could obtain this information should they need to.

We found that the service had a safeguarding and whistleblowing policy in place. However, on inspection we saw that the safeguarding policy had last been reviewed in August 2013 and did not incorporate current legislation. We were informed that the safeguarding policy was amongst others which were currently under review within the organisation and this review had been made a priority. During the inspection the manager accessed the current local authority safeguarding adults policy procedures and ensured that this information was made available to staff. We found that the manager and staff knew how to report any safeguarding concerns. Indeed, the manager had regular contact with the local commissioning team, who took the lead for safeguarding adults and explained that they discussed any safeguarding concerns with them directly. There had been one incident and records were available which demonstrated that the safeguarding concern had been reported appropriately to the local authority and The Care Quality Commission (CQC) were also notified.

The manager told us that part of her role was to expand the current service. The service location in Crewe had previously provided domiciliary care support to people in the local area. In recent months the service had expanded to incorporate a "rapid response" service which had been commissioned by a local health trust to help support hospital discharges. This meant that the service now covered a much wider area and had incorporated staff from another of the service's locations. Staff told us that the changes impacted on the organisation of the service and some staff felt that there had been an unsettled period, where communication had slightly deteriorated.

We found that the service ensured that there were sufficient staff to meet people's needs, but that some people had experienced problems with the consistency of staff. The manager told us that there were sufficient staff within the service to meet the needs of people supported by the service. Unfortunately, the service had recently lost three staff members and this had impacted on the consistency of staff. The recruitment of staff was an on-going process and adverts were regularly placed for care staff.

The provider used an electronic system called Tagtronics to record the work rotas. We reviewed the system and saw that travelling time was allocated between calls. Staff confirmed that they had sufficient time between calls allocated and sufficient call times, which meant they were able to meet people's needs. There

was an out of hours on call system in place to help maintain continuity at weekends and during the night. We saw that the provider had implemented a call monitoring system. This meant that staff could receive their rota directly to a mobile phone. The staff used their mobile phone or the person's telephone to log in and out of calls. This enabled the management team to monitor and analyse the times and length of visits. The manager said that any late or missed calls would be logged as an incident and addressed. However, there had not been any recent missed calls. People spoken with confirmed this, they said "They've never missed a call" and "There are no problems whatsoever."

People told us that staff always arrived to support them as expected and they had enough time to meet their support needs. However, people's experience of the consistency of care staff varied. Many of the people spoken with told us that the consistency of staff had deteriorated over recent months. People said they'd previously received support from a few regular carers whom they were familiar with, but more recently had found many different or new carers had provided their care. People told us "We don't know who is coming every day, except for the morning calls" and "Just lately they are getting stuck for carers." Staff told us that in the main they provided regular support to people, but could be asked to cover new or other calls, especially in an emergency. One staff member commented "Some carers have been brought in from another branch. Occasionally people say I've met another new face."

We spoke with two people who told us that they had raised concerns with the manager about the number of different carers that had been visiting to provide care. Both of the people spoken with told us that the management team had visited them to address these concerns and confirmed that the situation had improved. One of these people told us "(Name) sorted it, the carers now know me well and are on the ball." The manager told us that the recruitment of new staff was an area that they were continuing to focus on which will enable them to address these consistency issues.

Other people spoken with had not experienced any staffing problems and told us that they received a team of regular support staff, comments included "We know whose coming and have a small team" and "I get the same girls, not lots of new faces I wouldn't like that."

We found that there were robust recruitment procedures in place. Records demonstrated that all new employees were appropriately checked through recruitment processes. We inspected four staff files, which confirmed that all the necessary checks had been completed before they had commenced work at the service. This helped to reduce the risk of unsuitable staff being employed. We saw that all staff had completed an application form which included their employment history. Recruitment checks included, obtaining two references, confirming identification and checking people with the Disclosure and Barring Service (DBS). A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. We saw that interview questions were thorough and covered topics such as safeguarding and health and safety issues.

People told us they were happy with the support they received with managing their medicines. The service had a medication policy in place to support staff and to ensure that medicines were managed in accordance with current guidance. This had recently been reviewed and was in draft form. We saw from the records that staff who administered medication had received medication training and their competency had been checked on an annual basis.

We looked at four medicine administration records (MAR). Where staff supported people to take their prescribed medication, printed and written MARs were used. Records confirmed that staff recorded any prescribed medication in the person's MAR. We saw that these documented the type of medication, the dose and the frequency at which it needed to be taken. Staff signed MARs when they had assisted people to

take their medicine.

We discussed medication that was prescribed "as and when required" (PRN). We saw on one person's MARs that the direction was to give one or two tablets as required. We spoke with one member of staff who was very knowledgeable about the person's medication needs. However, there were no written protocols in place to help staff to know when these medicines should be administered and this was important in case familiar staff were not always available. This was addressed immediately during the inspection.

We saw that the MARs were returned to the office on a monthly basis, but there had not been any recent audits undertaken of the MARs. The manager advised that the MARs would be checked as part of spot checks which took place in people's homes. We noted that there were some issues with the completion of one of the MARs which we reviewed. There were gaps, where staff had not signed to say that the medicines had been administered. Although we saw that it had been recorded in some cases in the daily log that the medication had been given. There were three occasions when we could not be sure that the person had received their eye drops. We discussed this with the manager who agreed that current processes had not highlighted these issues. The manager agreed that a more robust process for auditing the medication records was required and assured us that this would be addressed.

Staff had the information they needed to support people safely. Risk assessments were undertaken to keep people safe and manage any identified risks; for example moving and handling and falls. These had been reviewed and updated to meet people's changing needs. Environmental assessments of people's homes and equipment used were also undertaken. We saw that the plans included action to manage risks as safely as possible. The service had a separate risk assessment form which could be used for any specific and individual risks which had been highlighted, such as risks to their skin integrity. Staff spoken with had good knowledge of people's identified risks and how to manage them. One member of staff explained how a person's mobility had deteriorated and this has been identified as a potential risk, staff ensured that this was appropriately reported and equipment was supplied to reduce the future risk of falls.

There were systems in place to record and monitor incidents and accidents; these were monitored by the manager and the quality assurance officer, which ensured that if trends were identified, actions would be put in place to prevent reoccurrences. For example, we saw that it had been identified that a person had experienced two recent falls and action had been instigated to try to reduce future risks.

Requires Improvement

Is the service effective?

Our findings

We found that staff had appropriate knowledge and skills to carry out their roles effectively. People spoken with told us that carers were knowledgeable and well trained. They said "They're excellent" and "They are very good and very professional."

All staff were required to complete induction training before starting work at the service. One staff member told us, "Initially I had two weeks of induction." All staff members spoken with confirmed that they had gone through this training, followed by the shadowing of other staff members to gain experience. A Senior carer told us that extra training would be arranged for staff if they didn't feel confident in any areas. Seniors would meet with staff in people's homes to provide guidance where necessary. We discussed the Care Certificate with the management team. The Care Certificate is a set of standards that social care and health workers should use in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. The management team demonstrated that the current induction undertaken by staff covered the majority of the standards required by the Care Certificate.

We found that staff were appropriately skilled and trained to meet people's needs effectively. The manager told us that one of the service's strengths was the training available to staff by qualified nurses, employed within the organisation. As well as training which the service considered mandatory they had also organised specific training which enabled staff to meet the needs of people supported within the service, this included epilepsy training, catheter care and diabetes. The nurses also regularly assessed the competency of staff.

We inspected the training records and saw that training was monitored, kept up to date, and recorded within a training matrix. This matrix was maintained by the compliance officer. Records viewed demonstrated that training included, safeguarding adults at risk, medicines administration, first aid, moving and handling, dementia care, food safety, health and safety, The Mental Capacity Act and DoLS, equality and diversity and the control of substances hazardous to health (COSHH). We saw that there was a record of training that staff had received and training certificates were visible in the staff files.

We noted that staff were encouraged to develop their skills. The manager told us that all staff were offered the opportunity to undertake The Qualifications and Credit Framework (QCF) in health and social care, at either level two or three Staff told us "They offer you a lot of training" and the training is "Amazing." We saw that this training was effective as one member of staff described how training she'd undertaken about epilepsy had been put into practice. She had to deal with a situation regarding a person's diabetes and told us that the paramedics were very positive about the action she had taken.

Staff told us they were mainly kept updated about any changes in people's support needs through contact with the office, text messages and reading people's care plans. However some staff told us that communication between staff had deteriorated since the service had expanded. Some carers advised that they had not always received detailed information when covering calls or supporting a new care package. Usually detailed information would be available in the person's care plan, but some staff described that information about whether people were in hospital for example did not always reach the care staff.

Most of the people spoken with told us that carers knew their needs well. However some people and their relatives felt that the lack of consistency of staff meant that on occasions carers did not always know what the person's needs were. One person told us that they had to tell new carers what to do when they arrived. Although other people said that the staff read the care plans.

We also saw an example where a person required support to use a machine to take their blood sugar reading every day. The person told us that on one recent occasion a carer was sent who hadn't been trained to use this machine, which meant that they were unable to take the reading in the morning. We saw that the carer who visited later in the day took the reading so that it was not missed. However we noted that not all carers had received this specific training where required. We discussed these issues with the manager and compliance officer, who advised that when scheduling visits they usually ensured that the staff allocated had the appropriate skills and knowledge. They agreed to address this further and told us that they would look to implement an over view of people's support needs with the information provided to the care staff through use of the mobile phones.

We saw from the records and by discussions with staff that one to one supervision meetings and annual appraisals were carried out on a regular basis. The compliance officer was responsible for the organisation of supervisions and we saw that records were well maintained. A system was in place which identified when supervisions were due. In addition we saw that spot check visits were undertaken by senior staff within the community and these acted as part of direct observational supervision sessions. Staff confirmed that spot checks were undertaken unannounced, and the format of spot checks covered a number of areas such as the way staff were dressed and presented, if they were wearing appropriate personal protective clothing, care delivered, including dignity, choice and maintaining people's independence.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People confirmed that staff sought their consent before carrying out any personal care tasks. One person told us, "Yes, they will ask you what you want." The manager explained that an initial assessment was carried out prior to them delivering any care to a person and at this assessment they discussed the wishes of the person and gained their consent. We found that people had signed their care plans to indicate that they had consented to the care provision, where appropriate.

We saw that staff had received training in the MCA and had an understanding of the principles of the MCA. They knew about the importance of enabling people to make decisions where possible. For example we saw that it was recorded in one person's care plan that the person should "always be consulted with and can make everyday decision about their care."

We asked about the procedure for people who lacked the capacity to consent to their care and support. We saw that as part of the initial assessment the person's level of understanding and ability to give consent was recorded. Information was often obtained from the local authority assessment about people's capacity to consent to their care and treatment. However in one person's care plan it was documented that a person did not have the capacity to understand to sign their documentation, but the reason given was because the person could become confused. This was not a formal mental capacity assessment. The provider had a policy on the MCA that followed the relevant principles, however the management team had not ensured that this was fully implemented within its service.

We recommend that the service finds out more about training for registered managers, based on current best practice, in relation to The Mental Capacity Act (2005) and adjust their practice accordingly.

People we spoke with had different levels of need for support with meal preparation and cooking. People said they were supported according to their individual needs. One person said, "They ask what I want for lunch". Staff we spoke with knew what level of support each person needed. Staff told us they always offered a choice of meals where possible. We saw that specialist assessments had been undertaken and care plans contained detailed guidance. For example we saw that feeding and swallowing guidelines had been developed for one person, with a speech and language therapist. We saw that staff also monitored people's food and fluid intake where requested to do so by other health professionals.

Staff supported people to maintain their health and well-being. People had access to health and social care professionals when required and we saw that staff worked well with professionals to ensure people's health needs were met. Care records contained details of how to contact relevant health and social care professionals and their involvement in people's care, for example, information from the GP or district nurses. We saw that staff had contacted appropriate professionals such as the GP or paramedics at times where necessary. Staff told us they would notify the office if they noticed people's health needs change or if they had any concerns. People and their relative's were positive about the support they received they told us, "If she's unwell they stay with her and contact me" and "(Name) was poorly a few months ago and they sent for the paramedics, until they arrived they ensured he was alright."

Good

Is the service caring?

Our findings

We found that the service was caring. We asked people whether staff treated them in a caring manner and they told us "They are wonderful and can't do enough for you," and "They are like friends." Relatives also commented, "They are lovely, lovely girls."

People told us that the service they received was reliable and that staff were friendly and polite. We found that staff treated people with care and compassion. People also reported that staff respected their preferred routines, preferences and lifestyles. One person's relative commented "I've got no complaints about them, they are very friendly and professional at the same time" People told us that they felt that staff listened to them and respected their wishes. They said, "They let me choose, yes that are respectful."

We saw that the service had received a number of compliments from people who had previously used the service. Some examples of these included "You were all so caring," and "Thank you all for looking after me and being so friendly."

We asked staff how they got to know people using the service. They told us that they generally received information about people prior to providing support to them. One carer commented "If a new package comes in, they discuss with you whether it is suitable." Some staff told us that they had supported people for a long time and had built up positive relationships. They knew the importance of understating people's care needs. Some people with complex care needs were supported by a small team of staff. A member of staff explained about one person's communication needs following a stroke and clearly understood that a specific approach was required. A relative also confirmed that staff were knowledgeable about their relative's dementia needs and explained how they knew to always leave him something to eat, because of his memory loss.

People using the service told us that they were involved in decisions about their care and support and felt in control of the care and support provided. Comments included "They listen to us and what we've got to say." We saw that people and their relatives were involved in the initial development of care plans and involved in regular reviews. Information was also provided about the service within the care plan folders which were kept at people's homes. We found that people were encouraged to maintain as much independence as possible. One person said "They encourage me to be independent but at the same time they watch to see that you are okay."

People's dignity and privacy was respected and promoted by the service. People told us that staff treated them with dignity and respect. One relative commented that their relative was treated with dignity and said "They seem well trained and know how to go about things." Staff we spoke with were aware of importance of prompting people's dignity. One staff member explained "Dignity and respect is expected. If anyone was rude I would be on the phone straight away."

We saw records which demonstrated that regular spot checks were carried out with the staff and part of this check was to ensure that people were treated with dignity and respect. We also saw that feedback had been

received from a relative which stated, "Staff have treated (name) with dignity and respect."

Good

Is the service responsive?

Our findings

People told us that they found the service to be responsive. Comments included "We haven't been unhappy with the service at all", "I can't praise them enough" and "I would recommend them, they are brilliant."

We found that people received care that was personalised to their needs. The majority of people we spoke with felt that the staff knew them well and knew how to support them. A relative explained that they received support from a team of staff and who were very familiar with their relative's needs. Staff spoken with had good knowledge and awareness of the people that they provided care for on a regular basis.

However, some staff noted that on occasions they did not always have a great deal of information before hand, especially if they were asked to cover a call in an emergency. Some people told us that previously a new carer would be introduced through an introductory visit, but that this had not happened more recently. The continuity of staff was particularly important for people living with dementia. One relative told us that their relative could become confused as the service had been sending "different ones (Carers)". However, she said that a recent review meeting had been organised and changes had been made to the support the person received. She told us that the staff had now built trust with her relative and the felt more comfortable to accept the support.

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment and these were detailed. They included aspects of people's health, social needs, what help they needed and how their independence could be maintained. Accompanying these were assessments from local authorities who were responsible for funding support.

We inspected four care plans of people supported by the service. We saw that the care plans were very detailed and centred around them. People we spoke with indicated that they had been involved in the development of their plans of care. They said "We were involved in the care plan and risk assessments were completed." We saw that people's preferences and likes/dislikes were included and people received care which respected their wishes and choices. A member of staff commented "Everyone is different and we treat people as an individual." Another staff member explained how a person had appreciated being asked what they would like to wear by carers from AMG, as previous carers from another organisation had not offered this choice. Care staff told us they read people's care plans before they delivered their care. One person confirmed "There is a care plan, when the new ones come in they have to look in the book."

Two of the staff spoken with did raise some concerns with regards to the level of communication with the management team and said that on the odd occasion information had not always been provided about people's specific care needs. This in the main had occurred when staff were asked to cover calls in emergency situations. We discussed this with the manager, who acknowledged that some of the changes to the service had meant that at times people's care calls needed to be covered by staff at short notice, but said that there would always be a care plan available at the person's home.

We saw that people's care plans were reviewed and updated regularly. The manager informed us that

everyone's care plan was reviewed at least annually. The electronic system in place highlighted when people's reviews were due. The manager advised us that reviews would be undertaken sooner if there were any concerns. The management team were also in regular communication with the local commissioning teams, and communicated issues and concerns when required, so that appropriate action could be taken. We saw that one person had complex care needs and their relative told us that a meeting was held with the care staff, manager and other health professionals every two months, to ensure that everyone was up to date. He believed there was "good communication."

Staff told us that they would inform the management team of any changes to the support needs of people. We saw examples recorded on the system where changes to people's needs had been noted and appropriate action taken, such as contacting the GP. People told us that staff were responsive. One person said that they had been well supported when they had been unwell. They said "When we have been poorly they have been very good to us. They are very professional." A relative also said "If I say mum has new drugs, they come out and amend the charts and they do it quickly."

People knew how to raise concerns and were confident action would be taken. People's comments included, "If I ring to complain, which is rare, it's put right immediately." Other people told us that the management team were approachable and they would be happy to contact the office with any concerns. We spoke with two people who had previously raised some issues about the care provision. They told us that the manager had responded appropriately and taken action to address these concerns.

The service had a complaints policy which set out the process and timescales for dealing with complaints. We saw that contact information was available to people within their care folders at home. The service held a complaints file, which we reviewed. The folder contained a log of any complaints and an analysis of each complaint. We saw evidence that any complaints had been dealt with thoroughly and appropriate investigations had been carried out, with appropriate actions taken. Information about complaints was also forwarded on a monthly basis to the quality assurance worker, as part of the auditing process to review actions taken. This demonstrated that the service listened and attempted to learn from people's experiences and complaints.

Good

Is the service well-led?

Our findings

People and staff were generally positive about the leadership of the service. Comments included "They do such a good and worthwhile job, the manager tries to help." And "I know who the manager is and could contact her." A member of staff said "Overall people receive a good service" and "The management team is approachable. (manager) is ever so good."

The service manager had been in post for around ten months. When we visited, the manager was not yet registered with The Care Quality Commission (CQC) but had applied to register. We found she engaged well with the inspection process and explained that she was committed to providing a quality service. The manager demonstrated that that she was open to any suggestions about improvements to the service provision. The service had recently merged and expanded within its current location in Crewe and now included a rapid response service, which supported people on a short term basis following a hospital admission. The manager acknowledged that the recent focus had been on the expansion of the service and some staff had found changes in the numbers of staff within the location and management team unsettling. She explained that she intended to focus on getting out more to meet the people who received a service and increasing her knowledge about people's individual needs.

The manager told us that she promoted an open culture, and we found that the service was willing to listen to people's views and requests in order to provide a good service. Most of the staff spoken with told us that they found that the manager was approachable and said that they could go to the management team with any problems or concerns. Staff said that they were well supported with training needs. Staff told us "Anything you're not sure of people will always come out. The nurse back up is really good," and "You can feedback to managers if there are any problems."

Everyone we spoke with knew who to contact at the service if they had any queries or concerns. We saw that where concerns had been raised the manager had responded quickly and made changes to address people's concerns. Some of the people we spoke with told us that they had completed questionnaires about the quality of the service and we saw that the service sought people's feedback through regular visits. A relative told us "The supervisor calls occasionally to ask if everything is okay." We saw records of "client visits" which demonstrated that any issues raised were taken seriously and where necessary actions were identified. We saw that dates were recorded when the actions had been completed.

Some of the staff spoken with confirmed that they had felt unsettled by recent changes within the organisation. The number of people based within the office had increased and some staff were unclear about the different roles of the management team. Staff said that the recent focus of the management team had been on the "rapid response " side of the organisation. Most of the staff who we spoke with felt that although they could contact the office at any time, communication was not as good as it had been previously. Information was sent out to staff through text messages and phone calls and staff sometimes visited the office, but staff said that they weren't always updated about certain changes One staff member said that they didn't visit the office as frequently as before because they didn't feel quite as comfortable going in there.

We saw that there had only been one team meeting since the current manager had been in post and staff told us that they felt they would benefit from a regular get together. We discussed this with the manager who noted that an open day had been held with staff In March this year, to give staff the opportunity to discuss any questions or issues they had regarding the changes to the service. However she assured us that she would address this issue.

The manager had the support of a quality assurance team, compliance officer, as well as three care coordinators and a care planner. The service also employed three nurses who specialised in paediatric care, learning disabilities and complex care. Their role was to develop staff training, assess clinical needs and staff competency. We found that suitable management systems were in place to ensure that the service was well led. Information requested during the inspection was organised and readily available.

We saw that the service had numerous policies and procedures in place including safeguarding, complaints, medication, equality and diversity and whistleblowing amongst others which were due for review in October 2016. The medication policy had recently been reviewed and was in draft. The quality assurance worker told us that the organisation had prioritised the review of the safeguarding and Mental Capacity Act polices in view of recent changes to legislation and case law.

The service had systems in place to monitor the quality of the service. Regular spot checks were carried out. We saw records which evidenced that these were carried out and staff told us that these were undertaken routinely. The manager and quality assurance worker carried out quality audits to monitor and assess the service being provided. They had oversight of the quality of care being provided in all aspects of the service. A monthly compliance report was completed and sent to the quality assurance team, which included information about accidents and incidents and any complaints. The manager found this is be invaluable and helped to monitor the service. Systems were in place to identify when staff supervisions, appraisals and training was due.

We saw that a staff file audit had been undertaken the week prior to the inspection and saw that care plans were audited on a regular basis. However, we also found that although there had been some monitoring of the administration of medication, there were gaps and a formal medication audit was not in place. The new manager told us that this was an area that she would be focusing upon.

We found that the management team had identified areas where improvements could be made. For example a new "significant events" sheet had been implemented. Previous daily logs used by staff to record the progress of individuals were returned to the office periodically and checked to ensure that support had been provided to people effectively and in line with their care package. However, instead of waiting for the daily logs to be returned periodically, the significant events form had been introduced. This meant that staff could record any issues or concerns, upload onto their phone and send to the office straight away to prevent any delay in the information being shared. This demonstrated an innovative approach to the development of the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. CQC check that appropriate action had been taken. Our records indicated that notifications had been had submitted in line with CQC guidelines. The manager was aware of her responsibility to submit notifications as required