Nestor Primecare Services Limited

Allied Healthcare Salisbury

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

Allied Healthcare Salisbury provides personal care to people in their own homes in the community and within sheltered housing schemes.

We carried out this inspection on 24 August 2017 and made telephone calls to people and staff to gain their feedback on 22 August and 21 September 2017.

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. The registered manager was available throughout the inspection.

Allied Healthcare Salisbury had recently amalgamated three different areas in terms of location. This meant that as well as covering Salisbury and the surrounding villages, the agency now supported people in the Bournemouth and Yeovil areas. The restructuring meant the closure of offices and some staff reapplying for their jobs. In addition, different systems and paper formats were being used, so work was required to ensure consistency. The amalgamation had a impact on the service and staff morale but people's support was not affected. The registered manager confirmed that following the amalgamation, the agency was now in a better place although had further work to do. The registered manager was assured people's support was working well but stated their support plans needed a full review.

Some aspects of people's support plans were detailed and well written. However, other parts lacked detail and did not clearly reflect people's needs and the support they required. Not all support plans had been reviewed, as people's needs changed. Risk assessments were in place but the information did not clearly identify the risks or the action required to enhance safety. The registered manager was aware of these shortfalls and there was an action plan in place to address them.

People's medicines were safely managed although this was not so for topical creams. Instructions for the cream's application were not always clear and not all were applied, as prescribed. Staff had undertaking training in the safe administration of medicines. However, after the inspection, additional training sessions were arranged to address the shortfalls in the application of topical creams.

People were very happy with the support they received. They said staff arrived on time and there were no concerns about missed visits. They said the service was flexible and could accommodate requests for an earlier or late visit. People were supported by a small team of staff to ensure consistency. People liked the staff who supported them and positive relationships had been built. Emphasis was given to people's rights, which were clearly promoted. People were able to give feedback about the service and were aware of how to make a complaint.

People were supported by staff who were well trained. Records showed staff completed a range of courses, which the provider deemed mandatory as well as other topics, which were person specific and related to individual needs. All new staff received a detailed induction before starting work with people. Staff felt well supported and received formal one to one meetings with their supervisor to discuss their performance and any challenges. There were clear "on call" systems which enabled staff to gain advice at any time.

There were many positive comments about the registered manager and the support they gave. A caring, person centred ethos was strongly promoted and adopted throughout the staff team. The registered manager valued the attitude of staff and the work they did. Management systems included regular meetings to discuss the allocation of people's visits and safe recruitment practice. Systems were in place to assess and monitor the quality and safety of the service.

During our inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service was not always safe.

Records did not always show potential risks had been identified and appropriately addressed.

People's medicines were safely managed but there were some shortfalls in relation to topical creams.

There were sufficient numbers of staff to support people.

Safe recruitment procedures were in place.

Is the service effective?

Good

This service was effective.

People were supported with decision making in line with the Mental Capacity Act 2015.

Staff were well supported and received a range of training to help them to do their job effectively.

People were appropriately supported with their meals.

People were supported to access a range of health care services.

Is the service caring?

Good

This service was caring.

There was a caring approach throughout the service

Staff cared about people and good relationships had been established.

Staff promoted people's rights to areas such as privacy, dignity, choice and independence.

Is the service responsive?

Good

This service was responsive.

People were very happy with the support they received. They appreciated the consistency of the service, its quality and reliability.

Each person had a support plan but some information was not detailed and up to date.

People and their relatives knew how to raise a concern and were confident any issue would be properly addressed.

Is the service well-led?

Requires Improvement

This service was not always well-led.

The increase in the locality now supported had impacted on the service and staff morale but not people's support.

Management systems had identified shortfalls and improvements had been made. However, further work was required.

There was a caring, person centred ethos which was adopted throughout the staff team.

Allied Healthcare Salisbury

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 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 was announced and took place on 24 August 2017. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure someone would be available to assist with the inspection.

The inspection was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with 19 people who used the service and three relatives, on the telephone. These discussions took place on 22 August and 21 September 2017. We spoke with the registered manager, three staff in the office and seven support workers on the telephone. We looked at people's paper records and documentation in relation to the management of the agency. This included staff supervision, training and recruitment records, quality auditing processes and policies and procedures. After the inspection, we received feedback about the agency from four health and social care professionals.

Before our inspection, we looked at notifications we had received. Services tell us about important events relating to the care they provide using a notification. 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. The PIR was completed and returned to us on time.

Requires Improvement

Is the service safe?

Our findings

Potential risks to people's safety had been considered but not always clearly documented in care records. For example, one person had a risk assessment in place regarding their continence but they did not need any support in this area. The registered manager told us the assessment was in place due to the person's epilepsy and the potential of having a seizure whilst in the bathroom. This was not detailed in the assessment. Another assessment identified the person was at risk of having a seizure during activities, such as swimming. There was no guidance to inform staff of what to do if this happened. After the inspection, the registered manager told us staff did not accompany the person to go swimming. One person had been identified at risk because of their smoking. No further detail was identified in the assessment other than the person had anti-inflammable bedding. The registered manager told us the risks associated with the person smoking, had been discussed and the person's care manager was in the process of devising a new risk assessment. They said potential risks and the action required were discussed with staff but they would ensure a full review of all documentation.

There were areas within support plans which did not give sufficient detail about the management of risk. One plan showed a person had a particular health condition, which required staff to "act quickly" if required. The information did not inform staff of the possible symptoms, which required this action. Another record showed a person had pressure ulceration, which the community nurses were treating. There was no information about the ulcers, where they were situated or any preventative measures to minimise further deterioration. Another person had a risk assessment regarding their challenging behaviour but the 'behaviour description' had not been completed. Potential triggers to these behaviours had been identified as frustration but no further detail was documented. There was a clinical check list which stated the person had mental health needs, without further detail. There was no information about the best ways to support the person. Information within a financial plan showed staff undertook the person's shopping on a particular day. Details of this process, including how the shopping was paid for, were not stated. The registered manager told us some of these risks no longer applied although agreed the support plans needed to be updated to reflect this

Medicines were safely managed but the systems in place did not ensure people's topical creams, were applied as prescribed. One record showed staff had written the name of a topical cream but there were no further details of its use. The handwritten entry was not signed or countersigned by another member of staff to show it was accurate. Another record stated the topical cream was to be applied "as directed". The reason or frequency of the application and the area of the body it was to be applied, were not stated. Daily logs showed some staff had applied a person's topical cream. However, the frequency of the application did not always reflect the prescriber's instructions. One person was prescribed a medicine to be taken "as required". There was no guidance available to staff to show them when this medicine was to be administered. The registered manager told us this would be addressed although the person was very capable and able to ask staff for the medicine when they wanted it.

This was a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received training in the administration of medicines and their competency was assessed. However, after the inspection, a series of refresher training sessions were being arranged to address the shortfalls in the management of people's topical creams. Other records showed people's prescribed medicines and the instructions for their use. Staff had signed the medicine administration record (MAR) appropriately when assisting or administering people's medicines. The registered manager told us any member of staff who failed to complete the MAR appropriately, would be required to undertake further training. The records were regularly audited to ensure the medicine records were properly completed. Staff said any concerns with people's medicines would be reported to staff in the office.

Whilst risk assessments did not give staff clear guidance, other systems were in place to promote people's safety. For example, the arrival and departure times of staff were electronically recorded if people gave their consent to this. In the event of a staff member not arriving at a property, an alert would be raised in the office. This enabled immediate action to be taken, to minimise the risk of any missed visits. There were "huddle" meetings in the morning and afternoon to ensure visits for that day and the following day were allocated to staff. The meetings also gave office staff the opportunity to discuss any concerns or changes to visit times. One "huddle" meeting which we attended, identified all visits were allocated four days ahead. Staff were awaiting confirmation from staff but were confident the two unallocated visits for the fifth day, would be easily covered. Any unallocated visits were identified on a large board in the office. This gave them greater focus and minimised the risk of them being missed.

There were clear procedures including what to do in the event of an accident or incident. Staff told us if they could not gain access to a property, they always determined the person's safety. They said they would notify the office, contact relatives and/or speak to neighbours, to determine when the person was last seen. If these actions were unsuccessful, staff said they would call the police to access the property. In the event of a person falling, staff said they would immediately gain medical assistance. They said they would stay with the person until help arrived and the office would cover their next visits. There were had various "on call" systems, which ensured staff received advice and support when needed. The registered manager told us any significant concerns would be immediately escalated to them.

Staff were aware of their responsibilities to identify and report any poor practice or suspicion of abuse. Staff had received training in safeguarding and this was regularly discussed in one to one meetings with staff. There were posters in the office, informing staff of whistleblowing and reporting potential abuse. Staff were confident any concerns would be appropriately managed. If this was not the case, they said they would inform external agencies, such as the local safeguarding team. The registered manager told us they were "very hot" on safeguarding and said it was essential staff knew exactly how to identify and report potential harm. They said they had recently enrolled on an advanced safeguarding course and were planning to cascade this learning to the staff team.

Safe recruitment practice was being followed. There was a central recruitment department which initially screened all applicants. If assessed as having the qualities to undertake the role, the applicant would be sent an application form and invited to attend a formal interview. They completed a Disclosure and Barring Service check (DBS) to ensure they were suitable to work with vulnerable people. Records were maintained, which demonstrated each stage of the process. However, one file did not show information about the applicant's performance and character. This was quickly addressed once brought to the registered manager's attention. The information had been sought but not filed. The current status of recruitment was displayed on a notice board in the office, to enable an "at a glance" view.

People told us they received a reliable service. They said there were enough staff to support them although one person told us they sometimes had "stand in" staff. They did not feel these staff were as good as those

who usually supported them. They said this was because the "stand in" staff did not always know what their "real needs" were.

The majority of staff told us there were enough staff to support people effectively. Staff confirmed the number of visits they needed to complete was manageable and they did not need to rush from person to person. Some staff worked longer shifts with specific people, which they said worked well. However, one member of staff said the agency was "struggling for staff". Another staff member said they "sometimes" felt there was pressure to cover extra visits to people, as they did not want individuals to go without their care. A health/social care professional told us the agency was keen to assist but sometimes did not have the availability to take new care packages, particularly during the summer holiday period. The registered manager told us they had recognised the service would benefit from more staff, as at times, the service was "thin on the ground". They said recruitment was on-going and creative ways to attract new staff were being considered. In addition to greater flexibility, the registered manager said more staff would enable the service to safely grow, in response to demand.

Good

Is the service effective?

Our findings

People were supported by staff who were knowledgeable and aware of their needs. All staff were supported to undertake a comprehensive induction programme when they first started work at the agency. They met with their supervisor at set periods to discuss their progress and any challenges, they had faced. Records of these meetings were in place. However, the information predominantly showed the staff member's perception rather than any feedback from their supervisor. There were no action plans, which did not fully promote the staff member's learning and development. The competencies of new staff were assessed before they were 'signed off' from their probationary period. This included areas of care delivery such as oral, stoma and catheter care.

Staff told us their induction was thorough and enabled them to become familiar with their role. One member of staff told us the number of shadow shifts they completed was dependent on their previous experience and confidence. Another member of staff told us "they will ask you if you are ready to work on your own and if you're not, there's no pressure. Existing or staff from another agency would be asked to do those shifts and you'd be given extra time".

There was a central training department, which provided the majority of the training staff undertook. The training deemed mandatory by the provider included topics such as infection control and fire safety. In addition to the mandatory courses, there were 'person specific' training sessions such as epilepsy, pressure ulcer prevention and tracheostomy care. A record of the training staff had completed was held electronically. If staff had not completed all of the training required, the system would not allocate them work. This ensured staff were up to date with their knowledge and skills. The registered manager told us training delivery was being reviewed to ensure it met the learning styles of all staff.

People and their relatives told us staff had the knowledge and skills to do their job effectively. One person said staff were "well trained and well informed". A relative confirmed staff had received specialised training before supporting their family member. They said this had worked well as it enabled staff to be knowledgeable and confident, when managing their family member's complex needs.

Staff told us they were happy with the training they received. They said it was varied and fully related to their role. One member of staff told us the training was "absolutely fantastic. It's 'hands on' and not just reading off a power point". Another member of staff told us "I travelled quite a distance to do my MCA training, as it was deemed a better course. They outsource training well and use external trainers rather than doing it all in house. It makes such as difference. It makes you think about what you do and how you act". Another member of staff told us a particular trainer had "incredible knowledge and a good way of communicating with people". They continued to say "they were on the ball and could quickly and confidently answer any questions asked". Staff confirmed they were kept up to date and received refresher training each year.

Staff told us they were well supported. However, some staff explained the restructuring of the agency, had made it more difficult to consistently gain support. One member of staff told us they missed having a local office where they could just "drop in" for a chat. Another staff member said they felt the impact of lone

working was more apparent, without a local office. Staff said they were aware the new structure was a learning curve, which they expected to get better over time. Other staff told us they felt valued and very well supported. Comments included "there's always someone to talk to", "it's incredible for support" and "everyone knows 100% that X [registered manager] would be there and support you at any time. You couldn't ask for more". One member of staff told us if any of the team were experiencing a difficult time, at work or at home, they would be encouraged to go into the office for a cup of tea and a chat. Another member of staff told us "I was new to the area so in the beginning, they gave me visits really close together so it was easier. They also gave me tips on traffic hotspots and how I could avoid these. Everyone was so helpful".

Records showed staff had formal one to one meetings, with their supervisor. The records showed the different topics which were discussed. However, the information in some lacked detail and any actions required, were not clearly identified. For example, at their four week review, one member of staff had identified they found a particular person challenging. At their eight week review, the situation remained the same. Another member of staff had raised similar views but these related to another person. There was no information to explain what the challenges were or what support the staff member was offered. Records showed some staff had made specific training requests. This included epilepsy training and how to apply surgical stockings more easily. The information did not show whether the requested training had been arranged. The registered manager told us this "was a shame" as all points raised by staff, were actioned in some way. They said these shortfalls were definitely a recording issue, which they would address, rather than a lack of staff support. They gave examples of how supervisors had worked directly with staff to resolve specific challenges. The registered manager said this enhanced staff's confidence, as well as developing their knowledge.

The registered manager told us a lot of work had recently been completed with staff regarding 'early warning signs'. This had given staff information about potential ill health and the need to take swift but appropriate action when required. Staff were given a laminated card for reference, which showed a short summary of the 'early warning signs'. The registered manager told us this had worked well. They said staff were always encouraged to "air on the side of caution". This meant if staff had any concern about a person's health, they needed to report it. The registered manager told us they were very proud of staff, as they were always quick to respond. Staff confirmed if there were any concerns about a person's health, they would immediately inform the office. They were confident further action such as contacting the person's family or the GP, would be undertaken.

People told us they were happy with the support they received with their meals. They were supported with meal preparation at various levels, depending on their ability or preference. Staff told us some people chose to use microwaved meals, whilst others liked to cook "from scratch". This information was documented in people's support plans. A member of staff told us "X [staff member] is a trained chef so everyone likes X to do their meals. They don't encourage microwaved meals unless it's what the person really wants". However, one person's support plan stated they had lost interest in food but there was no information about their preferences, to encourage food intake. The registered manager was disappointed with this, as they said staff had done exceptionally well with the person. They said staff knew the person liked burgers so they purchased these from a fast food restaurant. They ate them with the person which encouraged a social event. The registered manager told us the person now ate well and had requested assistance to purchase a cooker to cook with.

People were supported in line with the Mental Capacity Act 2005 (MCA). 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.

There was a format which some people had signed to demonstrate their consent to the support they received. The information was missing on some formats but this had been identified. The registered manager told us they were in the process of gaining this information and identifying the legal authority, for those people who did not have capacity to consent. They said in terms of practice, staff always gained consent before undertaking any task. They said if a person declined assistance with their personal care for example, the frequency of this would be monitored and discussed with them. If concerns regarding capacity were identified, the person's care manager would be informed. The registered manager told us a capacity assessment would be undertaken and a best interest meeting would be held if required.

The registered manager and staff told us people were encouraged to make as many decisions as possible. This included what to wear and what to eat as well as the time of their support and what assistance they needed. The registered manager told us sometimes decisions seemed unwise. For example, one person had identified their medicines made them feel wide awake in the early hours. The registered manager told us staff discussed this with person and suggestions were made about taking the medicines later in the evening. Despite explaining the impact of this, the person did not want any changes made. The registered manager told us the person had capacity, so other than revisiting the discussion, the decision was respected.

Good

Is the service caring?

Our findings

People told us they liked the staff and established relationships had been built. One person told us "my carers are lovely, brilliant". Another person said "they are angels without wings". Other comments were "they are so caring", "staff treat him really well", "they're very understanding" and "X [staff member] is a brick, nothing is too much trouble for her". Another person told us about a different member of staff who was "very amiable".

As well as liking the staff, people told us they were very happy the service they received. Specific comments were "I wouldn't change a thing" "they treat me beautifully. They are ever so kind" and "I am very happy with them. I wouldn't change the agency for anything". One person told us "they are by far the best agency we've had", whilst another person said "they do the best they can. On the whole they do very well". Another person told us "I've no need to grumble about anything or any of them". A relative told us "they support me to care for [my family member] as I want them to be cared for". Another relative said "without Allied I'd be lost".

People told us staff respected their rights to privacy, dignity, choice and independence. Specific comments were "they absolutely respect me", "they're always polite" and "they asked me at the beginning what I'd liked to be called and they always call me by my name" One person told us staff supported them into the bathroom and then left them in private. They said this worked well as they called staff when they were ready. Another person told us staff washed their back and feet and dried them all over with a big towel. This said staff always enabled them to do what they could for themselves, which also promoted their dignity.

Staff were clearly aware of people's rights and said they promoted these as a matter of course. One member of staff told us "we always remember we're in the person's home and we have to respect that. I always think what I'd feel like if I had someone in my home". Another member of staff told us "it's their world and we can't impose our standards. We need to step into their shoes and think before we do anything". There were other examples such as ensuring people were covered during personal care, speaking to people in a caring and respectful manner and listening to people's views and what support they required.

Staff told us they enjoyed their role and felt the team worked well. One member of staff said "there are some staff in particular who I would definitely have for my parents. They're so lovely". Another member of staff said "we all try to go that extra mile. It's the extra bits that matter to people". Another member of staff told us "I love my job. It's very rewarding. I find people fascinating and interesting so it's great to be able to talk to people about their experiences, whilst supporting them".

The registered manager confirmed there was a good staff team. They said "all staff have their hearts in the right place. They're all good carers with clear values and they believe in what they do. It's not just a job. It's far more". The registered manager told us staff embraced diversity and there was vibrancy within the staff team due to different cultures. They said this enabled staff to promote equality and be compassionate in terms of people's diverse needs. The registered manager said staff gave good attention to detail. They explained one member of staff could make a basic salad look appetising due to the way they presented it.

The registered manager told us to ensure staff provided a good service, they felt it was important to value staff, as well as people who used the service. They said they regularly gave positive feedback to enable a caring culture. The registered manager told us at a weekend, when they were at home in the warm, they often thought about staff 'out in all weathers', dealing with challenging situations. They told us to recognise this, they often sent staff a text to say "thank you". Photographs in the office showed there was a "staff member of the month award". The registered manager told us anyone could nominate staff for this and a small gift was given to the winner. They said staff birthdays were always remembered and a card was sent as a gesture. Similarly, if a staff member or a person had experienced a particularly difficult experience, flowers would be sent to them. There was a monthly newsletter devised by the provider and another that was specifically related to the service. This enabled staff who often worked on their own with people in the community, to be kept up to date and feel they were important and part of a team.

There was a calm, relaxed and welcoming atmosphere in the office. Staff answered the telephone in a professional but caring way. They gave their name and asked how they could help. One member of staff gave reassurance and said "we'll see what we can do to support you, don't worry. Leave it with me". They closed the conversation by saying "take care of yourself. We'll speak again soon". The member of staff then discussed the call with the registered manager and a plan of action was agreed. People told us the office staff were easily contacted and were positive in their approach.

Good

Is the service responsive?

Our findings

The registered manager told us they were confident staff delivered a good standard of care, which met people's needs. However, they were aware there was work to do ensure all support plans were of a consistent format and sufficiently detailed. The registered manager told us due to the amalgamation of the three different areas, support plans were varied and not all to the standard they expected. This was being addressed with priority being given to safety. Another member of staff explained there was a plan, which stated who would be responsible for each review and the timescales involved.

There were notes on some support plans, which identified missing information or areas that needed further detail or review. All support plans detailed the person's interests, preferences and how they liked to be addressed. There was detail about the person's history and important events in their lives. This information was located at the front of the support plan, which introduced staff to the person, rather than the person needing care. One support plan gave detailed information about the person's needs and the support they required. This included how staff needed to assist them to move safely. Another plan promoted the person's independence as it was clear what aspects of their care they could do for themselves, and what areas they needed help with. However, another plan stated the person had a complex health condition. There was limited information for staff about how this was managed or the support they needed to offer.

People had confidence in the service and were not concerned about missed visits. One person told us "someone always comes". People told us staff arrived on time and they were generally supported by the same staff. One person said they were supported by four "regular" staff, who were "very nice". Other comments were "they're just like my family", "if they're a bit late, it's because of the traffic" and "they are very important to me". People told us if by any chance staff were running late, the office would inform them of this. They said staff always stayed for their allocated time and did all that was expected of them. This included additional jobs if required. One relative told us "the staff are really good and use their time well. They always give X her breakfast and will make the bed and tidy up whilst she's eating". One person told us "we always have a little chat, which is nice". People told us the service was flexible and could accommodate any changes. Staff confirmed this and said they would support a person earlier than usual, in the event of a doctor's or hospital appointment. They said some people were always supported at a specific time. They said this was particularly apparent if a person required "time critical" medicines or if a main carer needed to get to work.

The registered manager told us consistency was a common thread and essential to ensuring a good service. They said each person was supported by a staff team of four or less, to ensure this. Office staff confirmed they always ensured people were supported by staff who knew them. They said when initially receiving support, people were matched with staff in terms of personality, interest and common ground. This said this encouraged the person and staff member to "click" with each other, thus promoting successful support. A relative said this "matching process" worked really well and had helped them considerably. Another relative told us "the team at Allied know who would suit my [family member]". Staff told us if a person raised concern about a member of staff or said they did not like them, this would be addressed. They said the staff member would be removed from the person's support and an alternative would be found. People told us

they were sent a schedule of their visits each week, if they wanted this. The schedule enabled people to be familiar with who would be supporting them.

After the inspection, a health/social care professional told us of their views of the agency. They said "I felt staff were aware on my client's needs and knew her well. They reported that the care package needed to be increased and were very helpful, providing me with the necessary information". They continued to say, "generally there is consistency and continuity in the care and support provided by Allied and X is mainly visited by one carer. Allied always provide her with the carers rota in advance, so she is aware of who will be visiting her". Another health/social care professional told us "we have always found Allied to be proactive. Allied are always interested in helping clients with complex needs even when other providers have found their behaviour too challenging to deal with".

People and their relatives were aware of how to raise a concern if they were not happy with the service. They said they would call the office, although had never needed to do this. One person said a member of staff visited them regularly to review their care. They said "they always ask me in my review, if everything is ok. They make sure I'm happy about everything". Each person was given a copy of the complaint procedure, when they started using the agency. The registered manager told us any complaint would be investigated thoroughly. Any lessons learnt would be discussed and applied in practice. The procedure required all complaint documentation once completed, to be sent to the agency's customer services department. The information was then checked to ensure the correct procedure had been followed, to a satisfactory standard.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post. They had worked at the agency for approximately four years. The registered manager told us they were aware of the strengths of the agency as well areas, which required further attention. The amalgamation meant there were different systems, which needed to be brought together to ensure standardisation. This particularly applied to documentation such as people's support plans and risk assessments. The registered manager told us the team were working hard on this but they were aware more work was required.

The registered manager told us the amalgamation of the different areas had impacted on staff but people's support had not been affected. They told us it had been a difficult time, as the restructuring meant some staff did not know whether they would have jobs. This was unsettling and some staff left to find alternative work. The registered manager told us one of the staff who left was a scheduler. This position was temporarily filled with a Care Quality Supervisor, who knew people, staff and the geographical area. The Care Quality Supervisor based themselves in a community hall at least twice a week to be near to their team. As part of the amalgamation, more senior staff were brought into the agency. This included a Care Delivery Manager and two Field Care Managers. After the inspection, one health/social care professional told us they had a good working relationship with the agency. They said the agency was "responsive" and "good at getting back to us". The health/social care professional continued to say "the office move from Bournemouth to Salisbury, had not affected their communication with us at all".

Some staff confirmed the amalgamation was a difficult time. One member of staff told us "we're still adjusting. No one wants to step on each other's toes so it's taking a bit of time to get used to". There were other comments about the changes in offices and what this meant to individuals. Some staff told us about the growth of the service and how this impacted on their time with the registered manager. Specific comments were "we don't see the manager so much", "I have limited contact with the manager" and "I see X [registered manager] on the odd occasion". Staff told us there was a clear management structure in place and they all had supervisors they could contact. They said any serious matter would be escalated to the registered manager but they felt the amalgamation was giving them new challenges.

Whilst there were some comments about reduced contact, staff were complimentary about the registered manager and their management style. One member of staff told us "she's so supportive you wouldn't believe. She won't let anyone sink. As soon as she sees the stress levels increasing, she's there. She's great". Another member of staff said "X [the registered manager] is incredible, amazing. If we didn't have her, I'm sure a lot of us wouldn't be here. She's lovely". Other comments were "she's the best. She listens and is very understanding. I think she's excellent", "she has a heart of gold. There's nothing she wouldn't do to help us out, any time day or night", "the manager is totally devoted to their job" and "she doesn't judge and there's not a blame culture" another member of staff said "she always wants staff to learn and do their best. She'll give priority to something if it needs to be sorted out. If she doesn't know the answer, she's honest but will come back to you".

Staff made positive comments about the agency as a whole. One member of staff told us "the agency is very

professional. We have to follow procedures. If something isn't working as it should, we talk about it and make improvements. We're always encouraged to learn and do better". Another member of staff told us "hands on heart. I've never worked for a better agency". Staff could not think of anything the agency could do better or improve upon. The registered manager told us the wellbeing of staff was considered as well as that of the people being supported. They said staff's diversity was recognised and if staff could not drive, this was not a problem. They told us some rounds were based on staff walking or cycling, to the people they supported. Other staff drove but were given sufficient time to get to people without rushing and becoming stressed.

The registered manager was passionate about their role and providing a good service. They told us "I just love what we do. To be able to make a difference, it's so important. Caring, it's it my veins. It's in the staff's veins too". The registered manager told us their management style was to "think outside the box" and to be creative in solving any challenges. They said the ethos of the service, without a doubt was to provide good quality care in a person centred way. They said the ethos also emphasised enabling people to remain in their own home, if this is what they wanted. They told us "it's not just about the outcome being met. It's how you get there and what that means to people". The registered manager told us they always tried to incorporate the person's "wider circle" if this is what they wanted. They said this could include involving the person's neighbour, friend, priest or GP. The registered manager told us they aimed to be a role model and not live in a "glass tower" observing what was going on but being untouchable. They said they tried to see everyone's strengths and develop these as much as they could.

The registered manager told us part of their role was to develop positive relationships with all health and social care professionals who supported the service. They said effective networking had enabled this and as a result, professionals were very responsive, when asked for advice or to visit a person. They said a lot of work had been completed to ensure people had a smooth transition from hospital to home. They said this had significantly reduced the number of failed discharges and readmissions to hospital. The registered manager told us this was due to improved communication and all services working together.

Records showed there were a range of audits which assessed the quality and safety of the service. This included unannounced checks of staff and their practice. The registered manager told us if concerns about a member of staff were identified, additional checks would be undertaken. Regular discussions would also be held so they were clear of the shortfalls and what was expected of them. Office staff visited people to review their care and to ensure they were happy with the support they received. They said telephone calls were made to check people's satisfaction and surveys were sent to gain feedback.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Potential risks to people's safety were not always identified and properly addressed. Topical creams were not always applied as prescribed.