

Inter-County Nursing and Care Services Limited

Inter-County Nursing & Care Services Rustington

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 

Overall summary

Inter-County Nursing & Care Services Rustington provides care for people in their own homes. On the day of our visit the service was providing care to 56 people with a range of needs including those living with dementia and older persons. People were supported with personal care as well as support such as housework, night sleep overs and 24 hour care.

The service had a registered manager. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People, and their relatives, said they felt safe with the staff. There were policies and procedures regarding the

Summary of findings

safeguarding of adults. Staff had a good awareness of the correct procedures to follow if they considered someone they provided care to was being neglected or poorly treated.

Staffing was organised so that people received a reliable service from regular staff. Sufficient numbers of suitably experienced staff were employed to meet the needs of the people the agency supported. Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people who may be at risk.

People were supported by staff to take their medicines and this was recorded in their care records. Checks were carried out to ensure staff were competent to administer medicines and that staff were following the correct procedures.

Care records gave guidance for staff to support people safely. Risks to people were assessed and recorded. These included environmental assessments for people's homes so staff knew any risks and what they should do to keep people and themselves safe.

There was suitable training, support and induction for staff so they could support people effectively. Staff told us they received regular training and that they did not provide support to people until they were confident to do so.

People told us their care workers obtained their consent when providing care and support. Staff had received training in the Mental Capacity Act (MCA) 2005 and associated legislation. There was information in the staff handbook to guide staff if they thought a person lacked capacity to consent.

People were supported to eat and drink in line with their individual needs. The agency supported people to access healthcare professionals when needed.

People were supported by kind and caring staff. People were involved in expressing their views and said they were treated with dignity and respect. They were encouraged to be independent based on their individual needs. A complaints procedure was in place that enabled people to raise concerns.

People said their needs were regularly reviewed and they were consulted about the care they needed. People said they were treated well and with kindness.

The provider had a policy and procedure for quality assurance. The manager and senior staff carried out checks to help to monitor the quality of the service provided. Quality assurance surveys were sent out to people, relatives and staff each year by the provider to seek their views on the service provided by Inter County Nursing & Care Services Rustington.

Summary of findings

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.

Staff pre employment checks were carried out so the provider could be assured that staff were suitable to work with people.

Potential risks were identified and managed. Risk assessments were in place and reviewed to help protect people from harm. Staff were aware of the procedures to follow regarding safeguarding adults.

There were sufficient numbers of staff to meet the needs of people safely.

Good



Is the service effective?

The service was effective.

Support and training to staff was provided so that staff had the skills required to support people effectively. Staff completed a structured induction before they worked alone with people.

People told us staff provided a good standard of care which they had agreed to. Staff were trained in the Mental Capacity Act 2005 so they would know what to do if people did not have capacity to consent to care.

Staff were aware of how to support people to receive a healthy diet. People were supported to access health care services when needed and staff worked with health care professionals to provide coordinated care to people.

Good



Is the service caring?

The service was caring.

People were involved in decisions about the type of support they received and the provider listened to what people had to say about their care.

People spoke positively about the relationships and support provided by the staff who supported them.

Staff treated people with kindness and dignity and had respect for people they cared for.

Good



Is the service responsive?

The service was responsive.

People received personalised care which was responsive to their needs. People's care needs were reviewed and changes made to the way care was provided when this was needed.

There was an effective complaints procedure which people, and their relatives, were aware of. Complaints were investigated and responded to appropriately.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The registered manager was passionate about caring for people. People and their relatives felt the manager and staff were approachable and said they could speak with them at any time.

Staff told us that the registered manager and office staff were always approachable and available for help and support.

There were systems and processes in place to measure the quality of care delivered and enabled them to monitor the quality of the service provided.

Inter-County Nursing & Care Services Rustington

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. The inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 November 2015 and was announced. We gave the provider 48 hours notice of the inspection because it was a domiciliary care service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector and an expert by experience who carried out telephone interviews to ask people, and their relatives, what they thought of the service provided by Inter-County Nursing & Care Services Rustington. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete 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. They returned the PIR in good time and we used all this information together with other information

we held about the service and the service provider to decide which areas to focus on during our inspection. The PIR form was completed and sent to CQC on 6th March 2015 – the inspection was carried out on 9th November 2015. Since the PIR form was submitted, improvements had been made to the service in line with KLOE guidance and new regulations. We also received statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law.

During our inspection we looked at care plans, risk assessments, incident records and medicines records for five people. We looked at training and recruitment records for four members of staff. We also looked at a range of records relating to the management of the service such as staff rotas, complaints, records, quality audits and policies and procedures.

We spoke with seven people and eight relatives, to ask them their views of the service they received. We spoke to the registered manager and nine members of staff. We also reviewed surveys that we sent out to people prior to the inspection. These surveys provided us with information about the service provided by Inter-County Nursing & Care Services Rustington.

The last inspection of the service was carried out in September 2013 and the service was compliant in all outcomes inspected.

Is the service safe?

Our findings

People told us they felt safe with the staff from Inter-County Nursing & Care Services Rustington. Comments included reference to staff being competent to provide safe care and that people felt comfortable with staff. One person told us "If it wasn't for the fact that the agency look after my father so well we would have to look at moving him into a care home which I know is the last thing that he wants. He currently feels safe with the care that he has and I certainly feel safe in the knowledge that he is being well looked after. I know that when there are problems with him someone from the agency will contact me and talk through the issue with me." Another person said "It was very important to me when setting up my mother's care package that she had regular carers that she could get to know and who could get to know her. I have to say the agency have been as good as their word and for the last year she has had a small number of care staff who look after her exceptionally well."

The registered manager had an up to date copy of the West Sussex safeguarding procedures and understood her responsibilities in this area. Staff were aware and understood the different types of abuse. They knew what to do if they were concerned about someone's safety and had received training regarding safeguarding people. Staff told us that they would ensure people were safe and secure and report any concerns to the office. The service produced a guide to give people information on what they could expect from the service. This had been updated to include information on what "keeping safe" means and what the individual should do if they had any concerns regarding Safeguarding. The agency's safeguarding Policy has been re-written and distributed to all staff and people to reflect recent changes. Staff training course in this subject has also been amended to reflect current best practice.

Risks to people were assessed and included in their records. There was an environmental risk assessment of people's homes so staff could identify any risks to their safety. There were also risk assessments and management plans for supporting people with mobility and moving and handling. One care plan identified the risks of a person falling and informed staff that they mobilised by using a walking frame. Staff were instructed to ensure the walking frame was available close to the person when leaving the home.

There was an 'out of hours' contact telephone number for people and staff to use for advice and emergencies regarding people's safety and welfare. One person told us, "I know if you phone the office after hours there is a recorded message which gives you the emergency telephone number to contact. I've never had to call it but I do know how to if needed." Each member of staff was issued with a 'Staff Handbook'. This contained information about the provider's policies and procedures. There were details about working safely when working alone in the community and when in people's homes. The handbook also gave staff guidance on the importance of security of people's homes and the use of any key safe arrangements to gain access to people's properties; this was also recorded in individual care plans. Staff were aware of what they should do in emergencies such as when they could not gain access to see a person in their home. There were also policies and procedures for this, which included instructions for staff to report these incidents to the provider's management team to follow up. This meant that appropriate action could be taken so people were safe.

There were sufficient numbers of staff to meet people's needs. The provider told us staffing was arranged so each staff member had a duty roster with the names of people and the times of care. Staff said they had sufficient time to carry out the tasks as set out in the care plans and people told us they received a reliable service from consistent staff. People were routinely informed of the names of staff that would be visiting them in a weekly roster, which meant they knew the names of the staff who would be providing care to them. One person told us "We have one lovely carer who does Monday to Friday mornings and then two or three different carers to cover the weekend mornings. The rota always arrives on a Friday morning for the following week and we like the fact that we know who is going to be coming to us so we don't have to worry."

Recruitment records for staff contained all of the required information including two references, one of which was from their previous employer, an application form and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work until all recruitment checks had been completed. The recruitment process included a detailed "Self Assessment" of staff skills as outlined by Skills for Care. We spoke with a newly appointed member of staff who told us their recruitment had been thorough.

Is the service safe?

People told us they were satisfied with the support they received with their medicines. Care plan files include information about medicines, what they are for and possible side effects to support staff knowledge. For some people this was a reminder by care staff for people to take their medicines. For other people, staff administered their medicines. All staff authorised to administer medicines had been assessed as competent to do so by a suitably qualified member of staff. Staff were able to describe to us how they supported people with their medicines and confirmed they had received training in medicines

procedures. Staff recorded on the medication administration record when they supported someone to take their medicines. These showed people received their medicines as prescribed. The provider's medication policy and procedure included reference to the management carrying out regular audits of medicines records and we saw that these took place. There were also observations of staff administering medicines to people and staff confirmed that this took place. This helped to ensure that people received appropriate support with their medicines that was safe.

Is the service effective?

Our findings

People told us staff had the right skills to provide effective care to them. Comments from people about care staff were very positive. People said staff always completed the tasks as set out in the care plan and that staff stayed for the agreed length of time and sometimes longer. No one we spoke with had experienced any missed calls and everyone said staff would usually arrive on time. If there were major delays then the agency would contact the person or the nearest relative to let them know and update them. No one felt rushed with their care in fact most were able to give examples of how their carers went over and above their duties in order to ensure that people were well looked after. One person said, "My carer usually brings in some food shopping for me once a week and this is a real godsend because without it I wouldn't be able to go and do the shopping for myself. I know my daughter worries about me but as long as she knows I am being looked after and am still able to fend for myself to some extent, then she is happy for me to stay living here at home."

Staff training records showed that they had completed training in a number of relevant subjects. These included: Moving and handling, first aid, safeguarding, medicine administration, food hygiene, fire, nutrition, feeding, The Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS), dignity, end of life care and dementia. Also a 'stress management' course has been launched to support staff when dealing with difficult situations. All staff told us training was good. One member of staff said, "You get all the training you need and if I am unsure of anything they will arrange refresher training for me". People told us they were supported by well trained staff. One person said "They seem really well trained and certainly we haven't picked up any problems with their training. In fact they tell us that they won't be available on certain days because they are having updated training from either the agency itself or an outside body."

The provider had amended staff induction training to reflect Skills for Care guidance and Care Certificate requirements. The provider has implemented observational competency checks for new staff to assess practice and knowledge prior to being placed for work - checks follow Skills for Care guidance and assess competency and skills within job role. Staff told us they had a good induction and they carried out a number of

shadowing shifts with experienced staff before they were allowed to work alone. The registered manager told us that shadowing was an important part of the induction and this could go on until both the agency and the staff member concerned was confident to go out and support people alone. Staff confirmed this and said this helped them to provide effective support to people. The registered manager told us new staff were expected to complete the recently introduced Care Certificate covering 15 standards of health and social care topics, which is a national qualification.

Staff also confirmed they were supported to undertake additional training such as National Vocational Qualifications NVQ or Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

The registered manager said that all staff received regular supervision every three months. This was either one to one, group supervision or direct observation of care practice. Staff also received an annual appraisal. Records and staff confirmed this and staff said they could discuss care issues, staff training or any other issues openly with their supervisor.

People were aware they had a care plan and told us they were consulted and had agreed to the arrangements made for their care. One person told us "We've never done a care plan before, but I have to say seeing it all down on paper makes it much easier for staff and the manager to come and make sure that everything is being done correctly."

The provider and staff understood their responsibilities under the MCA and DoLS and the provider had policies and procedures to guide staff. The MCA aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. DoLS protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. We spoke to the registered manager who was knowledgeable regarding MCA and DoLS. She told us and staff confirmed they had received training in the MCA and DoLS and this helped them to ensure they acted in accordance with the legal requirements.

Is the service effective?

When required, staff provided support to people with their food and drink. This included the preparation of meals for people in their own homes. This was recorded in people's care plans along with an assessment of their nutritional needs. For example, one person's care plan included details about how the person was able to say what they wanted to eat from the food in their home and the type of support the person needed. The care plan included details about the person's preferences as well as details about providing drinks for the person. Staff demonstrated they supported people to have a healthy diet and that choices were offered. Daily records were made by staff each time they provided care to someone and these showed people were supported with eating and drinking where this was relevant.

The registered manager and staff told us they regularly monitored people's care and health needs. Staff said if they had any concerns about a person's health needs they would contact the office and if necessary arrange for a GP or other appropriate health care professional to visit. This helped people to remain healthy. Staff said they had regular people who they supported so they could notice any changes in people related to their health needs and report it immediately. The registered manager told us that they would always record contacts with health care professionals. Care records included details about any appointments people had and included guidance from health care professionals on how to support people to meet their needs.

Is the service caring?

Our findings

People, and their relatives, described the staff as caring, kind and respectful. People made positive comments about how they were treated by staff, describing the staff as kind, respectful and compassionate. Comments from people included: "They (carers) couldn't be kinder to my sister, she hasn't a bad word to say about them." "They are lovely and we usually have a good laugh while they are here. I like the fact that they can be flexible and will do whatever it is I need doing for me on that particular morning. They know me now and they know my routine and it's really helpful." "We have the same carer who looks after my wife Monday to Friday mornings, and when I recently had to go into hospital for three days she offered to do three night shifts so that my wife wasn't left here on her own. It was really nice of her and my wife in particular appreciated it. It gave me the comfort of knowing that I wouldn't have to worry about my wife being alone in the home without me."

The registered manager showed us a compliments file that was full of letters, notes and cards from people who had received care from Inter County Nursing & Care Services Rustington. They were all positive about the caring attitude and support they received from staff. CQC also sent out surveys to people and when we asked people 'Are you always treated with dignity and respect by staff?' We had 100% positive response.

Positive, caring relationships had been developed with people. People told us their views were listened to and taken into account when care and support was provided. One person told us "I was consulted and fully involved in planning the care I receive. Before care started I met with the manager who asked a lot of questions and explained things to me so I understood what support I was going to get". A relative said "My father's care plan took quite a bit of getting together because he has quite complex needs but we were very pleased with the finished plan and I have to say the carers, particularly if they are new, will always take time to read the essential parts of the plan before they start working with him. They'll always also make sure that they complete care records and sign them before the end of each visit." There were records to show people had agreed

to their care, which included people recording their signature to acknowledge this. Staff told us they sought people's agreement before completing care tasks. People confirmed that they had regular care workers who visited them which meant they were able to build up good working relationships with each other.

People told us that communication was good and that they were listened to and involved in making decisions about their care and treatment. One person told us how they asked for care staff who were more mature which was then provided. Another person said how staff had time to talk with people and said they always asked if there was anything else they could do for them before they left. The said having staff who involved them in making decisions made them feel valued.

The registered manager was passionate about making a difference to people's lives. She told us when new care workers were employed they visited the people they would be supporting with an existing staff member who knew the person concerned so they could introduce the new care worker.

Staff said they treated people with respect and acknowledged the need to also respect people's privacy and dignity in their own homes. One staff member commented, "We give the best care we can." The staff handbook described how staff should treat people with dignity, and as individuals, as well as promoting people's privacy. Staff were aware of the contents of the Staff Handbook and the importance of treating people with dignity and respect. One person told us "My wife took a long time to get used to having a carer coming in and having to help her, especially getting showered in the morning. The regular carer always make's sure that the curtains are shut and the door is closed before they get on with the shower and I know this helps my wife not get agitated by the fact that she needs the help that she does."

Staff showed they had a caring attitude towards people and a commitment to providing a good standard of care. For example, one staff member said they were "dedicated" to their work. They said "It's great to know the people you are caring for, you can build up a good relationship and it makes going to work a pleasure".

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People told us that the agency was responsive in changing the times of their visits and accommodating last minute additional appointments when needed. People told us "My carer normally arrives on time. Sometimes they will get held up by the traffic or held up by a previous client but usually they arrive when they are supposed to and they always stay the correct amount of time." Another said "My carer never rushes me, in fact it's usually the opposite because she wants to make sure that everything is tidied up before she goes and it is usually me looking at the clock and telling her that she really needs to be off to her next client."

The provider has delivered an internal course to all staff called the 'Care Act Roadshow'. This has supported staff to have up to date knowledge of regulatory changes and practice requirements.

People's needs were assessed before any care or support package was agreed. The initial assessment included details about how to communicate with people, their physical and mental health and mobility. Care plans were structured with the person's needs and preferences as being central. The registered manager told us people were able to choose the level of support they required. She said care plans were individual for the person concerned and could be from one hour every two weeks, to 24 hour care. The registered manager told us that they did not provide care packages to anyone for under one hour as they felt they needed this amount of time to provide the care people requested.

Each person had an individual care plan which set out their needs, the support needed by staff and how the support should be provided. People and relatives told us how they were consulted about their care and that they had a copy of their care plan at their home. One person said "My sister and I sat with a manager for an hour and a half where we discussed what it was my sister needed doing. The manager went away and sent me the care plan a few days later which I was able to read and make any alterations to as I felt necessary." Care Plan included a section to record individual preferences for end of life care and spiritual/religious needs. Family members and other professionals were involved in contributing to ensure individual wishes are met.

Care plans included reference to supporting people in maintaining their independence such as assisting people with personal care and domestic tasks while allowing people to do as much as possible for themselves. For example the care plan for one person said they could shower independently but they wanted someone in the home to provide re-assurance. Care staff told us how they used the care plans to guide them when providing care, but also asked people how they wanted to be helped.

Each person's care arrangements were detailed in a timetable format. The registered manager said they sent out an individual copy of the details of care calls to each person every week. This detailed the times of care calls and the names of the staff who would be providing the support. The registered manager told us that if there were any changes to this then people would be informed of the changes by phone.

We asked the registered manager how they managed if a care worker was sick or on holiday. They told us they would contact other staff to ensure the care call did not get missed. She said if any staff were allocated additional care calls they would be informed by text to ensure they were not forgotten.

Records were made each time care staff supported people. These were detailed and showed the time the care worker arrived and left the person's home. There was also information recorded on the care tasks that had been carried out. These showed people received care as set out in care plans and that people could choose what they did and how they preferred to be supported. A staff member commented how they were attentive in ensuring people got the right care and the importance of observing people to see if their needs had changed. Staff confirmed they recorded all relevant information about people so they were able to monitor people's changing needs.

People's care needs were regularly reviewed and changes were made to care arrangements when needed. People and their relatives said there was a care plan which reflected people's needs and preferences. When care plans were reviewed people said this was done to reflect their up to date needs. Staff told us that if they noticed any changes in a person's needs they would contact the office and the manager or another member of the office team would visit the person concerned to review the person's care needs. If any changes were needed a new care plan was made up and a copy left in the person's home. Any changes were

Is the service responsive?

also recorded in the care notes so staff could be made aware of any changes. One person said "I've had a regular review each year that I've been with the agency and the manager always tells me that if anything changes in between, I only have to speak with her and she will come and see me at any time." Another person said "I have a review in the diary for next week when the manager will come and we will go through my care plan again to make sure that everything is alright."

People told us the provider and staff responded positively to requests for additional support. One person told us "I did actually change the time of the visit a while ago because I was finding it was a bit too early in the morning for me now that I am getting a bit older. There was no problem with the agency doing this for me and there was no fuss made at all."

The registered manager showed us a request from the relative of one person who wanted their relatives care calls changed over the Christmas period to facilitate family plans. The registered manager was in the process of making the new arrangements. One person said how staff sometimes stayed longer than the agreed times when they asked for additional tasks to be carried out. People said their needs were reviewed and their requests were responded to. One person said they did not get along with a particular carer and asked for a change of care worker. A new staff member was arranged for the person without delay. The registered manager said that she always tried to match people and carers who shared the same interests or had the skills appropriate to the person's needs. This meant people were supported by an appropriate member of staff.

As well as providing personal care people were supported with social activities. Personal routines which people preferred were recorded so people were supported with activities such as going out to the shops. People said staff were flexible in how they provided support so that requests were taken into account. For example, one person explained that staff had time to have a cup of coffee and spend time chatting with them which they said provided them with a social contact. This person also said staff would take them out into the local community and to the shops if they wanted.

People, and their relatives, told us they felt able to raise any concerns they had which were always addressed by the registered manager. A record was maintained of any complaints, which included information about how the complaint was dealt with as well as a response to the complainant of the outcome of the investigation. The provider had a clear complaints procedure which was up to date and had been distributed to all staff and clients to reflect current requirements. Comments from people included: "I know that it is mentioned in the folder how to make complaints, together with who to speak to and their contact details. I've never had to make a complaint in all the time they have been looking after me but I am confident if I had a problem they would listen to my concerns." And, "When we first met, the manager explained to us how to go about making a complaint if we had any issues that weren't being addressed at all. I can't say as we've had a problem but I feel confident that if there was a concern they would listen and do something about it." The registered manager said that both herself and the provider analysed any comments or complaints so that if necessary changes could be made to improve the service.

Is the service well-led?

Our findings

People and staff said the registered manager was good and they could talk with them at any time. They told us they were consulted about how the service was run by completing a survey. One person said, "Funnily enough, I had a survey come from the agency yesterday. I've had a look at it and it tells you all about filling it in but it doesn't actually tell you what will happen as a result of whatever answers you put". Another person commented, "You know, it would be really good if we could have some feedback because I often spend the time filling these things in and never really get to hear what has happened afterwards." People said the registered manager was approachable and said they could raise any issues with them or a member of staff. One person said, "The manager is very approachable and she will often phone just to check that everything is alright and that we haven't got any problems. On the rare occasion that I have phoned the office and asked to speak to the manager there has always been someone there, or someone has called me back to answer my queries".

From talking with the registered manager it was clear that she was passionate about caring for people, she told us that the initial assessment process was really important to her and to the people receiving care. This was the opportunity to find out about the person, their needs and how they wanted their care to be provided. This helped her to match staff to the person requiring the care or support so that people received the best possible support from the most appropriate member of staff.

The registered manager and provider aimed to ensure people were listened to and were treated fairly. The registered manager told us they operated an open door policy and welcomed feedback on any aspect of the service. They encouraged open communication and supported staff to question practice and bring their attention to any problems. The registered manager said they would not hesitate to make changes if necessary to benefit people. All staff told us there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions. They said the registered manager was approachable and had good communication skills and that she was open and

transparent and worked well with them. The provider has introduced an internal staff award system to recognise good practice and acknowledge the achievements of staff who go above and beyond the call of duty.

The registered manager showed a commitment to improving the service that people received by ensuring their own personal knowledge and skills were up to date. She was a registered nurse and monitored professional websites to keep up to date with best practice. The registered manager has attended a course to become the Infection Control Champion. The registered manager completed the Provider Information Return (PIR) and sent this back to us in good time. She was aware of the requirements to send us notifications as required to inform us of any important events that took place.

Staff were very complimentary about the registered manager and the management team based at the agency office. Staff told us there was always someone available for advice and support. Staff said the 'on call system' used was very effective. One staff member said "I was on a late call and needed some advice, when I used the on call number it was answered straight away and gave me the advice and re-assurance I needed".

The provider had a policy for quality assurance and checks and audits were carried out to monitor the quality of service provided to people and to drive improvements in the service provided. The registered manager told us that the office staff had a meeting each morning and each evening to ensure that all care calls were covered and arrangements were in place for any appointments or assessments. Staff meetings also took place every three months and the registered manager and staff said that these, supervision sessions and annual appraisals presented an opportunity to raise issues about their work.

Staff demonstrated a positive attitude towards working to meet people's needs and raising any concerns about people's welfare. They were aware of the agencies safeguarding and whistleblowing procedures. Staff also said they felt able to raise issues or concerns with the registered manager or any of the office staff.

The registered manager told us and staff confirmed that there was regular spot checks carried out to observe care staff practice. Inter County Nursing and Care Services have appointed a quality assurance manager and processes have been developed to incorporate on site meetings in

Is the service well-led?

order for the quality assurance manager to observe staff working practice and to obtain feedback from people on the overall quality of service. This was an opportunity to speak to people in their own homes and see how the agency was meeting their needs and if any issues needed to be addressed. People also confirmed that they received regular calls from the agency to check that the agency was meeting their needs and that everything was working fine for them. One person said "I have regular telephone calls from one of the managers and usually twice a year have a manager come and visit us at home to make sure that everything is okay. She will usually check the records and then chat to us about how we are finding things."

Inter county Nursing & Care Services Rustington have appointed an Internal auditor to formulate and carry out detailed Audits in line with CQC Key Lines of Enquiry (KLOE) prompts to check that the provider operates a Safe, Effective, Caring, Responsive and Well Led service. There is a new policy on duty of candour which has been distributed to all staff and staff handbooks have been amended to reflect this. Good governance measures have been defined and cascaded and a policy statement has been written and distributed to people and staff.

Quality assurance surveys were sent out by the provider to people, their relatives, staff and outside professionals to ascertain their views on the service provided by Inter County Nursing & Care Services. We saw copies of the most recent survey that was completed in October 2015. The survey asked question based on CQC's KLOE's. Responses were positive and we saw that if any issues had been raised there was record of any action point that had been identified together with a record of what action had been taken to address the issue.

The registered manager also carried out an audit of care records and records of medicines administered to people by looking at records returned to the agencies office. These were brought in each month by care staff. Records were kept securely. All care records for people were held in individual files which were stored in the office and were locked away when not in use. The registered manager was able to locate records we asked for quickly and these were accurate and up to date.