

Springs Of Joy Care Solution (SOJ) C.I.C

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Inspection report

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Ratings

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|---------------------------------|-------------------------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Requires Improvement ● |
| 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 announced inspection of the service on 7 January 2016. Springs Of Joy Care Solution (SOJ) C.I.C is registered to provide personal care to people in their own homes. At the time of our inspection the service was providing the regulatory activity of personal care to nine people.

On the day of our inspection there was a registered manager in place. 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.

People who used the service had confidence in the staff that supported them and felt safe with them. Staff knew what they could do to help protect people from any risk of harm and there were arrangements in place to help keep people safe. Appropriate checks of staff suitability to work at the service had not always been completed as carefully as they should have.

Detailed care plan assessments had not always been completed in a timely enough way to make sure people's needs were fully considered, although other steps had been taken to minimise possible risks to people because of this.

Staff had enough time to provide the support people needed, so people were not rushed and they received the assistance they needed, when they needed it. Staff understood how to manage peoples' medicines safely.

Staff treated the people they supported with kindness and respected their dignity. They understood the needs and preferences of the people they supported and made sure people could make choices about the way that their support was delivered. Staff received training and support to make sure that they had the right skills and knowledge to carry out their roles effectively.

People were supported to make choices and express their preferences. Peoples' ability to make and communicate decisions was considered but the recording of this was to be improved. The registered manager undertook to strengthen the way the principles of the Mental Capacity Act 2005 were taken into account in the assessment and care planning processes.

People were encouraged to make choices about the food they ate and staff understood peoples' likes and dislikes in relation food and drinks. Daily records were made and reviewed to help keep a record of people's day to day wellbeing and if any concerns emerged, or a health concern was noted, these were acted on.

People told us that staff supported people in a kind and caring way. They understood people's needs and got to know what was important to them.

People, and their relatives, felt their views were listened to. Copies of people's individual care plans and

other useful information, was easily available to them in the care plan folders kept in their homes.

Staff knew what steps to take to help make sure people's dignity and privacy was protected and, where appropriate, they encouraged them be as independent as possible.

Staff understood the things that were important to people and these were taken into account in the way their support was delivered. People received the support they needed in a reliable way as visits were on time and staff stayed for the time periods that were arranged. People told us they appreciated the continuity of having the same staff support them on a regular basis.

People told us they felt able to raise a complaint, should they need to. They have been provided with information about this and how to report concerns to other organisations.

People spoke positively about the quality of the service they received. They felt able to contact the registered manager about any issues or concerns.

The registered manager, nominated individual and care staff showed they were enthusiastic about their roles and committed to providing a high quality service. The registered manager understood their responsibilities for notifying the CQC of any incidents or concerns.

Satisfaction surveys had been used to help capture the views of people who used the service. Some other quality checks were also taking place but these were not yet being implemented in a consistent way.

There was a framework in place to help monitor the quality of the service and these processes were still developing at the time of our inspection.

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 not consistently safe.

People were supported by staff who they trusted and who respected their dignity. Staff knew how they could help protect people from risk of harm.

In some cases, consideration of possible risk had been insufficient because important assessments had not been completed swiftly enough.

There were enough staff available to make sure people got the support they needed at the right times.

Recruitment processes to check that staff were suitable for the role had not always been followed correctly.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had received the training they needed to do their job effectively and they felt well supported by the registered manager.

People were supported to make choices and express their preferences. The registered manager undertook to strengthen the way the principles of the Mental Capacity Act 2005 were taken into account in the assessment and care planning processes.

People were encouraged to make choices about the food they ate and staff understood peoples' likes and dislikes in relation food and drinks.

People's day to day health needs and general wellbeing were monitored and any concerns acted on.

Good ●

Is the service caring?

The service was caring.

Good ●

Staff supported people in a kind and caring way. They understood people's needs and got to know what was important to them.

People, and their relatives, felt their views were listened to. They were given written information to confirm the arrangements that were in place.

People's dignity and privacy were maintained by staff and people were encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

Staff understood the things that were important to people and these were taken into account in the way their support was delivered.

Support was delivered reliably and people appreciated the continuity of having the same staff support them on a regular basis.

People told us they felt able to raise a complaint, should they need to. They have been provided with information about this and how to report concerns to other organisations.

Is the service well-led?

Good ●

The service was well-led.

People spoke positively about the quality of the service they received. They felt able to contact the registered manager about any issues or concerns.

The registered manager understood their responsibilities for notifying the CQC of any incidents or concerns.

There were arrangements in place to help capture the views of people who used the service, although these processes needed to be implemented more consistently.

There was a framework in place to help monitor the quality of the service and these processes were still developing at the time of our inspection.

Springs Of Joy Care Solution (SOJ) C.I.C

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 7 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available.

The inspection team consisted of one inspector.

Before the inspection we reviewed information we held about this service. We also contacted two local authorities to ask for their feedback about the service.

At the provider's office we reviewed the care records for three people who used the service. We also looked at a range of other records relating to the running of the service such as staff files, policies and procedures. We spoke with three members of care staff, the registered manager and the nominated individual.

During the inspection we contacted some of the people who used the service and some relatives for their feedback about the service. We spoke with two people who used the service and three relatives of people who used the service.

Is the service safe?

Our findings

People we spoke with told us they had confidence in the staff and felt safe with them when they supported them in their home. One person said, "I know I am safe, [my carer] is very good, she knows how to look after me properly." A relative told us the staff member who supported their relative was careful to make sure things were safe. They said, "He is always very conscious of safety and he checks everything." Another relative told us, "I know I can be protective and I know the staff are good. They know what they are doing, I trust them." And a third relative said, "I definitely trust them."

People were provided with information within their service user handbook which explained to them who they could contact if they had any concerns about their safety or the safety of others. Contact details for local authorities and the CQC were included. People we spoke with confirmed they had copies of this handbook in their homes, so they could refer to this at any time.

The risk of abuse to people was reduced because staff could identify and were alert to the different types of abuse that the people they supported might be at risk of. They were also aware of how to help minimise the risks of possible abuse. For example, two of the staff we spoke with explained the arrangements in place for the safe handling of people's money. They told us there were clear processes in place for staff to follow when handling any money on behalf of people, such as when shopping.

A safeguarding policy was in place which explained the process staff should follow if they believed a person had been the victim of abuse. Staff we spoke with knew who they could speak with, both internally and externally, if they had concerns about the safety of anyone who used the service. They all told us that they could report concerns to the registered manager, but also to the CQC or local authority, should they need to. One staff member said, "It's okay to raise anything here, I could speak to [the manager] or [nominated individual] if I was worried about anyone." Another said, "If I needed to I would take things higher, if I thought they hadn't responded to my issues." Staff had attended safeguarding adults training.

The manager confirmed to us that, since the service began operating, there had been no incidents or allegations of abuse that had risked people's safety. They were clear about the steps they would take should any concerns arise, including making referrals to the local safeguarding authority and reporting to the CQC. The safeguarding policy outlined how any issues would be responded to so that people's safety was protected.

Assessments of the risks to people's safety were conducted but this had not always been done in a timely way. We reviewed two sets of care plan records for people who had been supported by the service for some months. The provider's care plan documents explored all aspects of the support each person needed. These records identified any possible risks to people's safety and how the support provided could minimise these risks. This included, for example, details about how people communicated, about their mobility and ability to transfer themselves, the medication they took and their home environment. This information was readily available to staff and the people they supported in the care plan folders held in people's own homes.

However, the service had recently begun supporting six people who had transferred to them from another care agency on 16 December 2015. We reviewed the care plan records for one of these people and found the care plan and risk assessments had yet to be completed in detail. There were interim documents in place which gave some basic information, but the level of detail and consideration of possible risk was insufficient. The manager confirmed to us that they were part way through the process of carrying out detailed assessments for each of these six people, but this process had been somewhat delayed due to the Christmas holiday period. The manager showed us information to confirm appointments were being held over the coming two week period to meet with these people, and where appropriate their relatives, to complete their detailed assessments. This was confirmed by one of the relatives we spoke with during our inspection, who was due to meet with the registered manager early the following week.

We were reassured that appropriate steps had been taken to manage any immediate risks to these six people, particularly because most of these were being supported by the same staff that had supported them from the previous care agency. Springs Of Joy Care Solution (SOJ) C.I.C. had offered employment to these staff. This meant that people had continued to receive support from staff that knew them well and who were aware of their individual needs and any risks associated with supporting them.

We spoke with the manager about action they would take if the running of the service was affected by an unexpected or urgent situation, such as adverse weather or a sickness epidemic amongst staff. Although there was no written plan in place the manager was able to explain to us the action they would take. They described the informal arrangements they had in place with people who used the service and their relatives to agree any urgent or short notice changes in the way their care was delivered, if needed. The manager assured us they would develop a written plan to confirm the arrangements for responding to any emergencies or untoward events and they would share this with people who used the service and with staff. This would help to ensure people would still receive the care and support they needed in an emergency.

Staff we spoke with confirmed that any incidents or accidents were recorded in people's care plan folders and reported to the manager of the service. There was a policy in place which confirmed that alongside the completion of documentation urgent action would be taken if needed. This included reporting concerns to external agencies or starting internal investigations.

Records also showed that where people had marked their body in an accident, such as minor bruising, cuts or scratches, these were clearly documented within their care records. We saw that this information was then used as a trigger to consider if any further action was needed, such as a referral to a health professional. These records also meant any reoccurring themes could be monitored and addressed if needed, such as if there was a pattern of regular bruising, and then action taken to reduce any risk to people's wellbeing and safety.

People were supported by sufficient staff to meet their needs and to keep them safe. One relative told us, "It runs beautifully." Staff we spoke with told us calls were planned effectively. They felt that there were enough staff available and sufficient time was allowed for travel in-between calls. Staff did not feel under any pressure to rush or hurry people. If there was a shortage of staff at any time, or an urgent problem arose, the manager would step in and assist with delivering care. One staff member told us, "They don't give us too many calls, the clients always get their full hour." Another confirmed this and said, "People always get their full time, you have the time you need."

We checked the recruitment records for three members of staff who were employed prior to December 2015. Their records showed that a formal recruitment process had been followed. Essential checks had been carried out before the staff had been employed, including criminal record checks, employment and

character references, work permits and identity checks. We were told that these staff had been interviewed by the manager and provider, to ensure that they were suitable for the role, although there were no written records of these interviews. These steps had assisted the manager in making safe recruitment decisions.

However, we found there was some risk of people receiving support from staff who were unsuitable for their role. This was because appropriate checks on staff member's suitability for the role had not always been carried out. Six staff had been recruited in the middle of December 2015, from another care agency that was closing, and although some checks had taken place not all the necessary steps had been completed. Up to date Disclosure and Barring Service (DBS) checks, which help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, had not been completed for all the staff employed. References had not always been fully taken up and there had been no formal interview to test staff suitability for the role they had applied for. The manager explained to us that they had offered these staff employment contracts based on information from their previous employer. They had done this to ensure a speedy and smooth transition for the people who had previously been supported by these same staff under the previous care agency. The registered manager acknowledged that they had not fully followed their own recruitment processes when doing this, but were completing the remaining steps on a retrospective basis. The six staff all had appointments to meet with the manager and nominated individual over the coming week. These final checks were to ensure that all staff employed were suitable for their role.

We asked people if staff supported them with their medicines. Most people managed their medicines independently, or relatives supported them with this. One relative told us, "I manage all that, but they check it and give advice, they are very knowledgeable."

Where people were supported with their medicines staff had been trained in this and understood the possible risks. The staff we spoke with could explain how they supported people safely with their medicines. They referred to the details in people's care plans and kept careful records when medicines were prompted and taken. One staff member told us, "I have had training and if feels okay about medicines. I know what I need to do."

We looked at the medicine administration records (MAR) for two people who used the service at the time of the inspection. These are used to record when a person has taken or refused their medicines. The records had been completed correctly and showed people had been supported to ensure they took their medicines reliably.

Is the service effective?

Our findings

People told us they thought staff had suitable skills, knowledge and experience to support them in an effective way. One person said, "They all seem very good." Another person told us said, "[Staff name] is very good, she looks after me really well."

Staff we spoke with told us they felt the training they had was useful and supported them to carry out their role effectively. One member of staff said, "I had an induction and you get told about what you need to know to do your job." Another told us, "I had training where I worked before but I am updating it here as well."

Staff received the appropriate training for their role and completed an induction programme when starting their employment. This included an introduction to the provider's policies and procedures. Staff were also required to complete a workbook to show their learning from the induction programme and those staff who had recently joined the service were part way through this process. Ongoing and refresher training was also made available. Records showed staff had received training in key areas to support them to carry out their role. Training included safeguarding of adults, the safe management of medicines and moving and handling. Some staff were due to attend refresher training to make sure their skills and knowledge remained up to date. The manager had already planned for this and dates had been arranged for the training sessions.

Staff were also required to complete a level two National Vocational Qualification (NVQ) in Health and Social Care. One of the staff we met had achieved level two and was in the process of working towards their level three NVQ.

Although not yet underway the provider had made plans for all staff to commence a nationally recognised qualification called the 'Care Certificate' which has been developed by Skills for Care. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The staff we spoke with told us they felt supported by the registered manager. One member of staff said, "You can call [Manager] and she always answers or comes straight back to you if you leave a message." Another told us, "If you have a concern you can let her know straight away, it's reassuring."

Staff attended supervision meetings where they could discuss their role and performance with the registered manager. Notes of these meetings confirmed discussions took place to review how well staff were working and to share any issues or concerns.

People told us they were given choices and staff respected their choices. One person said, "[Staff member] asks me how I like things doing and listens to me." Another person said, "They ask what I would like and then they do it." One relative told us, "They listen to what is important to us."

When we spoke with staff they described to us that they gave encouragement and supported people to do as much for themselves as possible. For example, one member of staff described how they enabled a person to complete as many aspects of their own personal care routine as possible. As well as giving this person as much independence as possible it also provided them with choices about the way their care needs were met.

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. We checked whether the service was working within the principles of the MCA.

Care records showed that some consideration had been given to whether people had any impairment to their memory or communication skills which might impact on their ability to make or communicate decisions. From the people and staff we spoke to we found that those people currently using the service were able to make their own decisions and communicate these. However, the provider's assessment process did not demonstrate how these issues would be fully explored should there be a person using the service who might lack the mental capacity to make any specific decisions. We discussed this with the registered manager and they agreed to review their assessment processes to ensure they supported the MCA requirements for assessing capacity and decision making.

People spoke positively about the support they received with grocery shopping and meal preparation, if needed. One person told us, "When they get my shopping they remember all the little details. That's important to me."

Staff we spoke with explained how they supported people to make their own choices about the meals they ate. One staff member described the mealtime arrangements for a person they supported, "[Name] likes to pick out their own meal. They choose what they fancy to eat from their fridge or freezer, then I cook what they have chosen." Another member of staff told us how they knew the likes and dislikes of a person they supported with meals. They told us, "I know what he likes best, so I can tempt him with that if he isn't feeling very hungry."

People's nutritional and dietary needs were discussed with them during the assessment and care planning process. This included any cultural or religious needs that could impact on the types of food and drink they consumed. This information was available to staff in care plans to enable them to support people effectively with their dietary requirements. Staff we spoke with showed an awareness of the possible risks people might face from poor fluid and nutritional intake. For example, when people were unable to make themselves a drink, staff ensured they encouraged them to drink during their visits and left them with another drink in reach.

Staff completed a record of the support they provided to each person at each visit to give an overview of the support delivered and of the person's general wellbeing. These records noted when a person had been supported with a meal and if there were any concerns about a person's appetite. This meant there was a record of the support given and any concerns or patterns could be monitored. Staff we spoke with confirmed that if they had any concerns about a person's diet or nutrition they would discuss these with the person and, if needed, raise with the manager and refer to a healthcare professional.

Staff also told us they would follow this same course of action for any other concerns as well. The records of daily visits were used to help monitor people's day to day health and wellbeing. Any concerns were

discussed with the person and their relatives, where appropriate to do so. One relative said, "They are very good at checking things, like tablets, and just monitoring how things are. They talk to us if they think we need to contact the doctor."

The staff we spoke with were aware of the healthcare needs of the people they supported. They confirmed this information was available to them from the care plans in peoples' homes and that information was also explained to them by the registered manager. One staff member said, "The paper work gives us information and we can ask [registered manager] if ever we are not sure."

Is the service caring?

Our findings

The people we spoke with told us staff were caring and they developed good relationships with those that supported them. One person said, "Everything's absolutely great. They are friendly and just lovely to me." Another told us, "I appreciate everything they do for me. They are very nice." These views were shared by a relative we spoke with, who told us, "This is our first experience of having care, I was dreading having people in the house, but they are extremely good."

People also told us that they usually had the same regular staff, which helped them to develop their relationships and meant the support they received was consistent. The service had recently begun supporting six people who had transferred to them from another care agency. In most cases these people had continued to be supported by the same staff as a number had become employed by Springs Of Joy Care Solution (SOJ) C.I.C. People we spoke with valued this continuity. One person told us, "I haven't really noticed any difference with the changeover. I get the same person help me and it still all goes well."

The staff we spoke with demonstrated that they knew the people they supported well and a high regard for them. One said, "I really love this job, the people I go to are just great." Another member of staff told us, "I feel like I am really caring for people, you get to know them."

People's care records contained information about people's likes and dislikes and their personal life history. Where detailed care plans had yet to be completed there was still some essential information available, in a simplified format, of peoples preferences, routines and individual needs. The staff we spoke with had a good knowledge of the people they provided care for. They knew their likes, dislikes, their preferred routines and took this into account when providing support to them.

People's care records showed that their religious and cultural needs had been discussed with them. People had been asked whether they required any additional support from staff in following their beliefs and, if they did, arrangements would be made to do so.

People we spoke with told us they felt involved with decisions about their care and had access to information about their care arrangements. One relative said, "They listen to what is important to us, that means a lot." Another relative, whose family member had recently started using the service, told us that they had been involved in discussions about their relative's care but there wasn't yet a detailed care plan in place to confirm these arrangements and inform staff of what they needed to. However, they also told us that the registered manager had made an appointment with them for the following week to complete this.

People were provided with information about their care and this enabled them to contribute to the decisions made. In the care records that we looked at there were details about individual preferences, routines and needs which showed that people and, where appropriate their relatives, had been asked for their views on the things that were important to them. When the care plan assessment process was completed people signed these documents to acknowledge their involvement and agreement with the plans in place.

Information was available for people in their service user guide, about how they could access and receive support from an independent advocate to help them make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

People told us staff treated them with respect, dignity and promoted their independence as much as possible, so they did not feel their freedom was restricted. One person said, "[Staff name] looks after me really well." They went on to explain, "She lets me do things myself as well." Another person told us, "They do things as I like them to, and they let me do the things I can do for myself." A relative described to us that care staff were skilled at encouraging their family member to be as independent as possible. They told us, "They know when to give encouragement." Another relative commended staff on their caring approach, "I can't fault [Staff name]. They have a lovely way of doing things, so polite, so kind."

The staff we spoke with were able to explain how they ensured they treated people with respect and dignity. One staff member said, "I'm always careful to keep doors closed and to knock when I go into the house and into their rooms." Another told us, "We'll always encourage people to wash themselves, if they can, and use a towel to cover up and protect dignity."

People's care records contained guidance for staff on how to maintain people's dignity when supporting them with their personal care. The records identified the tasks that people could manage independently and those where they needed support. This gave staff information to help them encourage people to be as independent as they wanted to be when receiving support with their personal care.

In the provider's office we saw people's records were treated confidentially and were stored in a locked cabinet. The staff we spoke with understood the importance of protecting peoples' confidentiality. One explained to us that they were careful to make sure the notes in peoples' homes were kept safely. They told us, "We always make sure we don't leave notes out on view to others. We don't want other visitors reading them."

Is the service responsive?

Our findings

People's views and preferences were reflected in the support they received. One person said, "They ask what I would like and then they do it." Another said, "They do things as I would like them doing. There is no rush, they come on time and sometimes they get talking a stay a bit longer."

Staff we spoke with demonstrated that they knew the individual needs and routines of the people they supported. They were able to explain to us how they ensured the things that were important to people were respected. For example, one staff member described how they supported a person to take regular bus trips and visit a barber shop of their choice. This was an important part of the person's regular routines and helped to maintain their independence.

There were details in people's care plans of their interests and hobbies, and the registered manager told us staff would support people with these activities, if needed. One person was supported to attend a day centre in their local community.

People we spoke with told us that staff had sufficient time available to provide the support that was needed. One person told us, "[Staff name] is always on time, she stays the hour and sometimes a bit longer." A relative told us, "Sometimes they stay over if it takes a bit longer, they are not rigid about time in that way."

When we spoke with staff they also confirmed that their rotas were planned so that they had the time they needed to complete their calls effectively. They were not overly rushed and, when covering for any absent colleagues, this was done in a planned, achievable way. One staff member told us, "They don't give staff too many calls – the service users always get their full time." Another added, "You have the time you need." Staff also told us that, if needed, the registered manager would step in and cover any extra calls.

People who used the service told us there was good continuity because they were supported by the same, regular care staff, who knew them well. One person told us, "I have a call in the morning five days a week. I always get the same staff." Another said, "I always have the same one come to help me, she knows me well." One of the relatives told us, "We have three or four regular staff. They are very good at coming on time. Very good timekeeping." When people required more than one member of staff to support them, this was provided. The manager told us they planned the staff rota carefully to make sure there were enough staff available and to ensure people would get the support they needed.

People we spoke with confirmed that a copy of their care records were retained in their home, so they and staff could view these at any time. One person explained that they sometimes liked to check these documents. They said, "I've got a folder of documents, occasionally I have a look, staff fill it in every day." This meant written confirmation of people's individual plans was easily accessible to them and they could check that the details accurately reflected their individual needs and wishes.

The care plans in place were current, as the service had only been operating for a short time. We saw that information was up to date and represented people's current needs. The registered manager explained to

us that care plans would be reviewed at regular intervals and when there were any changes in people's individual needs.

People we spoke with could explain how they would raise any concerns or make a complaint if they needed to. They were confident this would be dealt with appropriately. One of the people who used the service told us, "I feel confident I could say something if I needed too." One of the relatives we spoke with told us, "If I wasn't satisfied I wouldn't hesitate to say – I've had that before with another company. I've got the office phone number if I need it." Another relative explained they had shared some comments about the service in the past, "I have mentioned a few niggles to (registered manager) when I needed to. She seems very much on the ball." And a third relative said, "If I do have a problem then I'd tell [registered manager], no hesitation."

There was written information available to people and their relatives about how to raise any concerns or complaints. In each person's service user guide we saw the complaints process explained who they could speak with if they had any concerns about the care that was provided. This guide also gave contact details for external bodies, including the CQC, should people wish to report their concerns to us.

Staff described to us how they would deal with a complaint if a person raised an issue with them. They were familiar with the complaints information held in people's care plans folders and would signpost people to that. However, their first step would be to try to resolve any issues themselves, if they could. One staff member said, "First of all you would talk to them yourself, usually you can sort it out." Another staff member told us that people and their relatives felt able to raise any issues or concerns with them. They said, "Families are comfortable with us, they'll tell us if they have anything on their minds, then we can try to help."

There had been no formal complaints received since the service had begun operating. There was a clear policy in place to show what action the service would take if any were received.

Is the service well-led?

Our findings

All of the people and relatives we spoke with were positive about the service they received. One person told us, "I am very satisfied with them." Another said, "They seem okay so far. They turn up on time and usually it's the same staff." People also told us they felt able to talk to the registered manager if they needed to. One said, "I am sure if I said something [registered manager] would be on the ball." Another added, "The manager came out to see me, she's very nice."

The registered manager and the nominated individual explained their vision for the service to us. They were enthusiastic about providing high quality care to people that took into account people's individual needs and wishes. When we spoke with staff they also showed enthusiasm for their jobs and a genuine interest in the people they supported.

Satisfaction surveys were made available to people who used the service, and their relatives. The registered manager explained to us that people were asked to complete these and return them to the office. The frequency of this had yet to be formalised, because the service had been operating on a very small scale since it commenced. However, we did see completed copies of these surveys from September and December 2015 which showed the process had been used to capture people's feedback. The completed forms showed satisfaction levels were high. Copies of these survey forms were kept in people's care plan folders in their homes and they could complete one at any time.

The people we spoke with were aware of these satisfaction surveys. One person told us, "I've filled in a couple of questionnaires. I'm happy with things." Another person, who was new to the service, explained that they had not yet completed a form, "It's early days for filling in a satisfaction survey, but there is a form in the folder I can fill in."

Staff told us that they felt able to raise any issues or concerns with the registered manager and nominated individual of the service. One of the recently employed staff told us, "I have met with them both and I feel able to raise anything with them if I need to." Another member of staff said, "It all feels very organised. [Registered manager] is very responsive."

The registered manager told us they met with staff on a regular basis, and staff we spoke with confirmed this, but there were no written records of these meetings to confirm what had been discussed. The office accommodation included an area for staff to meet as a group and was utilised for staff meetings and training sessions. There was a staff notice board which gave relevant and up to date details about forthcoming training, local resources and other information relevant to working in adult social care.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Since the service commenced there had been no issues that required a notification to be submitted. However, in discussion with the registered manager they demonstrated that they understood when they would need to make such notifications and assured us that they would do so, when required.

The service had adopted a quality framework which was provided by a national company and designed to support organisations in the adult social care sector. This gave the registered manager and the nominated individual easy access to a range of information, templates, policies and advice to support them in their management of the service. During our inspection the registered manager and the nominated individual explained how helpful they found this resource.

Alongside this there were some arrangements to help assure the quality of the service, although these processes needed to be strengthened to make them more robust. A process for carrying out spot checks of staff performance had been developed, and the tool used to record this was well detailed. However, records were not always made to confirm the outcome of spot check visits and so it was difficult to identify how useful they were in assessing the quality of the service. The manager told us that they would introduce a more robust method of planning and recording these checks.

Care plan documents were completed by the registered manager or senior care staff member. It was evident that the registered manager retained an oversight of these documents which helped to ensure the documents were completed consistently and fully.

Staff timesheets were checked to ensure that people's care had been delivered in line with their care plans and to make sure people were invoiced correctly for the support they had received.