

Mr & Mrs L Alexander

ACASA

## Inspection report

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19 February 2016

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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?

Good ●

# Summary of findings

## Overall summary

The announced inspection took place on 16, 18 and 19 February 2016. ACASA (Alexander's Care and Support Agency) provides a domiciliary care service to enable people living in the Basingstoke and the surrounding area to maintain their independence at home. At the time of our inspection there were 146 people using the service, who had a range of health care needs. Some people were being supported to live with dementia, whilst others were supported with specific health conditions including epilepsy, diabetes, sensory impairments and mental health diagnoses. The agency also provided a reablement service called React, in partnership with Hampshire County Council. This service provided an intensive period of support for people in their own homes to re-learn skills and build the confidence they need to reach their maximum level of independence. At the time of the inspection the provider deployed 56 staff to care for people and meet their individual needs.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager also had responsibility for two other services within the care group. Therefore, the provider had appointed a local team manager who had responsibility for running the service on a day to day basis. A manager had also been appointed to supervise the delivery of the React service.

People were supported by staff they could trust, who made them feel safe. Relatives had no concerns for the safety of their loved one and told us they experienced good continuity and consistency of care from conscientious, dedicated staff.

Staff had received safeguarding training and knew how to recognise and report potential signs of abuse. Records showed safeguarding incidents had been reported, recorded and investigated in accordance with the provider's safeguarding policies and local authority guidance. People were kept safe as staff understood their role in relation to safeguarding procedures. The registered manager and team manager ensured staff safety at work by effectively implementing the provider's lone worker policy.

The registered manager ensured people were protected from harm by identifying risks associated with their care and managing these effectively. Designated staff completed needs and risk assessments, which promoted people's independence, while keeping them safe. Risk assessments gave staff clear guidance to follow in order to provide the required support to keep people safe. We observed staff support people safely in accordance with their risk assessments and support plans.

The registered manager completed a weekly staffing analysis to ensure there were sufficient suitably qualified staff available to keep people safe and meet their needs. Rosters demonstrated that the required number of staff to meet people's needs was always provided, which we observed in practice. The provider had a stringent annual leave policy, which ensured there were sufficient staff to cover popular public

holidays. Office staff had all completed the provider's required training which provided resilience to cover any unforeseen staff absence.

Recruitment files showed that a thorough system was in place for pre-employment checks and the required records were available to confirm these had taken place. The provider had obtained proof of candidates' satisfactory conduct in previous health and social care employment. People were safe as the provider had assessed the suitability of staff to provide care to people in their own home.

Staff told us they felt confident managing medicines and that their training had prepared them to do this. People received their medicines safely, administered by staff who had completed safe management of medicines training and had their competency assessed by the registered manager. People told us that staff supported them where necessary with their medicines, in accordance with their care plan.

Staff were enabled to meet people's needs with an effective programme of induction, supervision and appraisal. Required staff training was up to date and refreshed regularly to ensure staff retained and updated the skills and knowledge required to support people effectively.

People were supported to make their own decisions and choices. People's human rights were protected by staff who demonstrated clear understanding of guidance and legislation relating to consent and mental capacity.

People's specific dietary requirements, preferences and any food allergies were detailed within their support plans. Staff had completed training in relation to food hygiene and safety and knew people's food and drink preferences. We observed people supported appropriately to ensure they received sufficient to eat and drink.

Staff recognised changes in people's needs in a timely way and sought advice from relevant health professionals, which we observed being implemented effectively in practice. The service worked in partnership with a range of health care professionals to ensure people's health care needs were met.

People told us staff were kind and compassionate and treated them with respect. Staff had invested time to build positive relationships with people who enjoyed their company. During home visits we observed relationships between people and care staff, which were warm and caring. Conversations flowed naturally between people and staff about topics of general interest and other subjects, which demonstrated that staff knew people well and took a keen interest in their lives and wellbeing.

People were actively involved in making their decisions and planning their own care and support. People told us they were able to make choices about their day to day lives and care staff respected those choices.

People were involved in developing their care and support plans, which were personalised and detailed daily routines specific to each person. The management team were committed to ensuring people were involved as much as they were able to be in the planning of their own care.

People's needs were assessed and regularly reviewed to ensure their care and support was responsive to any identified changes. Records accurately reflected people's wishes and were up to date. Staff were provided with necessary information and guidance to meet people's needs. People's and staff records were stored securely, protecting their confidential information from unauthorised access.

The service was well led. Senior staff provided clear and direct leadership and effectively operated systems

to assure the quality of the service and to drive improvements. Feedback from people, their relatives, and staff was sought to identify changes required to improve the quality of care people experienced. The provider's audits were used to review changes implemented, and ensure all required actions had been taken.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

People received good continuity of care from trusted staff who knew them well, which made them feel safe. Staff understood how to keep people safe and how to raise concerns if they had them.

Risks to people were identified and effectively managed by staff to ensure people's safety.

Sufficient numbers of suitable staff were deployed to ensure people's needs were met safely. Safe recruitment practices were followed and completed before staff were employed to work with people.

People were protected against the risks associated with medicines by staff who administered their prescribed medicines safely. Training records confirmed staff had received required medicines management training. Staff told us they felt confident managing medicines and that their training had prepared them to do this safely.

Good 

### Is the service effective?

The service was effective.

Staff received appropriate training and supervision to enable them to effectively meet people's assessed health and care needs.

People were supported to make informed decisions and choices by staff who understood legislation and guidance relating to consent and mental capacity.

People were encouraged to maintain a nutritious, healthy diet and identified dietary needs were managed effectively.

Staff were alert and responsive to changes in people's needs. Staff ensured people accessed health care services promptly when required and were supported to maintain their health and well-being.

Good 

## Is the service caring?

Good ●

The service was caring

People were treated with kindness and compassion in their day to day care by staff who responded to their needs quickly. Staff were thoughtful and showed concern for people's wellbeing in a caring and meaningful way.

People were actively involved in making their decisions and planning their own care and support. People told us they were able to make choices about their day to day lives and staff respected those choices.

Staff promoted people's dignity by treating them as individuals and respecting their diversity. Staff took time to listen to people and make sure they understood their wishes.

## Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was tailored to meet their individual needs. Staff responded effectively to meet people's changing health needs. Staff promoted people's confidence and independence to empower them to live their lives as they wanted.

There were processes in place to seek feedback from people, relatives and supporting health and social care professionals about the quality of the service.

Complaints were managed in accordance with the provider's policy. People were provided with information about how to complain, which was accessible and in a format of their choice. Learning from complaints had been used by the registered manager to drive improvements in the service.

## Is the service well-led?

Good ●

The service was well-led.

Care staff understood the provider's values and practised them in the delivery of people's care.

The registered manager and senior staff provided clear and direct leadership to staff, who understood their roles and responsibilities. Staff spoke positively about the leadership and support provided by the management team.

The management team effectively operated quality assurance systems to monitor the quality of service being delivered and to drive improvements.

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# ACASA

## Detailed findings

### Background to this inspection

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

The inspection took place on 16, 18 and 19 February 2016 and was announced. The provider was given 48 hours' notice of the inspection to ensure that the people we needed to speak with were available. The inspection team consisted of one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed the provider's website.

During the inspection we spoke with the registered manager and the provider's nominated individual, who has overall responsibility for supervising the management of the service. We also spoke with the team manager, the manager of the React reablement service, the human resources manager and administrator, the quality and compliance manager, a care coordinator, a field care supervisor and 16 staff.

We visited nine people in their homes. We spoke with people and their relatives about their care and looked at their care records. We observed some aspects of care, such as staff preparing people's meals and supporting them to move.

We spoke with a further 10 people on the telephone to find out about their experience of the quality of care provided by the service. Following the home visits we spoke with three health and social care professionals.

We reviewed 19 people's support plans, including daily records and medicines administration records (MARs). We looked at ten staff recruitment files, and reviewed the provider's computer training records. We reviewed the provider's policies, procedures and records relating to the management of the service. We



considered how comments from people, staff and others, as well as quality assurance audits, were used to drive improvements in the service.

This was the first inspection of the service since it was registered on 30 July 2014.

## Is the service safe?

### Our findings

Most people told us they received good continuity of care from staff who knew them well, which made them feel safe and secure. One person told us "My carers are wonderful. They are always on time and never let me down. I trust them more than the district nurses." Another person told us, "I rely on them so much, especially when I am feeling down. They keep me safe." Some people told us they had transferred to ACASA from another provider in May 2015. They told us that continuity of care at this time was not good but the service had made vast improvements during the last six months. One person told us, "If you get the same carer every day you build a rapport and they get to know you, which builds trust." A relative told us, "It's been 110% better in the last few months. We now get the same carers and have a good relationship. They like us, we like them, it's great. You can give our carers a gold star."

Staff had received safeguarding training and knew how to recognise and report potential signs of abuse. Staff told us they had access to safeguarding polices and relevant telephone numbers to enable them to report any safeguarding concerns. They described how they would deal with a safeguarding issue, including reporting issues outside of the organisation if necessary. Staff told us they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. Staff demonstrated clear knowledge of the provider's whistleblowing policy and procedures. Records showed that since the service began in July 2014 six safeguarding incidents had been reported, recorded and investigated in accordance with the provider's safeguarding policies and local authority guidance. People were kept safe as staff understood their role in relation to safeguarding procedures. The registered manager and team manager ensured staff safety at work by effectively implementing the provider's lone worker policy.

The provider protected people from harm by identifying risks associated with their care and managing these effectively. Designated staff completed needs and risk assessments, which promoted people's independence, while keeping them safe. Risk assessments gave staff clear guidance to follow in order to provide the required support to keep people safe.

Staff knew and understood people's needs and risk assessments. We observed staff demonstrate their knowledge of people's specific health needs, their medicines management, skin care and mobility support plans in practice. Staff provided care and support to people in accordance with the guidance contained within their care plans.

People were supported to move safely by staff who had received appropriate training and had their competency assessed by the provider's training coordinator. The training coordinator told us where people were supported with moving equipment a risk assessment identified their needs and how they should be met. One person's needs had recently changed which meant different equipment was required to support them safely. We observed highly visible guidance had been provided in relation to the different equipment to be used and how to use it. There was also a clear directive not to use other equipment previously required. The provider had ensured they had enabled staff to support people to move safely by providing the necessary information to do so. Staff had been trained in the use of people's individual support

equipment before they were allowed to provide care for them. We observed staff using people's personalised support equipment safely and in accordance with the guidance within their support plans.

Staff understood the risks to people and followed guidance to protect them. Where skin assessments identified people to be at risk of experiencing pressure sores staff had received guidance about how to reduce these risks to prevent their development. We observed that pressure relieving equipment was being used in accordance with people's pressure area management plans. The risks to people from pressure sores were managed safely.

People told us there was a 24 hour on-call system to ensure they could speak with the management team at any time and knew this number was clearly displayed in their support plans. People's care records documented where people used an emergency lifeline to ensure their safety at home. People told us that staff made sure their lifeline was readily accessible in accordance with their support plans, which we observed in practice. The provider had procedures in place for dealing with emergencies which could reasonably be expected to arise from time to time. Where people experienced health conditions which may require support in an emergency this was clearly detailed within the support plans. There were arrangements in place to keep people safe in an emergency.

The registered manager told us they completed a weekly staffing analysis to ensure there were sufficient staff available to meet people's needs. Rosters demonstrated that the required number of staff to meet people's needs was always provided, for example when people required two staff to support them to move safely. One member of staff told us, "The coordination has improved a lot so people know who is coming and double ups (support by two staff) always get there at the same time." One person told us, "I depend on them so much so it's important to know who is coming and when. I feel reassured and don't worry because my ladies (staff) are reliable." The provider had a stringent annual leave policy, which was well publicised and understood by staff. This ensured there were sufficient staff to cover popular public holidays. The management team made sure there were sufficient numbers of suitable staff to keep people safe and meet their needs.

The team manager demonstrated the service electronic monitoring system which identified when staff had arrived at a person's home and when they left. This enabled the management team to ensure people received their care and support at the time to meet people's needs safely. Care coordinators demonstrated how they used this system to identify if people had not received their rostered care visits. This allowed them to contact relevant staff to ensure people's safety and provide reassurance if staff were delayed. Care coordinators demonstrated how they operated this system to ensure all care visits had been covered before they left the office. Staff who were designated to provide cover out of hours were able to demonstrate how they were able to use this system to ensure visits were covered during these periods. Staff told us that if there was a change in their allocated visits they were notified by coordinators. Staff then had to acknowledge receipt of the new allocation and confirm they would be able to attend. We observed this system operated effectively.

People told us that the service had improved their communication with them whenever staff were delayed. One person told us, "When we first moved from (previous care provider) to ACASA it was a bit disorganised, a bit hit and miss, but it has improved since the summer." Staff told us the electronic monitoring system had significantly improved since the provider had issued them with devices which had an electronic swipe facility. They told us this was "Far more efficient than phoning in and out when they arrived and left." We noted from the provider's analysis of the monitoring system that this service was the best performing within their care group in relation to call completion.

New staff told us they worked alongside more experienced staff before being allowed to provide support unsupervised, which records confirmed. This enabled new staff to learn about their role and the specific needs of the people they would be supporting.

The provider had an on-going staff recruitment programme with robust procedures, which ensured people were supported by staff with the appropriate experience and character. The provider's human resources manager completed detailed weekly analysis to identify trends in relation to recruitment and retention of staff. We reviewed this analysis and the action plans to improve retention.

Relevant pre-employment checks had been completed and documented as part of prospective candidates' application process. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS supports employers make safer recruitment decisions and prevent unsuitable staff from working with people who use care and support services. Where concerns had been identified the provider's human resources manager had investigated these and completed risk assessments where required. Suitable references confirmed the details staff had provided and proof of their satisfactory conduct in previous health and social care employment. Recruitment files showed that a thorough system was in place for pre-employment checks and the required records were available to confirm these had taken place.

Training records confirmed staff had received required medicines management training. Staff told us they felt confident managing medicines and that their training had prepared them to do this. The team manager told us staff medicines management training was up to date and their competency had been assessed by supervisors. This was confirmed by the provider's training coordinator and staff records. People's medicines were administered safely by suitably trained staff.

To protect a person from the risks associated with respiratory difficulties and choking, one person was required to take their medicines in a particular order. Staff were able explain the order and the reasons for this. Some people were supported who had recently been discharged from hospital with their medicines in a hospital dosage system. Staff supporting these people had completed additional training in relation to the use of this dosage system, which records confirmed. People told us that staff supported them where necessary with their medicine, in accordance with their care plan.

Appropriate arrangements were in place in relation to obtaining, storing and disposing of people's medicines safely. We reviewed people's medicine administration records (MAR) and saw staff had signed to record what medicine had been administered. If a medicine was not administered, the reason for this and any action taken as a result were recorded. Since the service began in July 2014 there had been three medicine errors. These errors had been identified and reported by staff. The registered manager had taken prompt action to make sure people were safe and protected from the risks associated with the administration of medicines, such as ensuring staff had their competencies reassessed where required. We noted identified errors had not been repeated, which demonstrated the service had implemented necessary learning to keep people safe.

## Is the service effective?

### Our findings

People spoke positively about staff and told us they understood their needs and knew how they wished to be supported. One person told us, "The girls (staff) are magnificent. They know how to do everything so I don't have to tell them but they always talk to me before doing anything." Relatives and health and social care professionals made positive comments about the effectiveness of the service. A health and social care professional told us, "This provider always provide a very efficient, prompt and professional service. They are keen to ensure service delivery is the best it can be and always place the needs and wishes of service users as their priority." A relative told us, "The carers are very good because they know what to do and just get on with it, which I find reassuring." People and relatives said staff had the necessary skills and knowledge to provide the support required and delivered care in accordance with people's support plans, which we observed in practice.

Before staff were allowed to support people unsupervised the provider ensured they completed an induction course and spent time working with experienced staff. This was confirmed by the training coordinator, staff and records. This ensured staff had the appropriate knowledge and skills to support people effectively.

Staff told us their induction programme gave them the skills to support people, while the shadowing process built their confidence to carry out the role effectively. Records demonstrated that the training coordinator had introduced the new Care Certificate into the provider's training schedule. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. Records confirmed that staff completing the provider's induction course had also registered to become 'Dementia Friends'. A 'Dementia Friend' learns about what it is like to live with dementia and then turns that understanding into action. New staff told us they had regular support meetings with the management team during their induction programme. These ensured they had received the appropriate training and preparation to enable them to support people in their homes.

The provider ensured that staff had undertaken the required training for their role. This included moving and positioning, food safety, safeguarding, cleanliness and infection control, person centred care, dementia awareness, communication, medicines management and first aid. The React team and other staff where required had specific training to deliver more complex care, such as urinary catheter management. Their competency to deliver such support was assessed by the provider's training coordinator or relevant healthcare professionals. Where people displayed behaviours that may challenge others, training had been arranged to ensure staff had the skills required to manage these safely. Staff had undertaken effective training to support them to deliver safe care to meet people's needs.

The provider's computer records demonstrated that required training was up to date and future training had been scheduled. Training delivery was subject to the provider's auditing programme and was reviewed regularly by the registered manager, team manager and training coordinator. This ensured that staff were supported to acquire the necessary skills to meet people's assessed needs effectively and also to maintain them at the required standard.

During 2015 some staff had transferred from several alternative providers due to local authority commissioning. The registered manager and training coordinator told us how they had prioritised training such staff, to ensure they had completed the provider's required training. The training coordinator told us that they had prioritised the training programme to ensure all staff had updated their moving and positioning and safeguarding training. Staff told us the registered manager and team manager were responsive to requests from staff when additional training needs were identified to increase their knowledge, for example; staff had undertaken training in relation to dementia awareness, epilepsy, diabetes, alcohol and drug use, and mental health diagnoses.

Staff were supported by the management team to deliver effective care based on best practice, through an effective system of supervision. Staff told us they had received regular unannounced spot checks by supervisors who observed and assessed the quality of their care practice. Records confirmed that staff benefitted from quarterly supervisions, spot checks and annual appraisals. Supervisions afforded staff the opportunity to communicate any problems and suggest ways in which the service could improve. One supervision we reviewed recorded a staff member's wish to complete training to support a person who had recently been diagnosed to be living with dementia. The staff member told us the provider had arranged for staff supporting this person to complete dementia awareness training, which records confirmed. Staff told us that the registered manager encouraged staff to speak with them and they were willing to listen to their views. Staff received effective supervision, appraisal, training and support to carry out their roles and responsibilities.

The Mental Capacity Act (MCA) 2005 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. We checked whether the service was working within the principles of the MCA 2005.

The training coordinator told us that staff had completed training in the Mental Capacity Act (MCA) 2005. This was confirmed by staff and records. People had a communication support plan, which recorded how information should be communicated to them and how to involve them in decisions. Where people required support this identified people to consult about decisions made in their best interests. Where required, best interest decisions had been made in accordance with current legislation and guidance. For example, one person with a mental health diagnosis had been assessed, to confirm which decisions they were able to make themselves and those for which they required support. Staff demonstrated an understanding of the principles of the MCA 2005 and described how they supported people to make decisions. People were supported by staff who understood the need to seek people's consent and applied the guidance and legislation of the MCA 2005 in relation to people's daily care.

People's specific dietary requirements, preferences and any food allergies were detailed within their support plans. Staff had completed training in relation to food hygiene and safety and knew people's food and drink preferences. Where people had specific dietary requirements staff were able to describe the support they provided. One person required support to safely manage their diabetes. Staff were able to explain how they supported the person with their meal preparation and blood glucose monitoring, in accordance with their support plan.

People were referred appropriately to relevant health specialists if staff had concerns about their wellbeing. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks, protecting them from harm and promoting their dignity. People were supported to have sufficient to eat and drink to maintain a healthy balanced diet.

Staff recognised changes in people's needs in a timely way and promptly sought advice from health professionals. During home visits one person told us staff had called their GP immediately when they became ill, which we saw recorded in their daily notes. The person told us, "I was feeling really low but didn't realise I had a chest infection. It's a good job (staff member) did and that they called my doctor".

People's records demonstrated the service had worked with a range of healthcare professionals in the provision of people's care including GP's, nurses, physiotherapists and occupational therapists. People were effectively supported by staff to ensure their health care needs were met.

## Is the service caring?

### Our findings

People told us staff were kind and considerate. Relatives said staff were cheerful and friendly and had developed positive, caring relationships with people they supported. One person told us, "They don't treat me like a piece of meat or just another job. They treat me like a human being, and always take time to talk to me and find out how I am." Another person told us, "Since I changed companies my care is much better. The carers always ask me what I want and help me to have a shower or wash my hair. Nothing is too much trouble." People were treated with kindness and compassion in their day to day care.

Staff had developed trusting relationships with people and spoke fondly about them. Staff were able to tell us about people's personal histories detailed in their "All about me" profiles. Staff understood people's care plans and the events that had informed them. People's preferences about terms of address, bathing arrangements, times they liked to get up and go to bed were noted and followed. Staff gave us examples about how they sought people's views in relation to their personal care. They also told us how people were encouraged to maintain their independence and how they involved and supported relatives.

People told us staff were caring and compassionate and treated them with respect. Staff had invested time to build positive relationships with people who enjoyed their company. During home visits we observed relationships between people and care staff, which were warm and caring. Conversations naturally flowed between people and staff about topics of general interest and other subjects, which demonstrated that staff knew people well and took a keen interest in their lives and wellbeing. We observed staff patiently ask a person to repeat what they were saying until they were sure they understood them. One person told us, "You know when carers actually care because they take time to listen and chat. And just having a nice chat can give you such a boost. To be honest I could get by without the help but not the company." Staff took time to listen to people and make sure they understood their wishes.

Staff had time to spend with people and always spoke with them in an inclusive manner, enquiring about their welfare and feelings. We observed staff supporting one person during a period of rehabilitation having recently been discharged from hospital. Staff were knowledgeable about things the person found difficult and how changes in their level of independence and daily routines had affected them. The person told us, "They (staff) are so patient and tolerant with me. I am so up and down at the moment. I don't know what I would do without them." During one home visit we observed staff comfort one person who became emotionally distressed by providing positive support and reassurance in accordance with their care plan. People told us staff always asked if they needed anything else before they left. One person told us, "They will always do little things for you even if it's not their job, like getting me a paper or a bottle of milk. The little things mean a lot." The service had developed caring relationships with people and their families.

People were involved in making their decisions and planning their own care and support. If they were unable to do this, their care needs were discussed with their relatives or representatives. People told us they were able to make choices about their day to day lives and care staff respected those choices. The registered manager told us staff planned care with people and focused on the person's description of how they wanted their care provided. People's care plans noted their preferred method of communication and



detailed what information they should give the person to support them. People's care plans reflected how they wanted their care provided.

The provider's equalities and diversity policy and training reminded staff to respect and value people's differences. During our visits we observed people being treated with dignity and respect. People told us staff promoted their dignity by treating them as individuals. Staff described how they supported people to maintain their privacy, for example by always knocking before entering and delivering personal care in their bedrooms or with curtains closed. One person told us, "I wouldn't like to have to do what they do for me and to be honest it was embarrassing at first, but now they just get on with it whilst we have a laugh and a joke. I don't even think about it now which is down to the way they treat me." Staff promoted people's dignity by treating them as individuals and respecting their diversity.

People's diverse needs in relation to their age, gender, and disability were understood and met by staff in a caring way. People's support plans identified people's religious and cultural needs and wishes. Staff demonstrated knowledge about a person's faith and supported them to attend church when they wished. We spoke with one person who had requested staff of a specific gender, which had been arranged by the team manager. The provider had ensured that where people had specific preferences in relation to the age or gender of staff sent to support them, these were accommodated.

Staff had easy access to the service policies and procedures which provided guidance to ensure people's information was protected and treated confidentially. Staff were aware of the importance of maintaining confidentiality and gave examples of how they did this. The team manager reinforced this during staff meetings and supervisions, which staff records and meeting minutes confirmed. The provider respected people's personal information, which they treated confidentially.

## Is the service responsive?

### Our findings

People received care which was focused on their needs rather than the requirements of the service. One person told us, "The carers are wonderful, nothing is too much trouble and they look after me so well, especially if I am poorly."

People told us service had actively involved them in decision-making about their care. One person told us, "The time the carer took time finding out all about me and what help I needed made me feel that my care was really important to them." Another person told us the staff who had visited to assess their needs, "Went into a lot of detail, not just about what I needed but what I really wanted."

People said the service had involved people they wanted to support them with important decisions, which records confirmed. One person told us, "I know I can speak for myself but I like my wife to be involved because she does so much for me." People contributed to the assessment and planning of their care as much as they were able to.

Relatives told us they were pleased with the way their family were involved in care planning and kept informed of any changes by the service. One relative whose loved one was living with dementia told us, "I'm glad the carers talk to me because sometimes they (family member) give them the wrong information or get confused." People and their relatives, when appropriate, had been involved in planning and reviewing their care on a regular basis.

People had their needs assessed prior to being supported by the service. The commissioning authority provided the service with an initial needs and risk assessment which informed the planning meeting with people. Senior staff with the required training then visited the person to complete the service' needs and risk assessments. If the person had more complex needs the React team manager was also involved in their assessments so support could be tailored to meet their individual needs. The team manager told us that designated office staff telephoned people during the first four weeks of their care commencing to make sure they were happy. People received a quality assurance visit from a field care supervisor after four weeks and 12 weeks to ensure the support being delivered met their needs. Records showed people's needs and risk assessments had been reviewed quarterly thereafter, and more frequently whenever their needs changed.

People experienced care and support that reflected their wishes and treated them as an individual. Staff got to know the person and the support they then provided was developed around their needs. Care plans were detailed and personalised to support the person's care and treatment. We observed one person supported in their own home who was mainly independent, but had a phobia about spiders. Daily notes confirmed that staff checked their house on each visit and if discovered removed any spiders. One person supported by the service had been diagnosed with epilepsy. The provider's needs assessor had completed a detailed support plan with the person to minimise the risks if they experienced a seizure. Staff were able to describe the different types of seizure the person may experience and what support they would provide if necessary, in accordance with their epilepsy support plan.

Staff responded to people's needs and wishes in a prompt manner. During a home visit we observed staff responded immediately to a person who wished to move, before they became distressed. Some older couples told us it was their ambition to remain together in their own home forever or as long as possible. One person told us, "I can't do everything for (their loved one) which is why I rely on them (staff) so much. They are marvellous because they allow us to do as much as we can but are always there whenever I'm struggling or need help." One person told us, "I like the way they let me do things for myself so I can remain independent." People gave their views about their level of independence and the provider had taken these into account in their care plans.

Staff promptly identified people's changing needs and where required arranged urgent referrals to relevant health professionals when, for example; people had developed an infection, required support in managing pressure areas or with urinary catheter care. Staff provided care that was consistent but flexible to meet people's changing needs.

One person we visited told us, "The carers are brilliant. Sometimes when I'm depressed I don't know that I am becoming ill. Like the other day I didn't realise I had a chest infection but they (staff) called the doctor straight away." A relative told us they were thankful for the decisive action taken by staff to call their family GP about their loved one's deteriorating health, when they had been unsure what to do. The attending GP told the relative that it was definitely the right decision to call them and not to think twice in future.

During a home visit we became aware that a person's wound dressing had fallen off. We observed staff contact the district nursing team to request their urgent attendance and then implement guidance provided to protect the area until the district nurse could attend. The person being supported told us, "I wouldn't swap them (staff) for anything. They're always sorting out stuff like this (wound dressing). They're the reason I'm doing so well, you wouldn't recognise me from a few weeks ago." Later that day we observed senior staff contact the district nursing team to confirm they had attended to apply another dressing and had sent written confirmation of the guidance provided to staff.

Where appropriate the provider supported people with their assistive technology. One person living with dementia was supported with their prescribed medicines, which were kept securely in an alarmed box to ensure they were only taken in the right dose at the right time. The team manager and staff had responded to people's needs and risk assessments with innovative solutions.

People were supported to access their local community, which was confirmed by staff and records. One person told us how they were supported to attend a social club, where they were able to talk and empathise with people who had experienced similar life changing events. They said, "It is really good for me to talk to people in a similar position and it is encouraging to see people recovering each week."

There was guidance for staff about how to support people to promote their independence and maximise the opportunity to do things of their choice. One member of staff told us about the immense satisfaction they felt supporting a person with their physiotherapy programme at a local gym, and the completion of their monitoring charts to show their progress. People were supported to follow their interests and take part in social activities of their choice, which enriched their lives and prevented them from becoming socially isolated.

The registered manager sought feedback in various ways such as quality assurance visits, telephone calls and questionnaires. The registered manager ensured this feedback was acted upon. One person occasionally displayed behaviour which may challenge staff they did not know. The person told us and records demonstrated that the person was now supported by staff they knew, which had led to a significant

reduction in incidents of behaviours which may challenge.

During home visits we observed that people had a copy of the provider's complaints procedure in a format which met their needs. People said they felt staff listened to their concerns, which were promptly addressed. People we visited told us they had no reason to complain but would know how to if necessary. They said they were confident any complaint would be dealt with appropriately by the registered manager. People and relatives knew how to make a complaint and raise any concerns about the service. They told us that staff responded well to any concerns or complaints raised.

Records showed that all complaints had been recorded, investigated and where required action had been taken under the supervision of the registered manager, in accordance with the provider's complaints policy. The registered manager had analysed the learning from incidents and where appropriate had addressed issues with relevant staff in supervisions, for example; staff supervisions in relation to a missed call and changing staff rosters to ensure people received good continuity of staff. People had benefited as learning and improvements were made as a result of complaints received.

Where people's needs required more time to support them effectively this was assessed by senior staff and where appropriate addressed to the commissioning authority. The provider ensured staff had time to provide people's care in the way they preferred. People who were supported by the React service told us what made them feel special was the amount of time staff were allowed to stay because they were not constrained by exact times. One person told us, "They (staff) never have to rush off and always take their time, which makes you feel that you are their main priority."

The provider ensured people's needs and preferences continued to be met when they moved between services. This was particularly evident in the care provided by the React team. One person told us they had been into hospital several times recently and as such had lost confidence in their ability to cope at home. They told us, "I really don't know what I would do without them. Each time they are there and help me to rebuild my confidence. They pick me up whenever I have a setback. I don't know where I would be without them."

Health and social care professionals made positive comments about the caring and professional support provided to people when their care was transferred to other providers. The React manager told us how they ensured their staff were present to introduce staff from alternative providers and a comprehensive hand over was completed, which records confirmed. One person told us, "Because of the progress I have made I know another company will be taking over my care soon but I don't want to move." People received consistent, coordinated care and support when they moved between different services.

## Is the service well-led?

### Our findings

People and staff told us the service was well led by the registered manager, team manager, and React manager who were approachable, willing to listen and readily available. People and relatives told us they would feel confident reporting any concerns or poor practice to the management team. Health and social care professionals told us the service continuously strove to improve the quality of care and support they provided to people.

The service aimed to treat people with dignity and respect, recognising that no two people are the same and providing high quality care tailored to meet the individual's needs. Staff were able to explain the provider's vision and values. One member of staff told us, "I love working here. There is a great team spirit and the guys (people being supported) are amazing. I look forward to seeing them and always do my best to make them happy and feel special." One member of staff told us, "I haven't worked here long but the highlight for me so far was being told by (person using the service) you're very good at getting me dressed. Knowing you are making a difference, no matter how small, is the best thing about providing care." During home visits we observed staff engage with people using fond terms and displaying detailed knowledge of their circumstances, demonstrating the values of the provider in their care practice.

The registered manager and senior staff demonstrated good management. Staff told us the team manager was always willing to speak with them and actively encouraged them to discuss problems. One member of staff told us how the team manager had been supportive during a period of domestic instability, while another praised them for their sensitive management of a health issue. The provider enabled staff to be supported with the provision of an independent counselling service available when staff had experienced emotional or psychological trauma at work, for example when people had passed away.

People and relatives told us they trusted the team manager who was approachable and a good listener. One person told us, "She is lovely. She always listens to me and sorts things out." A relative told us, "Last summer it was a bit chaotic but the manager has done a good job to iron out the problems, especially letting us know if there is a change of carer."

The management team provided clear and direct leadership. The office team had a good understanding of their roles and responsibilities. Records demonstrated that staff had the opportunity to discuss concerns or ideas they had about the service or their own development, which then formed the basis of action plans. Staff told us there was an open culture within the service and the team manager encouraged learning from mistakes. We spoke with two staff members who were open and honest about mistakes they had made, which had led to a person missing their care call. The staff involved told us that when they had received feedback to improve their performance this was provided in constructive way, which motivated them to implement the guidance provided. When mistakes occurred there was honesty and transparency from all levels of staff and management.

Staff frequently visited the office during our inspection. We observed all staff had a good relationship with the registered manager, team manager, React manager and other office staff. Visiting staff members told us

there was just one team, whether you worked in the office or provided care in people's home. One staff told us they appreciated that office staff came out to support them "In the field", if there were unforeseen circumstances, such as staff absence due to illness.

Staff told us the team manager was highly visible and regularly went to see people if they were upset or had raised concerns, which people confirmed. Where staff had provided a good service to people, which had been the subject of praise, the management team ensured this was passed on to relevant staff. Recognition for good work was also circulated to staff in the provider's monthly newsletter, which also celebrated people's and staff achievements. The team leader also thanked staff for their hard work at team meetings, with letters being sent out to those who could not attend. The provider enabled staff to attend all training and staff meetings by scheduling the events into the staff rosters. A member of staff said, "It's like a big family here. We are a good team pulling in the same direction and everyone's contribution is appreciated."

People, their relatives where appropriate and staff were asked for their views about the delivery of care and treatment and they were acted on. Designated staff conducted quarterly reviews to find out how people's quality of service and care could be improved. All of the care reviews contained positive comments about the quality of care provided.

In August 2015 the provider sent quality assurance questionnaires to people using the service, staff and community health and social care professionals. We reviewed the returned questionnaires which were mainly positive. One area for improvement identified in the provider's survey was consistency of staffing and communication between people and the service. The registered manager and team manager held a meeting with office staff to discuss how communication could be improved and completed an action plan to achieve the required improvement. This included moving all of the coordinators so they were closer together and weekly meetings to ensure all necessary information had been shared with the appropriate staff. The team manager also ensured coordination of visits was improved by supporting staff to effectively operate the electronic call monitoring system which generated alerts if staff were over 30 minutes late. The service had also implemented a system which ensured staff confirmed they had received their rotas and acknowledged any changes to their rotas due to unforeseen circumstances. The team manager and coordinators had completed a geographical mapping exercise of people they supported to create the most efficient care rounds. People, relatives and staff told us there had been a marked improvement in relation to communication and consistency of visits. The registered manager had gathered information about the safety and quality of the service and had taken action when appropriate to make improvements.

The provider had appointed a compliance and quality manager in January 2016 responsible for maintaining and improving the quality of the service. They told us they would conduct a monthly audit of the service and an additional audit every two months focused on the five questions asked by the CQC during inspections, namely is the service safe; effective; caring; responsive and well-led. They had already conducted an audit of the service to ensure people were safe and were in the process of finalising an action plan, which we reviewed. They had identified areas to improve people's safety through education and innovative strategies, such as ensuring that fridges in people's homes were keeping their medicines within the correct temperature range to remain effective. This meant that the provider operated systems which ensured they could effectively identify, assess and monitor risks relating to the health, welfare and safety of people who use the service.

Planned visit times were checked against an electronic monitoring system and daily records, which staff signed to confirm the times and day they supported people in their homes and community. This enabled the provider and people to be assured they received consistent care in accordance with their care plans.

The human resources manager was continually working to improve the service recruitment and retention of staff. They demonstrated the broad range of recruitment activity undertaken by the provider, together with analysis of how effective this had been. The human resources manager sought feedback from staff who were leaving. They were offered the opportunity to have an exit interview and requested to complete a questionnaire. This detailed their reasons for leaving and feedback to improve the service, both for people and staff. Staff were supported by a comprehensive range of policies, operating procedures and best practice guidance. This ensured that staff had a range of information available to support them with their work.

The team manager and React manager told us they conducted a staffing needs analysis with the registered manager for each new care package to identify whether further staffing and training was required. They told us that unless they had sufficient staff with the required skills to meet people's needs safely they would not undertake to provide their care. The management team were aware of potential risks which may compromise the quality of the service and took action where required to reduce them.

The team manager carried out a programme of daily, weekly and monthly audits to monitor the quality of the service and plan improvements. The registered manager monitored people's support and took action to ensure they were safe and well. The team manager and designated senior staff ensured people's welfare, safety and quality of life were looked at through regular checks of how their support was provided, recorded and updated. The registered manager had completed an annual service improvement plan on 16 January 2016, which was awaiting approval by the provider.

The provider ensured the service delivered high quality care by completing regular site visits and reviewing the registered manager's weekly monitoring report, which detailed all significant events. The registered manager visited the service regularly and completed a bi-monthly audit. We reviewed an audit completed on 25 October 2015 together with the associated action plan. The registered manager completed a further visit on 30 November 2015 to check on the progress made in relation to the actions, which we noted had been completed by the target date.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Detailed health and safety risk assessments had identified potential hazards to the safety of people and those supporting them. The registered manager and senior managers had implemented measures to protect people and ensure their welfare.

People's and staff records were stored securely, protecting their confidential information from unauthorised persons, whilst remaining accessible to authorised staff. Processes were in place to protect staff and people's confidential information.

Health and social care professionals told us the service worked well in partnership with other agencies, such as the local authority community response team, hospital discharge teams and other care agencies to whom people from the React service were eventually transferred. This was confirmed by people, their relatives and questionnaires completed by health and social care professionals.