SCC Agency limited

SCC Agency Ltd (trading as South Coast Care)

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 20 August 2015 and was announced. The service provides personal care to over 100 people living in West Sussex. The service has a registered manager in post, who registered with CQC in April 2013. 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 last inspection took place on 28 May 2015. This was a focused inspection to follow up on two Warning Notices that had been issued in February 2015. We asked the provider to take action to address areas of concern relating to the drawing up of risk assessments for people and the monitoring of the quality of the service provided. The provider was required to take appropriate action by 31 March 2015. Although they had met the requirements regarding quality monitoring of the services, they had not met the Warning Notice in relation to Regulation 9 of the

Summary of findings

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correlated to Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, we followed up on outstanding areas of regulation breaches and found that the provider had now met the requirements.

Risks to people were identified, assessed and managed safely. Information contained within assessments provided information and guidance to staff. Accidents and incidents were reported promptly to the provider and appropriate action taken. New staff underwent all necessary recruitment checks to ensure they were safe to work with adults at risk. People's medicines were managed safely and they were protected from the risk of abuse or harm. There were sufficient numbers of staff available to meet people's needs safely.

Staff were trained in a range of areas and new staff were required to complete the Care Certificate, a nationally recognised qualification, which had been recently introduced. There were opportunities for staff to take additional qualifications and specific training was organised for staff to meet people's particular care needs. Staff received regular supervisions and an annual appraisal and the provider organised staff meetings. Staff had a good understanding of the Mental Capacity Act 2005 and worked in line with the requirements of this legislation when gaining people's consent. Staff supported people to eat well and to have sufficient to eat and drink to maintain good health. When people had become unwell, staff acted promptly in calling healthcare professionals.

Caring relationships were evident between people and staff and staff knew how to care for people in a personalised way. People were encouraged to express their views and to be involved in all aspects of their care. They were treated with dignity and respect and encouraged to be as independent as possible.

Care plans included detailed information about people, the care and support needed and also their preferences and personal histories. Care plans were reviewed by staff with people and their relatives on a monthly basis. Care staff read the care plan in people's homes before they delivered care. People and their relatives knew how to make a complaint if they had any concerns and the provider had a complaints policy in place.

Care plans and staff files that were no longer in use were archived appropriately. People were involved in developing the service and were asked for their feedback about the care they received. Staff were also asked for their views. The service had quality assurance systems in place to measure and monitor the service delivered.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff knew what action to take if they suspected people were at risk of abuse. Comprehensive risk assessments had been drawn up for people which provided staff with information and guidance on how to mitigate the risk.

The service followed safe recruitment practices and there were sufficient numbers of staff to meet people's needs.

People's medicines were managed safely.

Good

Is the service effective?
The service was effective.

People were supported by care staff to have sufficient to eat and drink. Where people had been identified as at risk of malnourishment, care staff completed food and fluid charts to monitor the amounts people ate and drank.

Staff were trained in a range of areas and new staff completed the Care Certificate. They received regular supervision and annual appraisals.

Staff understood the requirements of the Mental Capacity Act 2005 and put this into practice.

Good

Is the service caring?
The service was caring.

People and care staff had developed positive, caring relationships and staff had a good understanding of how to deliver personalised care.

People were encouraged to express their views and to be actively involved in all aspects of their care.

People were asked for their consent by staff before care was delivered. They were treated with dignity and respect.

Good

Is the service responsive?
The service was responsive.

Care plans were reviewed with people by staff on a monthly basis. Care plans provided staff with comprehensive information about people, including their preferences and personal histories.

People knew who to contact if they wished to make a complaint. Complaints were dealt with by the provider promptly and a satisfactory outcome reached.

Good

Is the service well-led?
The service was well led.

People and their relatives were asked for their views about the quality of the care delivered. Staff were also asked for their feedback.

Good

Summary of findings

Audit systems measured and monitored the quality of care delivered. The registered manager had introduced a range of processes to improve the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 20 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be in. Two inspectors and an expert by experience with an understanding of older people living with dementia undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

This inspection was carried out to check that improvements to meet legal requirements, identified in a previous warning notice had been made. This inspection also checked to see whether breaches of legal requirements formerly identified had been met.

Before the inspection, we examined the previous inspection reports, the warning notices that had been served and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We also examined the action plan that the provider had returned after our last inspection. During our visit, we reviewed records relating to the management of the service including the provider's quality assurance records, medication administration records (MAR) charts, staff training records, five staff files and 13 care records. We also looked at the management of complaints and accidents and incidents, in addition to minutes of two staff meetings. We examined the provider's yearly customer and staff satisfaction surveys. We also looked at how records were stored and archived.

During our inspection, we accompanied a member of care staff on two home visits and spoke with two people who were receiving a service at home. We also spoke with the registered manager, two care staff and an administrative assistant. Following the inspection, we conducted telephone interviews with 29 people. In 12 cases, a relative replied on behalf of their family member.

Good

Is the service safe?

Our findings

At the inspection in August 2014, we found the provider was in breach of Regulation 9 – Care and welfare of service users – of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At an inspection in January 2015, we found the provider in continued breach of Regulation 9 and as a result issued a Warning Notice in February 2015, which was to be met by 31 March 2015. There were serious concerns regarding the protection of service users against the risk of receiving care or treatment that was inappropriate or unsafe. At a focused inspection in May 2015, we found that this Warning Notice had not been met and that the provider was in continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correlated to Regulation 12 – Safe care and treatment – of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that sufficient steps had been taken and the provider was meeting the required standards. People's risks had been identified and assessed and provided staff with comprehensive information and guidance on how to look after them safely. Risks to people were managed to protect them and their freedom was supported and respected. Risk assessments identified the risk associated with a particular activity and the action required to minimise the risk. For example, one risk assessment relating to mobility, identified the risk of slips, trips and falls. The activity was stripwashing and the action to be taken by staff to support the person and minimise the risk stated, 'wash lower body on bed'. One person said, "I'm unsteady on my feet and the carers always leave my frame nearby". Risk assessments covered a range of areas such as moving and handling, food preparation, behaviour that might challenge and skin integrity. One person could become anxious and distressed when care staff assisted them and the risk assessment stated, 'Carers to put soft toy in his hands to try to alleviate grabbing. Offer cup of tea at end'.

The provider's incident and accident records showed that there had been 27 incidents or accidents recorded in the current year. Each record contained a clear description of the incident and indicated whether it should be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995). These regulations state that employers and those in control of premises are required by law to report specified workplace incidents. The accident and incident forms detailed the outcome and included the action taken to avoid a re-occurrence. For example, one person had returned home from respite care in a nursing home with pressure ulcers. The provider had correctly raised a safeguarding alert with the local authority Safeguarding Team for their investigation and action. However, the provider had failed to notify the Care Quality Commission which is a requirement. We drew this to the registered manager's attention during our feedback and made her aware of her responsibility and the need to inform the Commission of events such as this in line with regulations and the registration requirements.

At our inspection in January 2015, we found the provider in breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 – Requirements relating to workers - and, as a result, set a compliance action. This regulation correlates to Regulation 19 – Fit and proper persons employed – of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan detailing how they would meet this regulation. At this inspection, we found that sufficient steps had been taken and that the compliance action had been met.

Appropriate checks were undertaken before new staff began work. We examined staff files containing recruitment information for five staff members. Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS) in all cases. The provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with vulnerable people. There were also copies of other relevant document, including job descriptions, character references, interview records, driving licences and car insurance records in staff files. The provider had also devised a system for obtaining and recording verbal references to ensure safe and effective recruitment of staff.

At our inspection in January 2015, we found the provider in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 – Management of medicines -and, as a result, set a compliance action. This regulation correlates to Regulation 12 – Safe care and treatment - of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent

Good

Is the service safe?

us an action plan detailing how they would meet this regulation. At this inspection, we found that sufficient steps had been taken and that the compliance action had been met.

People's medicines were managed so that they received them safely. Where needed, medication risk assessments had been drawn up for people. These identified the medicines that people were taking, whether they were allergic to any medicines and whether they were self-medicating, needed prompting to take their medicines or needed their medicines administered by trained staff. People told us that care staff helped with their medicines and that this worked well. One person said, "They have a safe [for the medication] and the carers have the code, it works well". Another person said, "Tablets, puffers and my special stockings, they do all that". Another person said, "They [care staff] check them, order new ones when I need them and make sure I have taken them. Very good".

People said they felt safe and were protected from the risk of abuse and harm. People said they felt safe with their carers and relatives confirmed this. One relative said, "Safe? Yes, absolutely safe" and two other relatives responded similarly. Another relative told us, "I do feel that he is safe or I would not let them [referring to carers] in!". A further response was, "She is absolutely safe with them. I can leave her with them when I go to work". One person joked, "I feel safe with them, but are they safe with me?" Another person said, "Definitely safe and I trust them all completely".

We spoke with staff about safeguarding and examined the provider's safeguarding and whistleblowing policies. Staff were able to identify the correct safeguarding and whistleblowing procedures if they suspected abuse had taken place, in line with the provider's policy. They were aware that a referral to the local Adult Services Safeguarding Team at the local authority should be made, anonymously if necessary. One staff member told us, "I would always tell my manager if I thought someone I was looking after was at risk. If they wouldn't do anything, then I'd go straight to Social Services".

There were sufficient numbers of suitable staff to keep people safe and meet their needs. People knew which care staff were due to visit them, including the days and times of scheduled visits. This was printed and a copy placed in the person's home file. Staffing rotas were planned a week or two in advance, although sometimes the timespan was shorter, especially during the summer holidays when staff were on annual leave. People thought there were sufficient staff. One person explained that, "They covered for me when my other one [referring to another agency] could not do something at short notice. I was very grateful for that". Another person said, "The office are helpful, but they ran a bit short of girls due to some sickness and having babies recently! There are new ones now; you just need patience with the new ones, but they do their best".

People felt that care staff had sufficient time to deliver their care and that staff stayed the allotted time with them. One relative said, "Sometimes they've done it all and go ten minutes before, but I can ask them to lift the mattress with me or help with the bed". Another person explained, "We have lengthened the calls now, so they have the time." Another said, "I don't know if they stay for the time, but they get it all done". A relative said, "We have 45 minutes for a visit, but if (named family member) has had enough, I do say they can go now". Only one person mentioned a missed call, where staff had not turned up at all to deliver care. This person was new to the service and the office, when contacted, did offer another member of staff to call in later.

Good

Is the service effective?

Our findings

At our inspection in January 2015, we found the provider in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 – Supporting workers - and, as a result, set a compliance action. This regulation correlates to Regulation 18 – Staffing - of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan detailing how they would meet this regulation. At this inspection, we found that sufficient steps had been taken and that the compliance action had been met.

People thought that staff were equipped to provide care effectively. One relative said, "They seem to be well trained" and one person said, "They are well trained girls". A relative, whose family member was fed through a tube inserted into their stomach (Percutaneous endoscopic gastrostomy) said, "The carers seem trained, I can't find any faults". One relative noted, "I am very firm and I train them as well, about her thickened fluids and it has been fine. They have understood it all". One person certainly felt the staff were skilled when they said, "I don't want shirkers, I want workers! And that is what I get!"

On commencing employment, all staff underwent a formal induction period. Staff records showed this process was structured around allowing staff to familiarise themselves with the provider's policies, protocols and working practices. Staff shadowed more experienced staff until such time as they were confident to work alone. Staff told us they were satisfied with this arrangement. One staff member said, "I did shadow other staff members until I was happy and there was always support and someone to talk to if I got stuck". Another member of staff said, "When I started off I had in-house training on dementia care and incontinence and tomorrow I'm doing safeguarding".

Staff had the knowledge and skills they needed to carry out their roles and responsibilities. All new staff were required to complete the Care Certificate, a nationally recognised qualification, covering 15 standards of health and social care topics, which the provider had introduced. Some staff were working towards diplomas in health and social care. The provider had made training and updates mandatory in the following areas: infection control, first aid, food hygiene, health and safety, moving and handling, fire awareness, safeguarding vulnerable adults and medication management. There was always a variety of additional training opportunities offered to staff. These included: dementia awareness, management of challenging behaviours, equality and diversity, management of percutaneous endoscopic gastrostomies (PEG), end of life care, continence management, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager told us, "I'm looking at the customers I've got and will arrange training", thus ensuring that people's specific needs were met by trained staff who are knowledgeable in particular areas. In addition, all staff had access to the local authority's on-line training programme relating to health and social care. Staff said they were happy with the training opportunities on offer. One said, "There's training here for sure. One thing I really like about it is the variety on offer. We look after people with lots of conditions, so it's good that the training covers that".

We looked at the provider's training and development policy and the supervision records for five staff members. Supervision sessions had been undertaken with staff in line with the provider's policy. Yearly staff appraisals for all staff had been undertaken or were planned. Staff were happy with this arrangement and felt this gave them the opportunity to raise issues of importance to them. We asked staff how they were formally supervised and appraised by the provider. One staff member said, "I can say what I want, I know. I'll be listened to and if something needs to be done, it will be". Staff were subject to regular, unannounced spot checks from managers during the course of their duties. Staff were questioned on their level of knowledge of people they were caring for and the rationale for the care they were providing. Staff were also assessed on their appearance and communication skills and were given feedback from managers concerning their performance.

The provider organised regular staff meetings and we saw the minutes from the last two meetings. Staff were able to contribute to the meeting and to make suggestions of importance to them. The minutes were signed as read by staff. However, the minutes did not contain a review of the minutes of the previous meeting. In addition, they did not contain a plan to decide what action could be taken as a result of the current meeting, by when and by whom. Consequently, it was not possible to judge the effectiveness of staff meetings or to know if staff's concerns or requests had been dealt with. We brought this to the attention of the registered manager.

Good

Is the service effective?

At our inspection in January 2015, we found the provider in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 – Consent to care and treatment - and, as a result, set a compliance action. This regulation correlates to Regulation 11 – Need for consent - of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan detailing how they would meet this regulation. At this inspection, we found that sufficient steps had been taken and that the compliance action had been met.

Staff had a good understanding of issues surrounding consent, people's right to take risks and the necessity to act in people's best interests when they lacked capacity. The provider had offered training on the MCA as part of staff induction and staff were also frequently updated. One staff member told us, "Yes, I've just done the training. We come across people with mental capacity problems all the time and it's important that we understand what they can and can't do for themselves. I learned about risk taking in the training. We all take risks and that's okay because we can make those decisions. Some people don't have that insight and things have to be done for them, in their best interests sometimes. But there's a process and we can't just make that decision for them on our own". Another member of staff referred to consent and said, "Well I just ask them, that's their choice. I won't push it, they have free will". Care plans did not contain specific documentation used to assess people's mental capacity. However, relevant information was contained in risk assessments, for example, in the area of 'psychological hazards' for one person living with dementia.

People were supported to have sufficient to eat, drink and maintain a balanced diet. On two home visits, we observed that people were offered a choice of what they wanted to eat from ready meals kept in the freezer. People were also asked what they would like to drink and opted for a cup of tea after lunch and a cold drink of squash or water to be left out for the afternoon. A member of staff referred to people they supported and said, "They usually tell me what they like to eat". One person talked about breakfast and said, "They make my cup of tea and get my cereal. It's my routine". Another person said, "They do what I want for my lunch" with another person explaining, "They heat up my choice from the chilled meals and do fresh veg. They make a sandwich for later. It works well". A relative said, "They do the food in the microwave. They let him choose the meal from the selection that I've left".

People had been assessed, using a combination of height, weight and body mass index, to identify whether they were at risk of malnourishment. The provider had completed these assessments using the Malnutrition Universal Screening Test, a tool designed specifically for this purpose. In the care plans checked, one person had been identified as at risk and food and fluid charts were completed by care staff to monitor the amount they ate and drank on a daily basis.

Three people said that care staff had coped well with emergencies and called health care professionals. One relative explained, "They [staff] had to get a paramedic when she had a fall. The carer stayed with her throughout and did all the right things". One person said, "When I'd fallen out of bed, my carer called an ambulance. She is quite a responsible girl". There was good communication in the management of people's care between the provider and external professionals such as GPs and community nurses. Advice and guidance given by these professionals had been followed by staff and properly documented.

Good

Is the service caring?

Our findings

At our inspection in January 2015, we found the provider in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 – Respecting and involving service users - and, as a result, set a compliance action. This regulation correlates to Regulation 10 – Dignity and respect - of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan detailing how they would meet this regulation. At this inspection, we found that sufficient steps had been taken and that the compliance action had been met.

Positive, caring relationships had been developed between people and care staff. One person told us, "I can truly say I'm happy with the care I'm paying for" and added, "I do like continuity and I do have the same carer every morning". They also said, "I know all the staff quite well and they all know me. They're all really cheerful". During the home visits, we observed that people and staff were warm, caring and friendly with each other. The majority of people described their care in very positive terms and some people had examples of 'above and beyond' care. For example, one person told us, "Today is my birthday and I've had so many lovely cards from them all – wonderful!" Another person said, "They go over my diary with me every night and morning because I want to remember. They are really good to me". A couple of people had less positive comments such as, "Things can be difficult when they [staff] are new, but it soon gets better as the days go by. They are all good – they just need to know what needs doing". Another person thought that their care so far, "Was like the curate's egg – good in parts", but did not elaborate on this comment.

A relative referring to staff said, "They strike just the right note of friendly bullying, to chivvy them along! It's terrific!" Another relative told us, "They understand that she has good days and bad days with her condition; they are absolutely excellent with her". A member of staff described how she supported people living with dementia and said, "When they're a little bit low, I try to keep them buoyant, keep people's spirits up. I'd like to spend more time with people".

We asked staff what they understood by the term 'person-centred care'. One staff member told us, "I think it really means that the person you're looking after is at the centre of everything. It's treating someone as an individual and not as things that need to be done to them".

People were supported to express their views and, where they were able, to be actively involved in making decisions about their care, treatment and support. There were examples of care plans where assessments had been discussed with people and they had signed their agreement. One person said, "Continuity in the mornings is important to me and I usually get that". Another person told us, "My schedule can change. My relationship with the carers is such that they bend over backwards to help me". Relatives had been involved in the planning of care. One said, "They do the things that I cannot do for him. That is why it was set up for me". Another relative stated that the service was 'flexible' in response to her family's changing needs. They said, "We've had it all, twice a day, then three or four, then longer stints, now that she cannot be left, they understand what I need. Blocks of three hours to help me".

Relatives said when they had witnessed their family member's care being delivered, consent was gained by care staff where possible. One relative said, "We have got used to working together, so she takes her lead from me". This relative stressed how, "Very good with him", care staff were. Another relative said, "They [staff] sort of oversee him as he tries to be independent and let him do the bits that he can. He can be agitated and aggressive sometimes, but they are very good and cope well". One person said, "They do ask before they start my routine".

People felt that they were treated with dignity and respect. One person said, "They are all very nice to me. They are nice people". Another person told us, "They will do anything I ask, even put my bin out". A relative said, "They are respectful of the home as well". Another relative stated, "It has all settled down now, but we did have words at first. It is my [family member] after all and I wanted her spoken to politely. It is all good now, they have corrected the behaviour". A member of staff described how they would maintain people's dignity and gave an example that they would close doors and cover people up when delivering personal care.

We asked staff how they supported people with dignity and promoted their independence. One staff member told us, "We will always encourage someone to do something for

Good

Is the service caring?

themselves if they can. I know that takes more time than just doing something for someone, but it's better for them in the long run". Staff felt they had enough time to meet people's care needs on each visit.

Good

Is the service responsive?

Our findings

At our inspection in January 2015, we found the provider in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 – Care and welfare of service users - and, as a result, set a compliance action. This regulation correlates to Regulation 9 – Person centred care - of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan detailing how they would meet this regulation. At this inspection, we found that sufficient steps had been taken and that the compliance action had been met.

People received personalised care that was responsive to their needs. Care plans detailed information on the care and support that people required from care staff at each visit. Care plans had been signed by the person the plan referred to and by a member of care staff and were reviewed monthly, or more frequently if required. One person told us, "I get reviews very frequently and update any of the paperwork that's needed". Two copies of the care plans were kept, with one at the person's home, where care staff could have easy access, and one at the provider's office. Daily records, showing tasks that were performed at each home visit, were completed appropriately by care staff.

Relatives confirmed that care plans were reviewed. One said, "It is reviewed regularly and checked every time" and another relative told us, "The plan is reviewed and they always ask if there are any problems". One person remembered that their care plan had been reviewed recently and said, "The manager came, but I don't mind who does it". Another person said, "The supervisor comes out to check the care plan".

People's needs were assessed and care and treatment was planned and delivered to reflect their individual care plan. Care plans were regularly updated in line with people's changing needs. During home visits, we observed staff read the care plan prior to delivering care and completed the daily record appropriately. On one home visit, the care plan required the carer to prepare the person's lunch, make them a teatime sandwich, to wash up and prepare any drinks the person required. We observed that the carer carried out these tasks in line with the care plan and involved the person, asking them what they would like for their lunch and whether they wanted the crusts kept on their teatime sandwich!

Care plans checked at the office were legible, up to date and personalised. They contained detailed information about people's personal and social histories and their care needs, for example, in the management of the risks associated with people's food and drink intake. The care plans detailed information about the delivery of care and procedures such as gaining access to a property in an emergency. People's choices and preferences were also documented. The care plans showed that these were taken into account when people received care, for example, when people preferred to be visited and if they had a preference to be cared for by male or female staff. Most people could not recall whether they had specified male or female carers, but no-one said that this was a problem. A lady who was new to the service had requested female carers and this had been agreed. A relative said that her male relation usually had a male carer, but had been happy with female carers in the past.

Care staff had people's phone numbers on their mobile phones and were encouraged to ring the person direct if they were going to be late or early. One person said, "They are on time or if there is a problem, they always ring". Another person said, "They are mostly on time or they let me know. I understand". Some people, however, were concerned about lateness. One person explained, "I prefer 8 to 9 o'clock, but it can be from 7.30 to 10, which is really too late". They added, "I do tell them, but it still varies and they don't let me know". Another person said, "They are not always on time, but they do not give them travelling time, so it isn't their fault at all". Two more people felt that care staff could sometimes be late. A member of care staff said, "I don't think it's the time of the call, but the time between calls. If I'm going to be late, I will always phone the client. People are very understanding". The majority of people felt that staff were more or less on time.

From our telephone interviews, no-one had reported any current complaints, although several relatives could recall past incidents. One relative said, "There were a few blips at first when a couple [of carers] were rushing, but I asked the office not to send them again and it all worked out well". Everyone felt that complaining would not be a problem as

Good

Is the service responsive?

they would contact the office and said that office staff were, "polite and helpful". Another person referred to the office staff and said, "They are all very nice and helpful when you phone. No problems there!"

The service routinely listened and learned from people's experiences, concerns and complaints. The provider had a complaints policy and procedures in place and these were displayed in the office as well as in the home file. The complaints policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the local government ombudsman and the Care Quality Commission. There had been one complaint recorded this year. The documentation related to this showed that the complaint had been managed in a timely and satisfactory manner.

Good

Is the service well-led?

Our findings

At our inspection in January 2015, we found the provider in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 – Records - and, as a result, set a compliance action. This regulation correlates to Regulation 17 – Good governance - of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan detailing how they would meet this regulation. At this inspection, we found that sufficient steps had been taken and that the compliance action had been met.

Care plans and staff files not in current use were archived and the provider kept them secure, but easily accessible to key staff members. Documents were kept in a lockable room that was not used for any other purpose. The archived records were housed in lockable filing cabinets within the room which could only be accessed by relevant staff members.

People were actively involved in developing the service. From our telephone interviews, 11 people recalled that they had been asked for feedback and felt it was a well led and managed service. One person said, "I had a form, it was a while ago". Another person said, "There were questions on the phone and a form to fill in" and someone else referred to feedback forms and said, "I've had one or two of those". Two relatives said they preferred to talk directly with the provider than to complete satisfaction forms, with one relative saying, "They don't mean very much". One person said, "When they review, that's the feedback" as they referred to the review of their care plan. Everyone we asked said they were happy with the service.

The provider's latest satisfaction questionnaire survey had been completed following the completion and return of forms by people using the service. The questionnaire covered areas such as infection control and cleanliness, the quality of care and the promptness and courtesy of staff. Twenty people had returned forms. Although there was mostly a high degree of satisfaction, two people were dissatisfied with aspects of their care. The provider had offered and arranged a visit to these people at home to discuss their concerns. For example, one person felt their care plan did not entirely reflect their current needs. The care plan had been subsequently amended to the person's satisfaction following the visit. The provider also regularly visited people using the service, who were chosen at random, in order to gain their opinion of the care and support provided, with a view to service improvement.

Telephone interviews took place less than two days following the Shoreham air show disaster. Some people who lived in the area mentioned that the road closures had affected the timings of their calls, but all who did so understood why and did not blame the service or care staff. One relative said, "They have been coming early because of it and so they do other things instead, which has been very helpful to me. It's been too early to get him ready for bed, so I've done that later". The provider had computer software that allowed them to track where individual carers were geographically at any time of the day. When tracking a member of staff, the office staff could see at a glance where care staff were and could calculate timings between home visits. However, if care staff were going to be late, they would call the person direct to let them know how long they would be. Care staff used mobile phones that accessed 'quick response codes' and logged the time spent on each home visit. This information was then sent electronically to the office staff who could see whether care staff spent the time allocated to each home visit. This supported the provider in ensuring that people received the support that had been paid for and also in the checking of staff time sheets for calculating staff wages.

Most people and their relatives experienced care from a regular carer or two, or from a small team. No-one mentioned the amount of different carers seen as a problem. One person said, "It's the same one every morning, but different ones in the evening" and another person said, "There's about six I think. They know us well now".

The provider also sought the opinions of staff through satisfaction surveys. From six surveys received, there was a high degree of satisfaction amongst them, in areas such as training and the culture of openness. Staff knew and understood what was expected of them. One carer said she felt proud of what she had achieved and said, "Just the fact that I'm helping people to maintain a degree of independence and I'm providing people with companionship". Staff confirmed to us that the registered manager operated an 'open door' policy and that they felt able to share any concerns they might have in confidence.

Good

Is the service well-led?

The registered manager said that her aim was, “To deliver good quality care from care staff who are fully trained to deliver. We have a diverse group of clients and we work together with other agencies, for example, the dietician and district nurse”. She added, “I think I’ve really come on in leaps and bounds with what I’ve achieved”.

The service delivered high quality care and had set up robust quality auditing systems. Care plans were reviewed monthly with areas of concern identified straightaway and a plan to rectify issues drawn up and disseminated amongst staff. For example, the provider had noted some staff had not recorded the time at which they left a person’s home following a visit. This was required as part of the provider’s lone worker policy. The provider had contacted all staff to reinforce the importance of doing this and had made plans to revisit the subject at a later date to ensure improvements had been made.