

Astra Care Services Limited

Astra Care Services Limited

Inspection report

Lower Clough Business Centre
Pendle Street, Barrowford
Nelson
Lancashire
BB9 8PH

Tel: 01282697045

Website: www.astra-care.co.uk

Date of inspection visit:

28 September 2016

29 September 2016

03 October 2016

Date of publication:

04 November 2016

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

We carried out an unannounced inspection at Astra Care Services Limited on the 28 & 29 September and 3 October 2016. We contacted people using the service on the 29 September 2016.

Astra Care Services Limited provides personal care within the boroughs of Burnley, Pendle and Rossendale. This family run service is located in the village of Barrowford near Nelson and is staffed during office hours, with a 24-hour on call system. The service provides flexible personalised care and support for people who require additional support to live independently within the community. The service also provides palliative care for people with life threatening illness. At the time of our inspection there were 235 people receiving a service

We last visited Astra Care Services Limited on the 5 September 2013. The service was fully compliant in all areas assessed.

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

During this inspection we found the service was meeting the current regulations.

People using the service received care and support from a team of staff who had been carefully recruited and trained to deliver safe and effective care and support. People told us they felt safe in their homes and that staff were trustworthy. People who completed our survey told us they felt safe from abuse or harm from the staff and they were treated with respect.

People using the service and their relatives described the service as very good. They said there was and never had been any cause for concern in how they were treated. Staff were very respectful, attentive to their needs and treated them with kindness and respect when providing their support. Staff were also described as being caring and kind and willing to go that extra mile to support them.

Staff had been trained in safeguarding vulnerable people and knew what to do if they suspected any abusive or neglectful practice. Safeguarding procedures were in place to guide and direct staff in reporting any concerns they had.

Risks to people's health, welfare and safety were managed very well. Risk assessments were thorough and informed staff of the actions to take to support people safely. People knew they could contact the agency at any time and had emergency contact details for out of office hours.

There were appropriate arrangements in place to support people to take their medicines. People received

their medicines as prescribed by staff that had been trained to do this safely.

Staff knew what to do in emergency situations and had guidance around keeping themselves and people they supported safe. Good arrangements were in place for staff to gain entry into people's homes without placing them at risk. Staff were provided with protective equipment such as disposable gloves and aprons to minimise the risk of cross infection between people they visited.

Staff were trained in the principles of the Mental Capacity Act 2005. Staff understood the principles of best interest decisions' regarding people's care and support and people's diversity was embraced within their care plans. Care plans were well written and person centred and focused on the needs of people using the service. People's right to privacy, dignity, choice and independence was considered and reflected in their care plan.

Staff felt confident in their roles because they were well trained and supported by the registered manager to gain further skills and qualifications relevant to their work. Staff were effectively supervised.

Staff had been trained in Palliative Care / End of Life Care. This meant people receiving this specialist care could be confident staff had the skills and knowledge to ensure they would be treated with respect and compassion and their dignity and comfort always considered. The service worked in partnership with other agencies to ensure people received person centred care.

The service provided was flexible in meeting people's needs. Visit times were scheduled to suit personal requirements. Assessment of people's needs was an on-going process which meant any changes to their care was planned for. Changes to people's needs and requirements were communicated well which meant staff were kept up to date with these changes.

People had opportunities to raise any issue of concern or pass on compliments about the service to the registered manager. People had confidence in the registered manager to deal professionally with any complaint they raised.

People, their relatives and staff had confidence in the registered manager and felt the agency was well managed. Staff performance was monitored well. Staff were accountable for their practice and tele monitoring was used to make sure staff were meeting their obligation in attending to people as and when required and ensure visits were never missed. Staff enjoyed their work and felt valued.

We found there were good systems in place to assess and monitor the quality of the service, which included feedback from people using the service. Results of surveys completed showed a high satisfaction with the service people received.

The agency was registered with professional bodies such as, Social Care Institute for Excellence (SCIE) and United Kingdom Homecare Association (UKHCA) which is a professional association of home care providers. As a result of this they kept up to date with best practice issues which they cascaded to their staff. The agency had also taken the 'Dementia Pledge', 'Social Care Commitment' and were 'Dignity in Care' Champions.

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.

People told us they felt safe. They were cared for by staff who had been carefully recruited and were considered to be of good character.

Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

Risks to the health, safety and wellbeing of people who used the service were assessed and there was good guidance in place for staff in how to support people in a safe way.

Is the service effective?

Good ●

The service was effective

People received care and support that was tailored to meet their needs.

People were supported by staff who were well trained and supervised in their work.

Staff and management had an understanding of best interest decisions and the MCA 2005 legislation.

People's health and wellbeing was consistently monitored and they were supported to access healthcare services when necessary.

Visits were arranged to ensure people were supported when required, to eat and drink.

Is the service caring?

Good ●

The service was caring

People who used the service were treated with kindness and their privacy and dignity was respected by staff they described as 'wonderful', 'the best', 'very kind', 'caring' and 'lovely people'.

People's care and support was provided according to their wishes and preferences.

Staff were trained in palliative/ end of life care and worked with other health care providers to ensure people's end of life care was managed well.

Is the service responsive?

The service was responsive.

People's care plans were centred on their wishes and needs and kept under review.

Staff were knowledgeable about people's needs and preferences and the agency offered a flexible service that responded to any changes in people's requirements including emergencies.

People felt able to raise concerns and had confidence in the registered manager to address their concerns appropriately.

Good ●

Is the service well-led?

The service was well led.

There were effective systems in place to regularly assess and monitor the quality of the service that people received.

The service had a clear set of values and work ethics which were promoted by the management team and care staff who placed people at the centre of their care.

The management team took a pro-active approach to ensure people received a quality service from a team of staff that were managed well and valued.

Good ●

Astra Care Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 28 & 29 September and 3 October 2016 and the first day was unannounced. We conducted telephone interviews on the 2 and 3 day of the inspection.

The inspection was carried out by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We sent questionnaires to 50 people using the service and 50 relatives asking them to comment on the quality of the service. We also contacted 86 staff and 7 professionals asking them for their views. We received 14 responses from people using the service, 2 from relatives and 23 from staff members.

Prior to the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including complaints, safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

During the inspection we spoke with five people who used the service or their main carers. We spoke with three staff members, the registered manager and the managing director. We looked at the care records of four people who used the service and other associated documents such as policies and procedures, safety and quality audits and quality assurance surveys. We also looked at three staff personnel and training files, service agreements, staff rotas, staff supervision, complaints records and comments and compliments records.

Is the service safe?

Our findings

People we spoke with told us the service they received from the agency was what they wanted. They felt safe in their home and they considered staff were trustworthy. We discussed what 'being safe' meant for them. One person told us, "I trust all my carers. They are lovely and know what they are doing. I usually get the same carers visiting and I know I can ring the office if I have any problems." Another person told us, "I can't say I have been let down. They can run a bit late at times, I can understand why that happens, but they always turn up." We looked at comments from the agency survey. These showed people did feel safe and cared for. One person commented, "When [carers names listed] come, everything is done correctly and everything goes smoothly. And I feel a lot more safe and confident."

Every person who completed our survey told us, "I feel safe from abuse and/ or harm from my care and support workers." Relatives of people using the service also told us, "I believe that my relative / friend is safe from abuse and or harm from the staff of this service." A relative told us, "They never miss a visit. The girls who visit are lovely and always clean and tidy."

The registered manager told us they had enough staff employed at the service to meet people's needs safely. People's care needs and the number of hours of support they required were calculated to determine the necessary staffing levels across the agency. As people's needs changed or as new people started to use the service, the staffing levels were reviewed. This helped to ensure there were enough staff to provide a reliable and consistent service. Recruitment of staff was an on-going process.

Care staff we spoke with told us they were never expected to slot another visit in that would impinge on other people's allocated time. Additional visits required were managed by the office. They had a pool of staff on call to cover if a staff member failed to attend for work. This was usually because of sickness. Annual leave was planned for. Staff spoken with told us rotas were usually managed well. Staff also told us if they were dealing with an emergency during their visit, or were concerned about someone, this was also managed well. There was on call arrangements for management support. This meant people were not left at risk in emergency situations or of not getting the help when they should at the right time. One staff member told us, "We never leave people if they are not well or needed extra help. There is always someone on the end of the phone to take advice from."

We looked at the recruitment records of three members of staff. We found a safe and fair recruitment process had been followed and checks had been completed before staff began working for the service. These included the receipt of a full employment history, an identification check, written references from previous employers, and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This helped protect the safety and well-being of people who used the service.

Two of the people we spoke with had assistance from care workers to take their medicines. They considered the care workers who supported them with their medicines were competent to do so. Their visits were

arranged so that they had their medication when they needed it.

We looked at how the service managed people's medicines. Records showed that training in the safe management of medicines was provided to all staff as part of their induction. Newly trained staff were 'competency' checked during their shadowing training and as part of their supervision. Spot checks were also carried out and records returned to the office were audited by the registered manager.

Care records showed people were 'prompted' to take their medicines by staff. Staff recorded medicines had been taken on daily records. We looked at a sample of returned Medication Administration Records (MARs) and found they were completed as required.

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures are designed to provide staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. We saw this information included clear reporting procedures and information such as how to recognise signs of abuse to help ensure staff were able to identify concerns and take the correct action. All staff had training on this topic.

All the staff we spoke with were fully aware of the service's safeguarding procedures and their responsibility in ensuring any concerns were reported immediately. We were told they were actively encouraged to raise any concerns they had regarding people's health, welfare and safety as part of day to day practice. One staff member commented, "It's our duty to report any concerns we have to the manager. When we had our training in safeguarding, we were told we must report anything like that straight away." Staff were also aware of the service's whistleblowing policy and all those we spoke with expressed confidence in the registered manager to deal appropriately with any concerns they raised.

There was evidence to show the management team worked with relevant stakeholders to ensure people's safety. The management team was clear about their responsibilities for reporting incidents and safeguarding concerns and had experience of working with other agencies. We could see from looking at safeguarding notifications the registered manager had taken swift action by reporting safeguarding issues with relevant authorities when safeguarding matters were brought to their attention.

We looked at other protection measures taken by the agency to ensure people using the service and staff employed were supported to keep safe. There were policies and procedures written to support staff to work safely and were included in the staff handbook. These were comprehensive and a few examples included, lone working, access to and from people's home, driving at work, bathing and water temperatures, hazard reporting, blood born viruses, Control of Substances, Hazardous to Health (COSHH) , health surveillance, smoking, violence and aggression and infection control. Staff were provided with equipment for the prevention of infection such as disposable gloves and aprons.

We found the assessment process was designed to consider all aspects of people's needs, individual circumstances and potential risks. These assessments were central to the support people received. The scope of assessment was wide ranging and covered for example mobility, medication, bathing and showering, dressing and more personal needs. In addition to these, assessments were also carried out on the environment and equipment people used to make sure they were safe.

Information we received in the provider information return (PIR), informed us risk assessments were in place to ensure the safety of both staff and people using the service. Staff knew for example what to do if they were unable to gain access to people's homes or were concerned about people's health and welfare.

Management of identified risks was well documented and provided staff with detailed guidance on how to keep people safe. Security of people's homes was taken into account. Some people used key safes to allow staff access to their home. Staff were instructed to ensure the property was safe and secure before they left. We saw documentary evidence to demonstrate all risk assessments specific to people's needs were updated on a regular basis. All staff were provided with an identity card that remained the property of the company.

We noted a Business Continuity Plan had been developed. This set out emergency plans for the continuity of the service in the event of adverse weather, civil disruption, loss of staff, loss of critical business information, damage to offices, accidental death or injury through criminal actions or negligence. Staff had been trained in first aid and emergency aid awareness, health and safety, positive behaviour support, fire safety and food hygiene/handling.

Is the service effective?

Our findings

Most of the people who completed our survey considered the staff were adequately trained. 93% said 'My care and support workers have the skills and knowledge to give me the care and support I need'. 100% of people said 'The support and care I receive helps me to be as independent as I can be'. They also said they received care and support from familiar, consistent care and support workers and they would recommend this service to other people. People spoken with commented, "Lovely staff. I like it better when we get the same carers." "I usually get the same carers. It makes sense because they know you and know where things are. They do a good job."

We looked at the service quality monitoring survey. This showed people were very satisfied with the agency and the service they provided. One person commented, "I could not do anything without my carer. I suffer from memory loss. All my carers morning and evening always asks me if there is anything that I require before they leave. The service is excellent." And another person commented, "Compared with other agencies outside the area with which I am familiar with, your personal and professional care is far superior."

We looked at how the provider trained and supported their staff. We found good evidence that staff were trained to help them meet people's needs effectively. All staff had completed induction training when they started work with the agency. This included an introduction to the agency's policies and procedures and essential training such as role of the health and social care worker, personal development, communicate effectively, equality and inclusion, principles of implementing duty of care, principles of safeguarding in health and social care, person centred support, health and safety, what dementia is and what it isn't and knowledge set for nutrition and well-being. Records showed that staff were required to demonstrate their competence throughout their induction by being observed carrying out tasks.

There was a designated training room within the agency equipped with items people using the service use on a daily basis such as a bed, hoist with sling, commode, wheelchair and frame. Training was provided both internally and from external accreditors such as, 'The Qualifications and Credit Framework (QCF)'. This is a relatively new credit transfer system which has replaced the National Qualification Framework (NQF). It recognises qualifications and units by awarding credits and the system gives the learners the ability to get qualifications at their own pace. The QCF is jointly regulated by the England's regulator Office of Qualifications and Examinations Regulation (Ofqual).

We could see from the information in the provider information return (PIR) staff had received a wide range of training designed to support them in their work, and other more specialist training such as stoma care and PEG (percutaneous endoscopic gastrostomy) feed. PEG is used for people who are unable to swallow or eat enough and need long term artificial feeding. The prescribed feed contained all the calories and other essential nourishment such as vitamins and minerals that people needed.

One staff member spoken with told us, "I've been here for a while now and it's a long time since I did my induction. I work alongside new staff and I think the induction is really good. It covers everything needed." Another staff member spoken with told us, "Training is excellent and very detailed. If we need more training

we get it. The training we get is of a good standard and we have refresher courses at regular intervals." Care staff told us they received regular supervision and appraisal of their work. They said, "We do have supervisions and spot checks carried out. We can speak to the manager in private anytime about any concerns we have and we are always made to feel welcome." We saw that staff training records were completed and copies of training certificates filed appropriately.

Communication was seen to be very good. Staff told us they were kept up to date about people's changing needs and the support they needed. When staff received their rota they were given an update on any changes that had been reported. One staff member told us, "We are always kept up to date with any changes. We have to report on any changes we find so that the manager can deal with this." One staff member who completed our survey told us; sometimes paperwork from other professionals for example hospital discharge, does not arrive in time to help the service understand what the person wants. The management team visit and carry out an assessment, talk to their relatives and the person responsible for their discharge. This helps to support staff provide the right level of care. They commented, "All management play a role in supporting clients in their own homes, this enables us to have an insight of their care needs as this cannot always be reflected by paper work."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had systems in place to protect people's rights. We saw that people's capacity to make their own decisions and choices was considered within the assessment and care planning process. At the time of our inspection there were no concerns about the capacity of any person who used the service to consent to their care. Staff were trained in the principles of the Mental Capacity Act 2005. Staff understood the principles of best interest decisions' regarding people's care and support and people's diversity was embraced within their care plans. We saw that the views and wishes of the people were recorded and it was clear people were involved and supported to make decisions about their care. The registered manager was fully aware of the action to take to ensure the best interests of any person who used the service were protected if any such concerns were identified in the future.

Any support people required with their nutrition as part of their commissioned care was managed well. Visits were arranged to coincide with their preferred meal times and where relevant, their food preferences and any specialist dietary needs were provided. We noted care staff had received additional training on nutrition. This helped to make sure any risks relating to poor nutrition or hydration were identified and addressed. Staff shopped for food if people needed this support. 'Food hygiene' was part of the service's training programme, which helped to ensure staff had the knowledge and skills to prepare food safely.

Health issues were discussed during assessment of people's needs. We noted good reference to people's healthcare issues were recorded in their health history and how this impacted on their current wellbeing and daily life. Staff had good guidance on what these health problems meant for people they supported and

what they should be mindful of when providing their care. This meant that staff were aware of any risks to people's wellbeing and what action they should take if they identified any concerns. People told us they were happy to discuss their health care needs with their care workers and any concerns they may have about their health.

Is the service caring?

Our findings

It was impressive to see that all the people who completed our survey people using the service and their relatives strongly agreed/agreed "My care and support workers always treat me with respect and dignity" and "My care and support workers are caring and kind". During discussions we had with people who used the service we received some excellent comments about the approach of staff. People described staff with words such as 'wonderful', 'the best' 'very kind' 'caring' and 'lovely people'.

We also looked at comments received at the service in a quality monitoring survey. People's comments included, "Very happy in all the care I receive." "We are very appreciative of all the care and kindness shown to my [relative]. This has enabled her to stay in her own home for several years longer than would otherwise have been possible. The detail and personal attention to personal need is superb. We have nothing but praise for your ladies." "I am quite happy with the care I receive and I have a good relationship with my carer." "I am fully satisfied with the excellent care I receive."

The agency had a code of conduct and practice that staff were expected to follow. We saw evidence this was being monitored with spot checks being carried out on staff. The senior staff told us it was their responsibility to ensure staff were monitored and following best practice guidance. Any practice issues would be discussed in a one to one session with the staff member. Everyone we spoke with felt their carers listened to them.

According to the PIR the registered manager told us they "Monitor Service Users' experience of care in relation to kindness, compassion and dignity and choices. They also train and supervise all staff in how to provide for the equality and diversity needs of individual service users." We were able to confirm this in records we viewed at the agency.

We looked at rotas for staff and noted that staff were assigned to regular people providing consistency wherever possible. Most of the people we surveyed considered, "I am always introduced to my care and support workers before they provide care or support." Staff we spoke with told us the managers did their best to keep the same people on their rota. One staff member told us, "I do rotas and I always try to keep staff with the same people and avoid changes as much as possible. It can't always be guaranteed, but the main carer usually stays the same. It's better for the people we support because it gives staff the opportunity to build up a good relationship with them."

Care staff we spoke with talked respectfully about the people they supported. They had a good understanding of their role in providing people with person centred care and support. One staff commented in our survey, "I feel that the staff and service users are all treated with respect and feel that the senior staff within the company are strong role models."

We looked at care plans. These were very well written placing people at the centre of their care. Personal profiling was used that provided staff with a good insight into people's values. We saw that the views and wishes of the people were recorded. Personal profiling, 'All about Me' was used that provided staff with a

good insight into people's life history and what was important to them.

The registered manager advised us in the PIR that they engaged the services of the specialist palliative care services to support people and their advocate in the design of their end of life care plan and how this would be managed. They also arranged for specialist equipment to support the delivery and achievement of end of life care, treatment and support and that improvements were planned to ensure all staff had been trained in end of life care. We noted a high percentage of staff had already received training on Palliative care / End of Life care. This meant staff could approach a person's end of life care safe in the knowledge they were caring for the person according to their wishes, ensuring their dignity and their comfort, and treating them with respect and compassion.

Is the service responsive?

Our findings

People who completed our survey told us they were involved in decision-making about their care and support needs. They also told us if they wanted, the care agency would involve the people they chose in important decisions regarding their care. People we spoke with told us they were getting the service they wanted. Their support was planned around their needs and wishes. Staff were described as doing that bit more for people and they never left people's homes without asking if there was anything else they needed.

The service held a file for compliments. We looked at compliments sent to the agency. These included, "[Staff] helped me so much today, and she is wonderful. I wouldn't be able to do things without her." "[Relative] wasn't always the easiest person to get on with. We know there times she wasn't the easiest of people, and we appreciate all the patience, care and help afforded to her." "When Astra started [relative] felt she had got her life back." We noted other comments thanking the service for its high standard of care and its kindness of staff. These included, "Loves all support workers. Always do their jobs with a smile on their faces." "Professional at all times and always willing to help."

We noted people could request a service direct from the agency or be referred from social services. The registered manager told us that when they had a referral for the service they visited the person to discuss their requirements with them and carry out an assessment of their needs. The assessments focused on people's individual circumstances and their immediate and longer-term needs. The registered manager also told us they liaised with Occupational Therapists (OT) to help people access aids or environment adaptation to improve their quality of life and help them to maintain their independence.

We looked at three assessment of people's needs and care plans at the office and samples of daily records staff had completed that were returned to the office for confidential storage. The assessments identified the level of support people required and any associated risks to their health or wellbeing. We saw information about the person had been gathered from a variety of sources such as health and social care professionals, relatives and the person themselves.

Care planning was based on activities required at specific times and was risk based. For example support to get up, washing and dressing, bathing, meal preparation, medication support and social care. The plans were very clear about what carers needed to do when supporting people and also what they should be mindful of when supporting them. We found people could change their requirements for a service whenever they chose. There were processes in place to review people's care plans. We noted when people started using the agency, the registered manager arranged for a courtesy call to be made to check whether the service they were receiving was sufficient in meeting their needs, and if there were any changes that needed to be made.

People using the service had their care and support needs reviewed regularly as routine. This was to help ensure the service was continuing to meet the needs and expectations of the individual and discuss if any changes were required. This enabled staff to monitor and respond to any changes in a person's well-being. If people requested a member of staff not to visit for whatever reason, this was also respected and an alert

was put into the electronic system that flagged up this request.

A record of the care provided was completed at the end of every visit. We looked at some of these records that had been returned to the office for confidential storage. They were well written and very clear as to the level of support people had received. The reports were written respectfully and with sensitivity to people's circumstances and we noted staff were instructed to 'have a chat' and 'check if anything else needs doing before you leave'. The registered manager told us records returned to the office were audited to ensure staff followed their procedures for maintaining records. There were policies and procedures and contractual agreements for staff regarding confidentiality of information.

Staff we spoke with told us they were well trained and were given enough information to know what people required. Care plans were in people's homes and these had good information about people's needs. We were told staff were always given updates on people's needs if they had changed. One senior staff member told us, "People are relying on staff to turn up. We have good management support to ensure people are never left without a visit."

The registered manager told us, in the event of a medical emergency whilst providing care, staff stayed and supported people until they were confident the person was safe and under the care of relevant professionals such as GP or transferred to hospital. A senior staff member told us, "We have a pool of staff to provide cover. Staff are brilliant for that and as senior staff we also provide support, it's in our job description." Another staff member told us, "There is always someone to speak to even when the office shuts. We know to ring the office straight away if we are worried about someone. We have to report any changes straight away."

People confirmed they knew how to make a complaint and were confident this would be dealt with appropriately. People who completed our survey mostly agreed, "My care and support workers respond well to any complaints or concerns I raise" and "The staff at the care agency respond well to any complaints or concerns I raise." The service ensured that all people using the service were provided with details about how to make a complaint along with contact numbers for the management team, local authority and the Care Quality Commission (CQC).

We found the service had systems in place for the recording, investigating and taking action in response to complaints. The registered manager told us the service had received two complaints in the past 12 months. We noted these complaints had been dealt with appropriately and within the time scales of the policy.

The registered manager told us satisfaction surveys were sent out annually to people and their families where appropriate. The surveys asked for people's experience with areas such as professionalism and approachability of care staff. We also noted people were asked for their thoughts on how they like to be referred to when describing their status as users of the service. Most people did not like the term 'service user', and were now referred to as clients.

Is the service well-led?

Our findings

People who completed our survey strongly agreed 'I know who to contact in the care agency if I need to', 'The care agency has asked what I think about the service they provide' and 'The information I receive from the service is clear and easy to understand'. People expressed their confidence in how the agency was managed and they felt they were listened to. Their comments included, "Absolutely. They ask me anyway if I am alright, they have always been very good that way." "I have no concerns and if I had I would say." People told us if they wanted a change in time for a visit or extra visits this was arranged.

There was a manager in post who had been registered with the commission since 30/11/2010. The registered manager had responsibility for the day to day operation of the agency. She was supported in her role by the managing director, care co-coordinator, team leader and a lead carer. Throughout all our discussions it was evident the management team had a thorough knowledge of people's current needs and circumstances and was committed to the principles of person centred care.

According to the PIR, there were systems in place to ensure the quality of care practice. We were able to confirm this during our visit. The registered manager told us they had registered with various agencies to ensure best practice such as the Social Care Institute for Excellence (SCIE) and United Kingdom Homecare Association (UKHCA), a professional association of home care providers. They had also signed up to the Social Care Commitment. This is the adult social care sector's promise to provide people who need care and support with high quality services. It is made up of seven 'I will' statements, with associated tasks. Each commitment focuses on the minimum standards required when working in care. The commitment aims to increase public confidence in the care sector and raise workforce quality in adult social care. They had also signed the 'Dementia Pledge'. This demonstrated the provider was continually working towards meeting the needs of people living with dementia by placing a greater emphasis on improving the quality of care and the experience of people using services.

The registered manager told us they had an 'open door' policy encouraging communication, transparency, and a positive working culture between everyone. They had regular discussions with care staff about people they supported and at times covered visits themselves. This was seen as an opportunity for people to raise any concerns or make comments in an informal way. They also had regular contact with people's relatives and all activity and telephone calls were documented to make sure any information received was not overlooked.

A wide range of policies and procedures were in place at the service, which provided staff with clear information about current legislation and good practice guidelines. We were able to determine that they were regularly reviewed and updated to reflect any necessary changes. We noted as a planned development strategy to raise standards, a new absence policy was to be introduced. This was to reinforce staff understanding of how absenteeism impacted on people using the service and their colleagues. We were told by the registered manager it was important to ensure people's needs were considered at all times by staff and for staff to remember they are supporting vulnerable adults. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should

carry out their roles and to be professional at all times.

The company used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback from people and their relatives in quality assurance questionnaires. We looked at the results of the latest survey and noted a high level of satisfaction.

We found staff we spoke with were enthusiastic and positive about their work. They were well informed and had a good working knowledge of their role and responsibilities and duty of care. Staff were very complimentary about the management of the service. They told us they had received the training they needed and were well supported by the management team. The registered manager and senior staff were approachable and they considered the agency was well led. One staff member commented, "[Registered manager] is brilliant, absolutely. I have never worked anywhere before where I was not a 'number'. Here it's like being part of a family. I feel really valued and appreciated. It's a good feeling wanting to come to work. I have a better home life work balance. The on call and backup system means I can relax and do things. It's good to see our client's happy." Another staff member told us, "We have good management support in all areas. Our back up staff are really good and I would say all the staff are good and flexible with their work. Its thumbs up for the agency and how it is managed. I feel valued and [registered manager] goes out of her way to help. We are all part of a team. I love the work we do. We get plenty of training and we can approach [registered manager] at any time."

Staff we spoke with had a good understanding of the expectations of the registered manager and had clear defined roles and responsibilities to people using the service, themselves and the agency. They were well informed and had a good working knowledge of the people they supported. We saw that the management team constantly monitored care workers reports of visits when these were returned to the office or during a spot check. This helped the registered manager to make sure staff provided the care and support they should. The agency used a tele monitoring system. This meant staff were required to call in to the office when they arrived at people's homes and log out when they left. This information meant the management team were able to monitor more effectively that staff were meeting their obligations in attending to people as and when required.

There was also a process in place to monitor any incidents such as accidents or complaints. This meant there was constant oversight of the service and this provided an opportunity for everyone to reflect and improve the service where needed. Formal audits in areas such as staff records and training, health and safety, care planning, and medication were carried out which meant all aspects of the service would be checked at regular intervals throughout the year.

The registered manager set out detailed planned improvements for the service in the PIR (Provider Information Return) under safe, effective, caring, responsive and well led. This demonstrated the registered manager had a good understanding of the service and was focused on improvements.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team.

The registered provider had achieved the Investors In People (IIP) which is an external accreditation scheme that focused on the provider's commitment to good business and excellence in people management.