NL Group Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

NL group is registered to provide personal care to people who live in their own homes. On the day of the inspection the agency was providing a service for 24 people, both children and adults, and employed 19 care staff. The agency office is situated in Hessle, in the East Riding of Yorkshire, close to the city of Kingston upon Hull. There is ample parking space available for staff when they visit the agency office.

The inspection took place on 15 and 24 June 2016. The inspection was announced; the provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the agency office who could assist us with the inspection.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw that people's needs were assessed and care plans put in place to enable staff to provide responsive care and support. People had been involved in the planning of their care and relevant people were included in care plan reviews. However, we found that care plans sometimes lacked sufficient detail in relation to specific care tasks. We made a recommendation about this in the report.

Most people using the service and agency staff told us the service was well-led. We could see there were systems in place to monitor the quality of care and support provided, however, the system required further development so that detailed analysis could take place to promote on-going improvement.

We found that staff had a good knowledge of how to keep people safe from harm and there were enough staff to meet people's needs. Staff had been employed following appropriate recruitment and selection processes. We found that people's needs were assessed and risk assessments put in place to keep people using the service and staff safe from avoidable harm. We found that people's medicines were well managed by the service.

We saw that staff completed an induction process and they had received a wide range of training, which covered topics including safeguarding, moving and handling and infection control. Staff told us they felt well supported; they received supervision, appraisals and were in regular contact with the registered manager.

People were supported to make decisions and choices. Some people received support from staff with shopping, cooking and domestic tasks. They were involved in choosing what items they wanted staff to buy or what they wanted making and were satisfied with the meals prepared. Staff received training on the Mental Capacity Act 2005 and had knowledge sufficient for their role. People were supported to access healthcare support where necessary.

People told us staff were caring and that they had developed positive relationships with people who supported them and they were treated with respect by the agency's staff. People were generally happy with the service they received and told us that the staff usually arrived on time. They told us that they received support from the same member of staff or group of staff and they developed a good rapport with carers. People were supported to access their local community and go for days out.

People knew how to complain and were supported to feedback any concerns. There were appropriate complaints procedures in place should people need to raise any issues. We saw that these were investigated and the outcome recorded in the electronic care planner.

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 displayed a good understanding of the different types of abuse and had received training in how to recognise and respond to signs of abuse to keep people safe from harm.

Risk assessments were in place and reviewed regularly which meant they reflected the needs of people using the service.

Recruitment practices were robust and ensured only those people considered suitable to work with vulnerable people were employed. There were sufficient numbers of staff employed to meet people's assessed needs.

Systems were in place to ensure that people received their medication safely and as prescribed by their GP. Medication records were audited monthly to check for accuracy of recording.

Is the service effective?

Good

The service was effective.

Records showed that staff completed training that equipped them with the skills they needed to carry out their role.

Staff received training on the Mental Capacity Act 2005 and understood the importance of seeking peoples consent.

People told us they were happy with the support they received with meal preparation.

People's health and social care needs were assessed and families and health care professionals were contacted if people's health deteriorated.

Is the service caring?

Good

The service was caring.

People told us staff were caring. Staff knew people's preferences

and they responded to people in a kind and caring manner.

People were supported to make decisions about the care and support they received and their independence was promoted.

Is the service responsive?

Good

People's needs were assessed and continually reviewed which meant that staff were aware of their up to date care and support needs. However, some care plans lacked sufficient detail.

People's individual preferences for care were recorded and these were known and followed by staff.

People told us they were happy to discuss any concerns with the agencies staff and knew how to make a complaint if needed. There was a complaints procedure in place and we saw that complaints received had been investigated appropriately.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service had systems in place to monitor and improve the quality of the service. However, these required further development.

People told us they were happy with the service they received and staff told us they enjoyed their role.

There were opportunities for people who used the service and staff to express their views about the service that was provided by the agency.

NL Group Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 15 and 24 June 2016. The inspection was announced; the provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the agency office who could assist us with the inspection. One Adult Social Care (ASC) inspector carried out the inspection.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authorities that commissioned a service from the agency. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also contacted the local authority safeguarding adults and quality monitoring teams to enquire about any recent involvement they had with the agency.

The registered provider was asked to submit a Provider Information Return (PIR) before the inspection, as this was a planned inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider submitted their PIR within the agreed timescale.

As part of this inspection, we spoke with five people using the service by telephone and visited three people in their own homes (with permission). We also spoke with six relatives to ask them their views of the service. We visited the registered provider's office and spent time with the registered manager, a trainee care coordinator and two of the company's directors. We also spoke with five members of staff on the telephone. We looked at seven people's care records, four staff recruitment and training files, the service's electronic care planner system and a selection of records used to monitor the quality of the service.

Good

Is the service safe?

Our findings

During our last inspection, we identified concerns in relation to the management of people's medicines. At this inspection, we found that medication was well managed by the service.

The registered provider had a medication policy in place and the registered manager told us that all staff received training in medication management prior to administering any medication in people's homes. The staff we spoke with confirmed they had received training and told us they felt confident with the process, one said, "All the medications are listed on the MARs so it's fairly straight forward." Medication Administration Records or MARs are used to record medicine given to people using the service. They also stated if they had any concerns then they would speak with the registered manager before giving a person any medication. We noted that one member of staff had not refreshed their medication training within the required timescales; however we saw that this had been addressed by the registered manager.

All of the people we spoke with told us their medication was well managed by the agency, although one person explained they had previously had an issue with the ordering of their medication and stated they wanted the agency staff to administer their insulin medication. We discussed this with the registered manager who explained that the district nursing team were currently managing the person's insulin medication and the agency were not currently in a position to provide this service and this had been explained in the past. The registered manager told us they would speak with the person to ensure they were clear on the agencies position on administering medication of this type.

We viewed the MARs in one person's home and saw that all medication administered was accurately recorded. The registered manager told us that MARs were returned to the agency office so they could be checked for accuracy. They were also checked during spot checks that took place in people's homes. Any gaps or anomalies were cross referenced against the diary records to identify an appropriate explanation. Although no errors had been recorded we found the current system did not always enable the registered manager to identify errors at the earliest opportunity. For example, if an error had occurred at the beginning of the month then this error may not be detected until the end of the month when the MARs were audited. The registered manager indicated they would increase the number of spot checks on people receiving support with medication to ensure that any errors could be promptly addressed.

People who used the service told us they felt safe. Comments included, "I feel safe", "Everything has to be safer than safe for me to feel safe and I do", "I feel safe when I'm at home and when I'm out and about" and, "I always feel safe."

People who used the service were protected from abuse and avoidable harm by staff who had been trained to recognise the signs of potential abuse. Staff we spoke with described the signs and symptoms that may indicate someone was being abused and told us what action they would take if they had any concerns. Staff understood how to report any safeguarding concerns and told us they were confident the registered manager would take the appropriate action if they reported any episodes of poor care. One member of staff told us, "I would make sure that the person who had suffered the abuse was safe and then I would contact

the office and speak with [the manager] or one of the directors." Another told us, "I would speak with the manager, but could always take any concerns higher if I needed to" and, "I've never had any concerns though."

The registered provider had policies and procedures in place to guide staff in safeguarding people from abuse. We saw the registered manager used the local authority's safeguarding tool to decide when they needed to inform the safeguarding team of an incident, accident or an allegation of abuse. We saw that historic safeguarding concerns were recorded and submitted to both the local authority's safeguarding team and the Care Quality Commission (CQC) as part of the registered provider's statutory duty to report these types of incidents.

We found the recruitment process was robust and appropriate checks had been completed. We checked the recruitment records for three staff members. These records evidenced that application forms were completed, interviews had been held, references obtained, a certificate of fitness to work received from the occupational health team and checks had been made with the disclosure and barring service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and ensures that people who use the service are not exposed to staff that are barred from working with vulnerable adults. Staff were also registered for the DBS update service, which enabled staff to keep their DBS certificate up to date and enabled the registered provider to carry out checks against staff at any time. The registered provider also benefited from the use of an electronic document scanner. This system enabled quick, easy and accurate scanning and validation of passports and other identity documents, ensuring that all documents they were provided with were authentic. Staff were provided with job descriptions and terms and conditions of employment. This helped to ensure staff knew what was expected of them.

We asked the registered manager how they ensured there was sufficient numbers of staff to meet the needs of the people using the service. The registered manager told us, "We have a fairly good rate of staff retention and I'm happy with the current staff numbers" and "We have contingency plans in place to cover sickness levels and myself and the team of directors are all experienced and can step in to provide cover when needed."

However, we spoke with one relative who explained that their partners care plan identified that two people were needed to carry out all moving and handling tasks; however, this was not currently being provided by the service. We checked the daily records and found that a second carer had been provided for less than one third of care calls in April and May 2016. This meant the person's partner had to assist staff with this task. They explained that they had been shown how to use the hoist by an occupational therapist but had received no formal training. We discussed this with the registered manager who showed us a copy of the person's care plan which stated an agreement was in place that NL Group would provide a second support worker at the morning call when they had capacity to do so. However, the way this information had been recorded was open to misinterpretation as the number of weekly hours recorded for the am call was 14, implying that two carers would be present. We asked the registered manager to review the care package and ensure all relevant parties were clear about the number of staff the service was able to provide.

We found the registered provider had systems in place to ensure that risks were minimised. Care plans contained risk assessments to identify potential risks to people using the service and staff. This included details of fire safety, slips and trips, electrical equipment, the use of hoists and wheelchairs, working at height, lone working, violence and aggression, passive smoking and any infection risk. The forms recorded details of the hazard, the level of risk, who might be harmed and any control measure put in place. This showed us risks were assessed and plans put in place when necessary.

Some staff were required to drive between calls and take the people they supported out in their own cars. To ensure that people were protected from any risks associated with being a passenger in a staff member's car, the agency had ensured that all staff who were required to drive had a current valid driving licence, a valid MOT certificate and the correct insurance to enable them to transport people as part of their occupation.

The service had an accident and incident policy in place that also provided guidance on the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). RIDDOR puts duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses). We saw that any accidents or incidents involving people who used the service were recorded and this included the date of the accident, type of accident, a summary of the accident, any action taken to prevent a reoccurrence and the outcome. Accident and incident reports were collated and analysed to identify any patterns or trends. This system ensured that steps were taken in response to incidents to reduce the risk of reoccurrences.

We found that the registered provider used an electronic care planner that was made accessible to the agency staff via an application on their personal mobile phones. This enabled staff to view their weekly schedule in advance, the times of each call, the persons address and directions, the persons contact details, the names of any other carers attending the call and a list of tasks that may require completing. Staff were required to log in through the care application at the beginning of the care call and the time was recorded on the system. At the end of the call, staff were required to indicate through the care application what tasks they had completed, enter any relevant messages regarding the call and then log out. This provided the registered manager with a clear record of the time each call had started, the duration of the call, a description of what tasks had been completed and an indication if there were any issues of concern during the call.

Although the registered manager was able to check the time each call had started, there was not any live tracking of calls currently taking place. This meant that if staff arrived late or failed to arrive at a call this would not be immediately detected. We discussed this with the registered manager who explained they were in the process of developing the care planner system to provide live updates of all care calls. On the second day of our inspection we saw that the system was ready to be launched and regular updates would be sent via text messages to the registered managers phone to indicate if any calls were late or missed.

Good

Is the service effective?

Our findings

We looked at the induction, training, supervision and appraisal records for three staff. We saw that staff had completed an induction which included an introduction to the basic principles of care and the values of NL Group, health and safety at work and a range of online training the registered provider considered essential. This included training in a number of key topics, such as, data protection, complaints, food safety, fire, infection control, lone working, incident reporting, violence and aggression and safeguarding vulnerable adults and children. Practical training on moving and handling and basic life support was also provided. Staff were also required to complete a number calls shadowing more experienced staff. One member of staff told us, "When I first started I had to work with the other carers, all the staff were really helpful."

The induction incorporated a four, 12 and 24-week assessment. These assessments provided the opportunity to discuss any attendance issues, the attitude of staff, their understanding of the role and enabled the registered manager to sign off any training they had completed. This showed that a new employee's progress was monitored by the agency to ensure they were carrying out their role effectively. All new staff are now enrolled on the Care Certificate. The Care Certificate is an identified set of standards which social care and health workers adhere to in their daily working. It covers 15 topics including, for example, understanding your role, duty of care, privacy and dignity, safeguarding and infection control.

We viewed the registered providers training records and saw that periodic refresher training was also completed by staff. This ensured they maintained their level of knowledge and skills. Staff told us they felt that although the training provided them with the skills they needed, they told us that they enjoyed the 'hands on' training more than the on-line training. One member of staff said, "It's good you can do it [the training] at your own pace, but you can't ask the computer a question if you want more information." Another said, "The training is on-going, I really enjoy the moving and handling training as its hands on." The registered manager told us the online training was the same training the registered providers nurses completed so was confident it was robust enough for the care staff. We saw that training needs were discussed during supervisions and appraisals.

One member of staff explained that, although they were up to date with their training, they sometimes found it difficult to fit it in around work and their personal commitments. Two members of staff also felt there was an expectation that the training would be completed in their own time. We discussed this with the registered manager and one of the directors. They told us that staff could utilise the facilities available at the head office to complete their online training and that they would be reimbursed for this time.

All of the people we spoke with told us they thought the staff were well trained. Comments included, "Oh yes they are well trained", "They all know what they are doing", "I've not had any issues, they [staff] all seem well trained", "Yes, they are all competent", "They know what they are doing when they move [person using service] in the hoist" and, "I'd say they are well trained, I managed to learn some information about dementia from them." This showed that staff had the necessary skills to meet people's needs.

We saw staff received on-going support during regular supervisions and annual appraisals. We viewed staff

supervision records and saw that a variety of topics were discussed, including appearance, timekeeping, confidentiality, standards of work, safeguarding, medication, concerns and worries and personal development. Although we saw that supervision addressed any concerns both the registered manager and the agency staff we spoke with agreed that any issues were usually discussed as and when they occurred. One staff member told us, "We have supervision every 3 months, but I can approach [the manager] anytime I want. We have their mobile number so we can call or text if we have any issues. Not all managers would do that."

Staff also told us that 'spot checks' were completed by the registered manager. These checks were carried out to observe how staff performed their duties in people's homes and focussed on staffs appearance, the quality of record keeping, the content of the care plan, time and attendance and medication. The person using the service was also interviewed at each spot check to provide an opportunity for them to raise any concerns or feedback any elements of their care they were pleased with.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For people living in their own home, this would be authorised via an application to the Court of Protection. We checked whether the service was working within the principles of the MCA and found that people using the service did not have any restrictions in place at the time of this inspection and that no applications had been made to the Court of Protection. We saw that staff completed MCA training as part of their induction and on-going training.

We saw care plans identified whether people were able to make their own decisions. Staff told us how they requested people's consent before performing any care tasks and enabled people to make their own choices where possible. Staff said that most people they supported had the capacity to make their own decisions.

Some people who received a service required support with shopping for food and the preparation of meals and drinks. The amount of support required varied from person to person and people were satisfied with this aspect of the service. One person told us, "My carer cooks all my meals. I tell them what I want and they cook it from scratch." One member of staff said, "I do a lot of cooking for people, I really enjoy it. We go to the shops together and they pick what they want me to cook, we buy all the ingredients and then go back and prepare a meal. It's their choice."

Staff monitored people's health and ensured risks to their health were minimised. Information about each person's physical health needs was recorded in their care plan, including specific details of any known health care conditions. The registered manager explained that if staff noticed a person was unwell, this information would be recorded in the daily dairy and there was an expectation that they would contact the office who would in turn speak with the person or their family to determine whether the GP needed to be called or the relevant emergency service if required. People told us that if they needed a carer to support them to attend health appointments then this could be arranged. These steps helped ensure that people's health was monitored.

Good

Is the service caring?

Our findings

The people we spoke with told us the staff were caring. Comments included, "They help me with the general upkeep of the home. I'm very satisfied, they are absolutely fantastic", "The carers are very nice, nothing is too much trouble for them", "Carers are good, they don't mess about and get on with the job. They are always nice and friendly" and, "The carers are generally good and the two we have recently are excellent."

People told us that having a regular member of staff or group of staff attend to their care needs was important to them and when this happened their care was generally good. We were told that when a member of staff left or was moved to a different care 'round' that this was unsettling and a period of adjustment followed whilst the new member of staff and the person receiving the service got to know each other.

The registered manager told us, "We recognise the importance of people having regular carers and try to accommodate people's preferences wherever possible." They showed us how they utilised the care planner to ensure people's 'carer preferences' were taken into consideration during the development of the weekly schedules. The care planner identified suitable carers based on a range of information including, 'client' choice', frequency of previous visits, date of last visit, required skills, male or female preference and carer choice. It also identified any carers that the 'client' has previously deemed as unsuitable and automatically removed them from the selection process. The registered manager said, "People might not see anyone else all day, it has to be someone they like to spend their time with."

The registered manager acknowledged they were not able to provide people's preferred carer at every call. However, they explained that total reliance on one member of staff was not ideal, as when the carer was unable to work, due to annual leave or sickness the person receiving the service would be unfamiliar with all other agency staff. The registered manager told us they tried where possible to provide a group of carers for each person, to ensure continuity of care even when staff were absent.

Most people were satisfied with the group of staff they received, some people indicated there had been issues in the past and one person indicated there were issues with the gender of the staff they were allocated. Comments from people who use the service and their relatives included, "It's been mixed. To begin with we had some issues but now we get the staff that we want. We have three staff who are suitable and are getting them on a regular basis", "I pretty much have the same carer each week, I get on well with them, I think they are great", "We had the same carer for a year, but then they left and we had to get used to some new carers. It's pretty settled now", "I used to have a settled carer, now I have four or five different ones, some are better than others" and "I have a nice steady group of carers." One person told us they had specifically requested only female staff but were still allocated male staff. We discussed this with the registered manager who assured us they would address this with the person.

One member of staff said, "A lot of the social calls we provide are all about promoting people's independence. For example, I take one person to the bank in my car. I go inside and make sure they are safe, but they deal with all their own finances. Without that support they would have to get somebody else to

manage their finances making them less independent." Another member of staff said, "I always try and get people involved in either their personal care, or when I'm cooking, I'll get people to do some chopping."

Staff told us that they could refer to people's care plan or use the carer application on their phone for any information they needed regarding a person's care. Care plans included a personal profile that included information on hobbies, likes and dislikes and important people in their life. Staff told us that as most people could easily communicate; they generally just asked them about how they wanted their care providing. One member of staff said, "Before I go to meet a new client, I always look at their care plan. When I get there I talk to people, people like to talk and will generally tell me what they want doing and will tell me about their lives."

People told us they felt in control of their care and they were able to make choices. Comments included, "They're really flexible, if I want to go out then they will take me out, if there are things to do around the house then they will do that for me. It's my choice", "I decide what I want to do and where I want to go" and "They [staff] take me out, it's my choice." A member of staff said, "The client always chooses. We work for them, so they make the choices" and, "I support one person who has limited movement. When I am getting them ready for the day, I will make sure they choose their clothes. I open the cupboard door and let them choose what they want to wear. I lay it out on the bed and they tell me if they are happy with the choice." However, one relative explained that they were still waiting to get the time of the call they initially requested and told us, "It's like things are getting done to you, rather than you controlling it." They told us they had tried to discuss this with the office but, "Did not get anywhere." However, they explained that as the care was good they had now, "Given up on the discussing this with the office."

Positive relationships had been developed between staff and people using the service. "One relative told us, "There are a couple of carers who we really get on well with. They have a good sense of humour and we pull each other's legs. They really pick me up when I am feeling down in the dumps." One person who used the service said, "The carers are like my family, they know exactly what I like." A member of staff told us, "I think, what would my mother want if I was caring for her? So I always make sure I have a little chat and if we can have a bit of a laugh as well then that's even better."

Good

Is the service responsive?

Our findings

Some of the people who used the agency were active in the local community and had care packages in place that enabled them to continue to access places they liked to visit. A relative told us, "They take [person using service] to either the Alzheimer's Society or to the church every other Friday" and "They also take [person using service] down to the river front for a cup of tea or a coffee." One person who used the service said, "The staff take me wherever I want to go. They support me to go to appointments, shopping and to the pub so I can meet up with my friends." Another person told us, "I get on very well with one of the carers and they take me out for a bite to eat and a cup of tea." This showed the carers recognised the importance of people maintaining contact with their community.

People told us they were involved in the development of their care plan and some people told us they had regular reviews. One person said, "My brother and I wrote my care plan. We knew what we wanted and it had to be right. It has changed dramatically as I no longer need as many hours" and, "Yes, the care package is reviewed, my brother arranges that to make sure that my needs continue to be met." Another person said, "[Manager] came out at the beginning and discussed what we needed, we were involved throughout" and, "Yes we have had a review, they updated my care plan." However, one person told us their relatives care plan had not been reviewed, although as they were happy with the care at this time this was not deemed necessary.

Care plans had been developed to meet people's assessed needs and included guidance for staff to ensure people were supported appropriately and consistently. People we spoke with told us that a copy of their care plan was held in their home and that the agency's staff wrote in their daily diary after each visit to record the tasks they had completed. We viewed care files at the head office and in people's homes and found they contained information in relation to people's personal details, health, allergies, skin condition, medication, moving and handling, personal abilities and a personal profile that included likes and dislike, information on hobbies and the names of people who were important to that person.

We found that some care plans contained good detail in relation to the specific tasks that staff were required to carry out. One person's care plan explained that the person required E45 cream to be applied each morning to prevent dry skin and also that the person liked to have their clothes laid out on their bed so they could choose what they wanted to wear. However, we found other care plans lacked the same level of information and would benefit from more detail to ensure that people were receiving their care as requested. We have made a recommendation about this under the well led section of the report.

In discussion with staff, we were told that one person using the service could become physically and verbally aggressive. We were told that the person could lash out, hitting and kicking staff. We viewed their care plan and saw that there was a detailed plan of care in place to guide staff how to safely transport the person in a car. However, there was no clear guidance for staff on how to respond to this behaviour or what action they should take to prevent an injury occurring. We discussed this with the registered manager who acknowledged that a more detailed description of how people's care tasks were carried out could be developed and agreed to address this to ensure a consistent level of detail across all care plans.

There was a complaints procedure in place which explained how complaints regarding the agency were received, recorded, investigated and responded to. However, when we visited people in their homes we could not find a copy of the complaints procedure amongst the paperwork the agency had left. We discussed this with the registered manager and they told us that the complaint procedure was included in the original paperwork given to people when they started to receive a service, however, they would ask staff to check people's paperwork and ensure everybody using the service had a copy of the complaints procedure in their home.

People we spoke with told us they knew how to make a complaint. One person told us, "If I had any issues I would speak to the manager. I've met them a number of times so would be happy to speak with them." Another person told us, "We have had a recent issue, but it's been sorted out now. The manager came down to see us with the social worker and we managed to resolve the issue. We're happy at the moment." Another said, "I had an issue with a carer, we just did not get on. I contacted the office and one of the directors came down and spent an hour sorting out the problem." The staff we spoke with told us they knew how to respond if people wanted to make a complaint. One member of staff told us, "If somebody was unhappy, I would try and resolve it myself; if it was more serious then I would contact the office and get [the registered manager] to come out and see them [person using service]."

We viewed the complaints file and found that the last recorded complaint was received in July 2015. This information was also recorded on the care planner and this meant that all entries in relation to the complaint were date stamped providing a clear history of any intervention or actions taken. We saw this complaint was fully investigated and resolved to the satisfaction of the complainant. We saw that when other issues had been raised these were recorded in people's individual care notes on the electronic care planner. However, as these were not formal complaints they were not recorded in the complaints file. The collating of both formal complaints and other issues enables accurate auditing to take place to ensure that recurring complaints are identified and appropriate action can be taken.

People were provided with additional opportunities to offer their feedback on the service including during spot check and also through annual service user surveys. We saw that service user surveys had been completed in June 2015 and the feedback had been collated into a report. The responses were largely positive and areas where improvement could be made were identified and action taken to address this. We also saw that feedback was gathered during spot checks and the results had been collated into a service user audit report for June 2016. Although this report was still in draft format, the results appeared positive.

The service had received numerous letters of thanks and compliments from the families of people who used the service. The registered manager told us that when this information was recorded in the care planner, it was also shared with the staff team so they could see that their efforts were appreciated.

Requires Improvement

Is the service well-led?

Our findings

We saw that the registered provider had a quality management system that continually audited the NL Group's different business divisions. This included monthly audits of staff training, recruitment, complaints, incidents and client feedback. However, we found that regular auditing of call monitoring was not currently taking place and there was no live call monitoring system in place on the first day of this inspection. For example, we were unable to view the total number of care calls that had been more than ten minutes late during the previous week / month. This type of information would enable the registered manager to examine the frequency of late calls and put in place a plan of action to address staff punctuality.

We also saw that when people using the service raised issues these were recorded in their care notes; however, these were not always recorded as a complaint therefore would not be included on the registered provider's complaints audit. It was also unclear how the information stored in the electronic care planner could be made readily available in an auditable format. We discussed this with the registered manager and they agreed to continue to explore the functions of the electronic care planner and generate auditable data within set timeframes.

We asked for a variety of records and documents during our inspection, including people's care plans and other documents relating to people's care and support. We found that most of these were well kept, easily accessible and stored securely. However, one care plan we viewed did not include sufficient information to guide staff on how to manage a person's behaviour, which could have led to them receiving inconsistent support from care staff. We also saw that another person's care plan contained information that was open to misinterpretation and required further clarification of the level of care the service was able to provide. We spoke to the person following the inspection and they told us that although the number of two carer calls had increased, no review of their care plan had taken place.

We recommend that the service seek further guidance and advice, from a reputable source, about the recording of information within care plans.

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of this inspection and they had been registered with the Care Quality Commission (CQC) since 2013; this meant the registered provider was meeting the conditions of their registration.

We asked people whether they found the office staff helpful and whether they were able to easily contact them. One person who used the service said, "The number is in my care plan and I can call the office whenever I want. I called in the past and got through without a problem." Another person using the service said, "When I call the office they are all ever so nice, there is no problem there." However, one person told us they had given up on contacting the office after they were given the wrong email address and were not always able to get though on the phone.

People we spoke with told us they were familiar with the register manager and they felt happy to approach

him with any concerns they might have. Comments from staff included, "[The registered manager] is great, he's really fair and I can speak to him whenever I need to. Can't really fault him", "He's the best manager I've had. He's approachable, supportive and always checks to make sure that you are okay, but he will lean on you when needed, but he's the manager and that his job", "The manager is the only point of contact, so you get to talk to them directly which is a real advantage" and, "I can speak with [the registered manager], we discuss things and they get resolved." A person who used the service said, ""I think they are very well- led. The office staff will bend over backwards to try and help."

The registered manager told us staff's schedules were planned on a geographical basis to minimise travelling times between calls. However, due to the large area the agency covered the registered manager acknowledged that some of the distances carers needed to travel were not ideal. All of the staff we spoke with told us that travelling time was not usually a concern and if it was they would discuss this with the registered manager. They did, however, accept that at times they could be delayed by heavy traffic or could potentially be delayed at another call. All of the people we spoke with including staff and people using the service told us they received their weekly schedule in advance. This meant they had opportunity to discuss any concerns they may have and make amendments if required.

Some of the people who used the service did feel that there was insufficient time for staff to travel between calls, although they did not feel this negatively affected the quality of care they received. One person said, "I don't think they have enough traveling time, they are sometimes a little late, although they do call to let me know." Another said, "The staff sometimes struggle to get between calls, so then they are bit rushed. It doesn't impact on me; it's the staff I feel for." When staff were going to be late, people using the service told us that most of the time the member of staff would call them to let know.

We saw that there was no record of team meetings and discussed this with the registered manager. They told us they had conducted them in the past; however, felt they were not a productive use of time as not all members of staff were happy to speak in a group setting. To ensure continued communication a monthly newsletter was sent to keep staff updated. This was in addition to the formal supervision, they completed every three months.

We saw that the care planner application provided an opportunity for staff to make suggestions to improve the running of the service and increase their effectiveness. For example we saw that one member of staff had requested that a supply of personal protective equipment (PPE) including gloves and aprons were available so staff could keep a supply in their cars. This meant that if they arrived at a person's house and they had run out, they were still able to carry out their required tasks whilst following guidance on infection control. As a result, a supply of necessary PPE was kept at the office for staff to collect.

The registered manager explained they were keen to offer opportunities for staff development. We saw that one member of staff had recently started to work in the office, developing skills in relation to rosters, care planning and carrying out spot checks on staff in the community. This enabled the registered manager to assess whether the member of staff had the required attributes for the role and provided an opportunity for the member of staff to determine whether this type of job role was something they wanted to pursue on a full time basis. This showed that the registered provider encouraged career development for staff.

The registered manager told us they tried to ensure that the staff team received recognition when it was deserved. As a reward for providing high quality care, they presented a 'support worker' of the month award. The member of staff who won was presented with a £50.00 voucher. We were also told that all staff received a £50.00 gift voucher in January 2016 as a thank you for their work for the service. Incentives such as these helped staff know their hard work was recognised.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.