

Careaid 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?	Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 5 and 7 December 2017 and was announced. At the last comprehensive inspection on 24 November 2016 we were unable to rate the service. At the time of the inspection, one person had been receiving personal care since July 2016. This meant that although we were able to carry out an inspection we did not have enough information about the experiences of a sufficient number of people using the service over a period of time to give a rating to each of the five questions and an overall rating for the service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection they were supporting 11 people in the London Boroughs of Hackney and Tower Hamlets. Not everyone using Careaid Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post at the time of our inspection. 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.

Risks to people were identified during an initial assessment. Guidance was in place with information from health care professionals to enable staff to support people safely. Care records were updated when people's needs changed.

People who required support with their medicines received them safely, with monthly checks to ensure correct procedures were followed. Staff had completed training in medicines, which was refreshed annually.

People told us that they felt safe using the service and staff were confident that any concerns would be investigated and dealt with. All staff had received training in safeguarding adults from abuse and had a good understanding of how to identify and report any concerns.

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

Care workers received an induction and training programme to support them in meeting people's needs. They shadowed more experienced staff before they started to deliver personal care and were introduced to people before starting work with them. Staff felt supported and were happy with the supervision they received and the content of the training available.

People's nutritional needs were recorded in their care plans and staff were aware of the level of support required, with further guidance available for people who needed extra support. Care workers told us they notified the office if they had any concerns about people's health and we saw evidence of this in people's care records.

People were supported to maintain their health and well-being through access to health and social care professionals, such as GPs, occupational therapists and district nurses. The provider worked closely with them to ensure effective communication and any changes in health were reported and updated accordingly.

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

Care was personalised to meet people's individual needs and was reviewed if there were any significant changes. We saw evidence that people's views were sought on their care and people were encouraged to think about what they would like to achieve.

The provider listened to people and was flexible when trying to meet their needs. People were provided with information on how to make a complaint and felt comfortable raising concerns if they needed to.

The service promoted an open and honest culture and staff spoke highly of the working environment and the support they received from the registered manager. Staff were confident they could raise issues or concerns at any time, knowing they would be listened to and acted upon immediately.

There were quality assurance systems in place to monitor the quality of the service provided and understand the experiences of people who used the service, with people being regularly contacted by the registered manager.

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.

There was an appropriate medicines policy in place and staff had completed training in administering medicines which ensured people received their medicines safely.

Risk assessments were in place to identify the areas of risk and to reduce the likelihood of people coming to harm. Detailed guidance was available for care workers which had been sought from health and social care professionals.

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

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

Is the service effective?

Good 

The service was effective.

Staff were aware of people's health and well-being and responded appropriately if their needs changed. People were supported to access health and social care professionals and the provider worked closely with GPs, occupational therapists, district nurses and speech and language therapists.

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

People were supported to have a balanced diet if this was required and care workers offered them choices at mealtimes. Care workers were aware of people's specific preferences and guidance was available for people who required further support.

Care workers had access to practical and online training, including specialist training provided by health care

professionals. Care workers spoke positively about the supervision they received and felt supported in their role.

Is the service caring?

The service was caring.

People spoke positively about the care and support they received and felt they were always treated with kindness and respect.

Care workers encouraged people to be independent, listened to their needs, respected their dignity and maintained their privacy.

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

Good ●

Is the service responsive?

The service was responsive.

Care records were person centred and discussed with people to understand their individual needs. The provider was flexible in how they provided support to people.

People using the service and their relatives knew how to make a complaint and said they would feel comfortable raising any concerns with the office.

People who were at the end stage of their life received care and support from staff who were knowledgeable and sensitive to their needs.

Good ●

Is the service well-led?

The service was well-led.

There was visible leadership from the registered manager who understood their responsibilities and worked closely with people and staff, which gave them confidence in the service.

People using the service and their relatives told us that the service was well managed and praised the level of care and support they received. Staff spoke highly of the support they received to carry out their responsibilities.

Good ●

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

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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 5 and 7 December 2017 and was announced. The provider was given 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection.

The inspection was carried out by one inspector. Inspection site visit activity started on 5 December and ended on 21 December 2017. We visited the office location on 5 and 7 December 2017 to see the registered manager, office staff and to review care records and policies and procedures. After the site visit was complete we then made calls to people who used the service, their relatives, care workers and health and social care professionals, who were not present at the site visit.

Before the inspection we reviewed the information the CQC held about the service. This included notifications of significant incidents reported to the CQC and the previous inspection report. In addition to this we reviewed the 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 spoke with four people using the service, three relatives and 11 staff members. This included the registered manager, a senior administrator, an administrator and eight care workers. We looked at four people's care plans, four staff recruitment files, staff training files, staff supervision records and audits and records related to the management of the service.

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

Is the service safe?

Our findings

All the people we spoke with told us they felt safe when they were receiving their care. One person said, "I feel safe in my home." Another person told us how the care workers made them feel safe during their visit. They added, "They don't rush us around and from day one it has been great." Relatives we spoke with confirmed that they had no concerns. Comments included, "When I go out, I say goodbye and leave the house happy that he/she is going to be looked after and I don't need to worry" and "I can go out and am reassured that my [family member] is not in any danger."

There were appropriate medicines policies and procedures in place to ensure people received their medicines safely. At the last inspection we saw records in a person's daily logs that care workers were responsible for applying two different types of cream but the information was not recorded in their care plan. At this inspection we saw that the provider had added this information to people's records, including information for care workers about where and how often it needed to be applied. Medicines risk assessments were in place even if people were not supported with their medicines. It included the level of support people received and who was responsible. For example, one person's records recorded that a family member was responsible for collecting their prescriptions and a district nurse was responsible for administering them. The provider's policy was people could only be supported with their medicines if they were in a blister pack, and this information was recorded in their care plans along with other information and guidance. For example, one person's records highlighted that they needed to avoid specific foods when taking their medicines. We saw correspondence that showed the provider was unable to support a person with their medicines because it was not in line with their policy and had worked with healthcare professionals and relatives to ensure the person received the support they needed.

All staff had received training in medicines and care workers we spoke with had a good understanding of their responsibilities and the difference between prompting and assisting. One care worker said, "I always check the medicine name and the date, make sure it is for the right person and make sure that they have taken it before I record it." We reviewed a sample of medicine administration record (MAR) charts for two people over a period of three months as they were returned to the office on a monthly basis to be checked for any gaps or issues with recording. All MAR charts had been filled out correctly and there were no gaps on the records we reviewed.

There were procedures in place to identify and manage risks associated with people's care. Before people started using the service a full needs assessment was carried out by the registered manager with detailed information about medical conditions and the impact they had on people's lives. This identified any potential risks associated with providing their care and support. Some of the risk factors that were assessed related to people's mobility, medicines, support required with moving and handling, nutrition and hydration and personal care. They also assessed levels of risk in relation to the person's internal and external home environment, including details of emergency key holders and information on ensuring homes were kept secure.

Risk assessments contained detailed information about any health conditions the person had and the level

of support that was required. They included practical guidance for care workers about how to manage risks to people, along with information about health care professionals involved in people's care and what support they provided. It also included a manual handling risk assessment with guidance for care workers on their own safety. For example, two people had reduced mobility and required support from two care workers during transfers. There was detailed information on how to reposition them and provide their personal care, with guidelines in place from an occupational therapist for all moving and handling procedures. We saw further correspondence from a healthcare professional that specialist training had been completed by care workers. We saw positive comments from an occupational therapist on how experienced the care workers were with these procedures which ensured care was delivered in a safe way. One person was also at risk of developing pressure sores. There was information about monitoring their skin at each visit and what signs to look out for. Repositioning charts were in place which confirmed this was being carried out at each visit. Care workers we spoke with knew about individual risks to people's health and well-being and how these were to be managed. Risk assessments were updated within the first six weeks of service and we saw records that showed assessments were updated when there was a change in people's needs.

We did see one care record which highlighted that the person was a smoker. It stated that care workers needed to take extra precaution but there was no further information about the support required. We found out the person needed specific support with this but it had not been recorded in their care plan. We spoke to the registered manager about this who updated the care records during the inspection. We shared some information with them from the London Fire Brigade and saw that a team meeting had been carried out after the first day of the inspection to review the fire safety assessment and was put in place for all future assessments.

Staff we spoke with had a good understanding of safeguarding and were able to explain what kinds of abuse people could be at risk of, potential signs of abuse and what they would do if they thought somebody was at risk. They received safeguarding training when they first started and it was refreshed on an annual basis. Care workers were confident that any concerns they raised would be dealt with by the registered manager, and that they regularly discussed safeguarding issues. One care worker said, "If there are any concerns, he picks it up straight away and takes action immediately. He is always highlighting the importance of writing down everything that we do to safeguard our clients and ourselves." Another care worker confirmed this and added, "He always reminds us at every opportunity, meetings, supervision and over the phone, please record everything."

There were procedures in place for the reporting of any accidents and incidents. We saw that when these incidents occurred, they were recorded in a log with a description of what had happened and what action had been taken. Depending on the nature of the incident, body maps were also completed and reported to the local authority or continuing health care team in line with their policies and procedures. We saw other health and social care professionals involved in people's care had also been notified, with correspondence to show when incidents had been reported they were followed through.

There were sufficient care workers employed to meet people's needs. At the time of our inspection the provider had 22 active care workers with a further 10 on standby that were able to cover shifts. The administrator used to be a care worker and was also able to cover shifts in the event of an emergency. People who used the service and their relatives told us that they had regular care workers and there were no concerns about timekeeping. One person said, "They are always on time, never late. If there is traffic they call and let me know." One relative told us that they were very happy with how both of their care workers would always arrive at the same time. A health and social care professional also confirmed this and spoke positively that it ensured that people always received safe care. The senior administrator showed us that travel time was factored into care workers schedules and their scheduling system would not allocate calls if

visit times clashed. One care worker said, "They always make sure there is plenty of time and they are close together. They select it so they aren't far from each other." Another care worker said, "My clients are all in the same area and I can walk between my calls."

The office team were responsible for covering the out of hours' service and were available 24 hours a day, seven days a week. Care workers told us that the registered manager was always available and would always respond, no matter what time it was. Electronic call monitoring (ECM) was not being used at the time of the inspection but the provider was waiting to go live with authorisation from another local authority. People told us that the registered manager regularly called to check that care workers had attended their calls. One person said, "He calls me at least two to three times a week, sometimes more. He's always checking the carers have been and everything is OK."

The four staff files that we looked through were consistent and showed that the provider had safe recruitment procedures in place. All Disclosure and Barring Service (DBS) checks for staff had been completed in the last three years. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. There was evidence of photographic proof of identity and proof of address, references and documents confirming the right to work in the UK. We saw the provider had signed to confirm that original documents had been seen and character references were verified before applicants could start work. Interview notes and assessments were also in place which showed that the provider had assessed the suitability of staff they employed.

Is the service effective?

Our findings

All the people we spoke with told us that they were happy with the service and that their care workers understood their needs and health conditions and had the right skills to support them. One person said, "They are very professional, know how to support us and always go the extra mile for us." Relatives also spoke positively about the support their family members received. One relative said, "I'm very satisfied with the care workers that we get and happy with the care we receive." Another relative said, "My [family member] has dementia and they are very experienced in being able to manage certain behaviours. They have also helped me by giving tips on how I can support them. It is very respectful and they manage it well." Health and social care professionals spoke positively about the experience of the care workers they had worked closely with and how they were able to meet people's needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager had a good knowledge of their responsibilities under the legislation and we saw that staff had access to MCA training. One care worker said, "The training we had made it easier for us to understand. If people are unable to make decisions, we need to contact the relevant authorities and speak with family members. If we have concerns, we report this so all decisions can be discussed." Where people had capacity to make their own decisions, care plans had been signed by the person to show their agreement with the information recorded. Where there were concerns about people's capacity, the provider had liaised with relatives and health and social care professionals to have best interests meetings, with correspondence to show who had the legal authority to make decisions on their behalf. We did see one care record where a relative had signed to give consent to care despite their being no capacity issues. We discussed this with the registered manager who explained that the person was receiving end of life care and they had given a verbal agreement for their relative to consent on their behalf, but the decision had not been recorded. By the second day of the inspection, the registered manager had held a team meeting about this and had updated their consent forms to include a record if a person gave a verbal agreement to consent to their care or for another person on their behalf.

The service assessed people's needs and choices so that care and support was delivered in line with standards to achieve effective outcomes. The registered manager was proactive in seeking specialist support for people when their needs changed or health conditions deteriorated. We saw that specialist training had been arranged with health care professionals to make sure that any complex needs could be met. Correspondence showed that the training was arranged before the care package started and shadowing visits were also completed so health care professionals could give practical advice and guidance. One care worker said, "We have regular training at the hospital or in people's homes with professionals as they need specialist support. They make sure that we know the best way to support people." We saw the registered manager had regular correspondence with health and social care professionals to make sure

people were supported in the most effective way. Pictorial guides were also kept in people's homes so care workers had access to guidance and best practice.

Staff had to complete an induction training programme when they first started employment with the service. The induction checklist covered three sections related to health and safety, staff policy and procedures and client policy and procedures. For example, the health and safety topic covered safeguarding and accident and incidents and the client policies and procedures included record keeping, care plans, medicines and financial transactions. The registered manager told us that it would usually take three to four days to complete and records showed that shadowing opportunities were also carried out and recorded if applicants had been assessed as being competent. One care worker said, "The induction was very organised and even though I had years of previous experience, I had three days of shadowing before I started which was very helpful." The senior administrator also told us that they had been able to shadow the registered manager when they first started.

Mandatory training covered 21 topics and was a mixture of practical classroom based training and online. Topics included role of the care worker, safeguarding, fire safety, dementia awareness, medicines, moving and handling, fire safety and infection control. One care worker said, "It was fantastic. Even though I had no previous experience, the training was really good and everything was explained to us." Care workers spoke positively about the training they received and the support they received to access it. Comments included, "They make it easy for us to understand. If we don't then we can ask the manager as he always makes sure we understand what we have to" and "It is good we have both practical and online training but with face to face, we have the opportunity to ask lots of questions." Training was refreshed on an annual basis and care workers who had worked for the provider for over a year confirmed this. We also saw that the registered manager supported new staff who did not have any qualifications in health and social care and registered them onto the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. We saw that three care workers had completed it and two had just started. The registered manager showed us how they were able to track their performance and review their current learning status.

We saw care workers had scheduled supervision meetings every two months. Supervision records showed that care workers were given the opportunity to discuss a number of areas about their job, which included concerns with people using the service, any recent issues, complaints, personal circumstances and training needs. We did see that one file we reviewed had limited information about what had been discussed at the last four supervision meetings however we spoke with the care worker who confirmed they were very happy with the support they received and their input during supervision. Another care worker said, "If there are any problems at all we can bring them up. They are really good and always listen to us."

Some people required care workers to support them to have a balanced diet, including meal preparation and support during mealtimes. This information was recorded in people's care plans along with the level of staff support needed any specific dietary or cultural needs. We saw information for one person who required a soft diet. Their preferred foods and drink were highlighted and it also included advice and guidance from a health care professional. Another person was at risk of choking during mealtimes and there were detailed guidelines in place from a speech and language therapist (SALT) on how to support them safely, with risk management plans in place. It also included advice about positioning in bed when they were supported with a snack or drink. One relative told us that they were happy with the support their family member received at mealtimes. They added, "They always let him/her choose what they want and have a choice".

We saw records and correspondence that showed people were supported to maintain their health and receive healthcare support if their needs changed. For one person a care worker highlighted that they did

not have enough time to carry out specific tasks due to a change in their needs. The registered manager made contact with the local authority to inform them of the concerns and request a review to increase the amount of support. After this had been authorised the person spoke positively about how the extra support was working well. For another person, we saw concerns had been raised with the Continuing Healthcare Team, which included a picture of the concern, the appropriate records being completed and relatives being notified. Continuing healthcare is care outside of hospital that is arranged and funded by the NHS. We also saw that any concerns with equipment were highlighted and raised with the relevant agencies. Each person's care plan had a reminder within the visit summary for staff to report any concerns to the office or the healthcare professional involved with the person's care. One relative told us that care workers had raised concerns when they noticed any deterioration in health and had helped their family member get to hospital. They added, "They advised us of their concerns and I think we are very lucky to have them."

The registered manager was able to show us a number of detailed records of correspondence to a range of health and social care professionals to highlight how they were able to work together to ensure effective care and support. For example, we saw that the registered manager made sure the appropriate referrals had been made when people were discharged from hospital to make sure everything was in place for when care workers were due to start. A health and social care professional had also told us that there had been times when a person had been discharged without their medicines in a blister pack. Even though this was the responsibility of the hospital discharge team, the registered manager had stepped in and made contact with the GP or pharmacy to make sure people's medicines were ready and care workers were able to provide the appropriate support.

Is the service caring?

Our findings

All the people we spoke with were positive about the support they received and that the staff were kind, compassionate and caring towards them. Comments included, "My care workers are lovely and very honest. It's brilliant, that's all I can say" and "The main thing is I have the same person and they know my routine. It's great and I'm treated really well." One person told us how poor care from a previous care agency had resulted in negative experiences but since they had changed it had made a big difference and had a positive impact on their life. They added, "My care worker is a breath of fresh air, always smiling and talking to me. You could tell that they wanted to be here to help me." Relatives were also positive about the caring nature of the staff. One relative said, "My [family member] is very happy, they are always laughing and having a joke, are attentive and cheer him/her up. They have a good relationship and it's all going very well." We saw correspondence from a health and social care professional who had passed on positive feedback to the provider about how kind and gentle the care workers had been during a visit.

Care workers we spoke with knew the people they were working with and told us that they supported people on a regular basis so were able to develop a positive relationship and understand how they wanted to be supported. The senior administrator showed us how staff had been allocated to people and made sure there was an introduction before starting work with them. They added, "Because of our size, at some point all of the care workers have met all our clients and worked with them in the past. We make sure that nobody feels like a stranger." Care workers we spoke with confirmed this and even highlighted the same if they carried out emergency cover shifts. One care worker added, "It's a small company and we already know them as we are always introduced when we start." Another care worker told us that the registered manager always gave feedback after an initial assessment to discuss the person's needs. They added, "He always checks to see if we will be able to manage and the client is never left with any surprises as we are aware of what care needs to be done. It's one of the best things about the company." Health and social care professionals also confirmed that if the registered manager did not feel they would be able to meet a person's needs, they would not take on the care package.

We also saw records in one person's daily logs where the care worker had recorded that the person was upset so they made sure that they had a chat with them and tried to cheer them up. The care worker highlighted what the reason for the person being upset was and knew how to support this person when they felt like this. We saw that other care workers who were supporting this person had been made aware of this from reading the comments and continued to provide appropriate support and encouragement to make the person feel better. We saw recent correspondence with the person that showed they were very happy with the care workers that supported them.

We saw records that showed people using the service and their relatives were involved in making decisions about their care and support. The registered manager told us that they always made sure, where appropriate, a relative or health and social care professional was present with the person to ensure they had the support they required during an initial assessment or review. We saw examples of relatives being fully involved and correspondence with health and social care professionals to confirm when assessments were due to take place, or if they needed to be reviewed. Two people told us that the registered manager had

also worked very closely with them and helped to support them when they were due to be reviewed by their funding authority. One person said, "They have really helped us and spoke on our behalf with our social worker to make sure they understand our needs." We also saw records that showed relatives and health and social care professionals were updated when people's health changed. Care records had information for care workers about what to do if people were unwell or if they observed any changes in their condition, with contact numbers for those that should be called.

People told us that staff respected their privacy and dignity and always encouraged them to be as independent as they could. We received positive comments about how respectful care workers were when they worked with people in their own homes. Two people told us how the way they were treated by their care workers and the registered manager had made a positive difference in their life. One person added, "They have always respected us and valued us as people. It is just what we need." One person's care plan highlighted that they wanted to be encouraged to mobilise and have their dignity respected at all times, especially during personal care. We spoke with the person who confirmed this and was very positive with how this part of their care was managed. We also saw comments recorded from a recent spot check which stated, 'They always ask me what I want so I have a choice and they always give me the option to do things for myself.'

Care workers had a good understanding of the need to ensure they respected people's privacy and dignity and were able to give examples of how this was managed. One relative confirmed they were happy with how this aspect of care was carried out. They added, "When they help him/her with a shower, it is managed well and they do a good job. They ensure their privacy and always ask me if it is OK to leave the room before they start, unless they need me for anything." We saw from their most recent satisfaction survey which was carried out in April 2017 that all of the seven respondents felt they were respected as a person. We also saw records that showed privacy and dignity and respecting people's wishes was covered during regular spot checks on the care workers.

Is the service responsive?

Our findings

All of the people using the service and their relatives told us they felt their care was personalised, flexible, they were listened to and that they were able to contribute towards their assessment. One person said, "They are very professional and they really care for us. We have quite unique needs and they are very understanding and have been very flexible. We are happy that we found them." Another person said, "The registered manager is able to either call, email or text me with a weekly update and they have been very flexible to change visit times due to my work patterns, which is really helpful." A relative told us that this had been the first time that they had been involved in using care services for their family member. They added, "They have been very supportive and calm, able to listen to us and very helpful with the transition process." Health and social care professionals told us that they were confident with the service people received, were always kept updated with any changes and people and their relatives had not highlighted any concerns.

All of the people that received care from the provider were either funded by a Clinical Commissioning Group (CCG) [health authority] or the local authority. The registered manager told us they would meet people at home or in hospital to discuss their needs when they were contacted about new referrals. Once a full needs assessment had been carried out, they would discuss with the person and their family what care and support they would be able to provide. They would also discuss this with care workers to make sure they were confident they would be able to meet people's needs before providing care. If the package was agreed they would discuss how they would like the support carried out and start to set up their care folder. This included hospital admission and discharge records and a completed risk assessment and care plan. A contract and service user guide was given to people to keep in their home which set out an overview of what people could expect and highlighted a range of policies and procedures.

Care records contained contact details for the person, their next of kin, their GP and other health and social care professionals who were involved in their welfare. They identified health conditions and gave an overview of the person for the care worker, including communication methods, likes and dislikes, and people's personal histories. It recorded whether they had somebody special in their life, work history and interests, but highlighted that people did not need to answer if they did not want to. It also included assessments from the local authority, correspondence with health and social care professionals and quality assurance monitoring forms. The senior administrator said, "When we get a new client, we find out everything about them so we have person centred information. The person is at the centre of everything and always involved. We note down what they want but also liaise with the family as well." We saw records to show that the service was reviewed after the first six weeks to check that people were happy with the care and support they received. They were then reviewed every three months or sooner if people's needs changed.

Detailed care plans were in place that included a visit summary and recorded the time of visits people received and highlighted what care and support was to be carried out. It identified the areas of support needed which included people's personal care, social life interests, medicines, nutrition and hydration, social inclusion and people's level of communication. Care plans were person centred and covered seven outcomes, which highlighted people's preferences about how they wanted to be cared for. Outcomes

discussed included improved quality of life, increased choice and control and improved health and well-being. Additional comments also asked what was important to people to make a difference to their life. For example, we viewed the care plan for one person who liked to be supported in the community to watch their favourite football team. We saw this had been recorded as an important part of their life in maintaining their independence and records of daily logs confirmed they were regularly supported with this. Care workers we spoke with confirmed the information in people's care plans at home was detailed so they knew how people wanted to be supported. One care worker said, "It tells us what they are able to do, what support they would like and how they would like it done. There is also a reminder on the visit summary for what we need to do."

The provider was aware of their responsibilities in meeting the Accessible Information Standard (AIS). The AIS applies to people who have information or communication needs relating to a disability, impairment or sensory loss. It covers the needs of people who are blind, deaf, deafblind and/or who have a learning disability. It also includes people who have aphasia, autism or a mental health condition which affects their ability to communicate. This information was recorded in people's care records and when people started using the service they were given a service user guide. This was available in large print, Braille, audio or another language. For example, one person was registered blind but was able to read correspondence in a larger print. Staff knew that this person had external support to help them go through their correspondence and the registered manager told us they would check during the weekly visit if they needed any further support. For another person with limited communication, there were detailed guidelines in place to help care workers engage with them, which included a range of techniques and the use of body language. Documents could also be emailed to people if this was their preferred format.

There was evidence that the provider listened to people's preferences with regard to how they wanted staff to support them with their cultural or religious needs, with information that staff needed to be aware of recorded in their care plans. One person highlighted that their religion was very important to them and they had a close network with the local church. Another person was supported with food that met their cultural needs. We saw information in their daily logs and financial records that they had been supported to buy and eat their preferred foods. The provider also had an equal opportunities policy which highlighted special notice should be taken of all religious and cultural preferences so that an appropriate diet is maintained. The policy also reminded staff to learn as much as they could about people with different cultural backgrounds and customs associated with any spiritual needs. People also told us that the registered manager was extremely flexible and tried to accommodate people's personal circumstances. One person told us that they needed support much earlier in the morning than had initially been discussed and the registered manager had been able to arrange this into their schedule without any disruption.

People using the service and their relatives said they would feel very comfortable if they had to raise a concern and knew who to contact, even though the majority had never made a complaint. Comments included, "I've got no complaints at all. They contact me regularly to make sure everything is OK", "We are very happy. I know that if there is anything I can call him and he is easy to get hold of. The communication is good" and "He is always there and available. If I need to call late, I'm comfortable doing so as it does not feel like a burden."

There was an accessible complaints procedure in place which was given to people when they started using the service with information about how to make a complaint. There had been four complaints since the last inspection and we saw records that demonstrated that any concerns that had been raised had been followed up appropriately with the relevant health and social care professionals. The senior administrator said, "We listen to all concerns and will act on them straight away." We saw where one complaint had been made the registered manager responded immediately and made arrangements to meet with the person involved on the same day. A health and social care professional told us that they were always kept updated

about any concerns that were raised and no matter how minor they were, they were always taken seriously and followed up. We saw the service had also received a number of compliments in the past 12 months. One of the compliments the service had received from a relative said, 'It is such a joy to see him/her living their life.' The registered manager also shared another compliment with us from a relative after the inspection. It showed that staff had liaised with the hospital and had kept the relative well informed about their family member, for which they were very grateful.

At the time of the inspection the provider was supporting five people who were receiving end of life care. The registered manager was aware of how important this aspect of care was to make sure that people were supported to be comfortable and treated with dignity at this stage of their life. Other than the internal training that was available for staff, the provider had also made contact with other health care professionals, such as hospices and palliative care teams for specialist training. A health and social care professional spoke positively about how people receiving end of life care were treated and had always received positive feedback from families after people had passed away, highlighting how supportive the whole care team had been.

Care workers were knowledgeable and aware of their responsibilities when supporting people at this stage of their life. One care worker said, "For me, this is a priority and I always speak with them and their family to understand their needs. I do everything I can for them and try to make them as happy as I can." Another care worker said, "We make sure we respect people's wishes. We have to be very sensitive and make them happy. It is so important to know them, I must know who they are to be able to support them."

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed he had been formally registered with the Care Quality Commission (CQC) since September 2015. He was present on both days and assisted with the inspection, along with the office team.

All of the people using the service and their relatives spoke positively about the support they received from the registered manager and how the service was managed. Comments included, "He's doing a great job and there are no issues at all in all the time I've had them. It's a credit to his work and he is a very good manager", "It is really nice to know that they care about us. They are more than just a company and really want to support us so I couldn't recommend them highly enough", "I'm very confident in his abilities but the whole team are helpful and I've been very impressed. I'm glad we've got them" and "He always calls for a chat to check we are OK. We have a good relationship and there are no problems." A comment from the most recent annual survey stated, 'I'm very happy with the service, especially the manager. He's very good and caring about his job.'

We received a number of positive comments from health and social care professionals who confirmed that the provider worked closely with them and other agencies involved in people's care. One health and social care professional told us that they could always rely on the registered manager to keep them updated if there had been changes to people's well-being and would liaise closely with district nurses, social services, occupational therapists and the palliative care teams. They added that he was always on the ground, always knew what was going on and would always be present for any joint visits that took place. Another health and social care professional told us how the registered manager had also worked closely with other care agencies who were supporting a complex care package to ensure there was effective communication between all parties.

Staff told us they felt well supported in their role and the registered manager involved them in decisions about people's care, which had developed a positive culture throughout the service. A staff member said, "I have so much faith in them, they strive to be the best, give the best quality and go the extra mile. We are like a family." Care workers told us if they had any problems they could always get hold of somebody, with the registered manager being available all of the time, including out of hours. Comments included, "He always listens and makes me feel comfortable. It is very open, we discuss everything and he tells us everything we need to know", "He responds immediately, which is the best thing. He is always making sure people get what they need" and "He is competent, knows what he is doing and the communication is great. He always calls to check up on us to see if we are OK."

The registered manager was aware of their responsibilities and provided a clear vision for staff that put people at the centre of their work which helped them to achieve their outcomes. The registered manager told us that he was aware of the importance of regular contact with people and listened to their feedback, sharing it with care workers so they were always aware of how people wanted to be supported. They added, "We have very open communication with people and encourage them to open up with us as there is always room for improvement." One care worker said, "The communication is great. We get good feedback but he

also wants regular feedback from us about how the care is going." The registered manager also explained that they knew it was their responsibility to refuse care packages if they felt they would not be able to meet all of a person's needs, and we saw correspondence which confirmed this. Two health and social care professionals told us that even though it meant they had to look for another provider, they fully respected his openness and honesty with these decisions.

The registered manager had internal auditing and monitoring processes in place to assess and monitor the quality of service provided, with incidents discussed as an opportunity to learn and make improvements. There were monthly staff meetings where a number of aspects about the service were discussed. We looked at a sample of the previous six meetings' minutes and topics included recruitment, training, updates on people's health and well-being and care plan reviews. We saw the registered manager had been proactive and held a meeting after the first day of the inspection, showing that all feedback had been discussed and action taken. There were also monthly care worker meetings where common topics discussed communication, concerns and the importance of completing people's daily logs. Care workers received monthly spot checks, both announced and unannounced to check on the level of service being provided, with positive feedback seen in all the records we reviewed. Care workers confirmed this and said they also received feedback from these visits. One care worker said, "Sometimes it is unannounced and he pops in to check on us and also the client, to make sure we are doing the right thing." The spot checks made sure that people's wishes were respected, correct policies and procedures were being followed and positive relationships had developed between people and their care workers. A member of staff who also carried out spot checks on care workers said, "We make sure the service is being provided correctly, check people's well-being and that they are receiving the care they need."

Specific checks of people's daily log records, medicine administration records (MAR) and financial records were completed on monthly basis to check for quality of recording and if any issues had arisen. These records were returned to the office on a monthly basis and we saw these checks had picked up on issues and that action had been taken. For example, one care worker had not recorded the time they signed out from a visit so the administrator called them to confirm the time of the visit. They added, "We need to know that care workers stay the full visit and don't rush so at times we have to give care workers a caution." Care workers confirmed they were always reminded about completing an accurate record of their visit and we saw that it was also discussed in care worker meetings. A monthly report was also completed for each person, which included an audit of care records to ensure all documentation was in place, it had been completed in a person centred manner and reflected any changes in care that people received.

The provider sought people's views through their annual service user questionnaire and we saw the responses from their most recent one, which was carried out in April 2017. The questionnaire covered 20 areas that could be rated between excellent and poor, including whether people felt listened to, punctuality, staff skill and attitude and being kept updated about changes in service. It also allowed people to give their overall assessment with the service. All of the seven respondents were positive, with four people highlighting an excellent service in all areas. One comment from a returned questionnaire stated, 'Staff are wonderful, understanding and caring towards our needs.'