

Stayathome Limited

Units 2 & 3 Chenoweth Business Park

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 ●

Summary of findings

Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults, younger disabled adults, and children. The packages of care that Stayathome provide range from 30 minutes a day to 24 hour care dependant on the person's care needs. The care provided is in the Roseland and surrounding area of Cornwall.

Not everyone using Stayathome receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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.

We carried out this announced inspection on 7 and 17 November 2017. At the last inspection, in August 2015, the service was rated Good. At this inspection we found the service remained Good.

Stayathome notified us of an incident following which a person using the service sustained a serious injury. Following a comprehensive review into the incident the police are not taking any further action and the safeguarding team have closed their process. There have been safeguarding discussions around the reporting procedure and recording of incidents. Due to this the registered provider had provided a series of training to all staff in the importance of ensuring that all incidents are reported, that records are completed accurately and that staff know the correct procedure to follow. This training remains on going and continues to be a regular discussion in staff supervisions and team meetings.

Staff were aware of the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. Where accidents, incidents or near misses had occurred these had been reported to the service's managers and documented in the service's accident book.

The registered provider and team leaders were confident about the action to take if they had any safeguarding concerns and had liaised with the safeguarding teams as appropriate. Risk assessments clearly identified any risk and gave staff guidance on how to minimise the risk. They were designed to keep people and staff safe while allowing people to develop and maintain their independence.

People were extremely satisfied with the quality of the service they received and the caring approach from staff. People told us; "Carers are brilliant, they give me all the help I need" and "They (care staff) look after me very well." With the exception of one relative, they echoed people's views on the care that their family members received. Comments included: "My wife and I receive good care at all times," "All the girls [staff] are

excellent, I'd put them on the top shelf", "We see the staff as companions they are so supportive to us. They are lovely. They genuinely care" and "They always come in with a smile and make me feel better too."

People told us they had "never" experienced a missed care visit. The service had robust and effective procedures in place to ensure that all planned care visits were provided. The service's visit schedules were well organised and there were a sufficient number of staff available to provide people's care visits in accordance with their preferences.

People told us that their visits were on time but there were 'rare occasions' when care staff could be late for their planned visits. However people, and relatives, did not have a concern regarding this as they understood that any lateness was due to care staff needing to provide extra support to a person in an emergency or due to travel issues, especially in holiday seasons. People told us that Stayathome office staff would phone them if a care worker was going to be late which gave them reassurance that their visit would still continue.

People and relatives told us their staff never rushed their visits and stayed for the correct duration. Stayathome operated an on call system outside of office hours. Care staff told us managers would respond promptly to any queries they might have.

There were processes in place to protect people and the security of their home when they received personal care, including staff wearing uniforms and carrying identification. People received information about who they should expect to be delivering their care so they were aware of who was due to call upon them.

People told us staff had sought their consent for their care. 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. Staff had received relevant training and understood the principles of the Act.

People were supported by stable and consistent staff teams who knew people well and had received training specific to their needs. Training records showed staff had been provided with all the necessary training which had been refreshed regularly.

Staff were recruited in a safe way and available in sufficient numbers to meet people's needs. Staff were supported by a system of induction, training, one-to-one supervision and appraisals to ensure they were effective in their role.

Staff knew how to ensure each person was supported as an individual in a way that did not discriminate against them in any way. People's legal rights were understood and upheld. Everyone told us staff ensured their dignity and privacy was promoted.

Staff were respectful of the fact they were working in people's homes. The service offered flexible support to people and were able to adapt in order to meet people's needs and support them as they wanted.

People's care plans were detailed, personalised and provided staff with sufficient information to enable them to meet people's care needs. The care plans included objectives for the planned care that had been agreed between the service and the individual. All of the care plans we reviewed were up to date and accurately reflected each person's individual needs and wishes. The service's risk assessment procedures were designed to enable people to take risks while providing appropriate protection.

The registered provider and management team provided clear leadership to the staff team and were valued

by people, staff and relatives. There was a whole team culture, the focus of which was how they could do things better for people.

The provider had developed strong links with the local community. They worked alongside other organisations to ensure they followed current good practice in the delivery of people's care. The management team had a role in promoting the importance and value of social care locally. Stayathome alongside the domiciliary care service, run a farm and café in the local community. Strong links with the community had been formed via these services. People told us that they were supported by staff to meet with friends in the local café which reduced social isolation.

In addition Stayathome supported some employees who have had difficulty gaining employment due to their own vulnerability, work with them through an apprenticeship scheme. This showed that Stayathome supported and gave people an opportunity to enter the workforce and continuously provide them with assistance to carry out their role.

People and relatives all described the management of the home as open and approachable. People and their families were given information about how to complain. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

the service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

the service remains Good.

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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 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.

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident was subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the management of risk of reporting injuries. CQC was aware of past injuries sustained and that the police and safeguarding teams have reviewed the incident. Following a comprehensive review into the incident the police are not taking any further action and the safeguarding team have closed their process. The actions that Stayathome have taken in line with this incident have been reviewed as part of this inspection. This in particular has looked at care planning, records and staff skill and experience.

This was a comprehensive inspection. It took place on 7 and 17 November 2017 and was announced. The reason it was announced was so people who would find our visit a challenge, could be informed that we would be visiting or contacting them. This was to help them prepare for our contact. The inspection team included one adult social care inspector.

Inspection site visit activity started on 7 November 2017 and ended on 22 November 2017. We visited the office location on 7 November 2017 to see the manager and office staff; and to review care records and policies and procedures.

We used a range of methods to help us make our judgements. This included talking to twelve people using

the service, ten relatives, interviewing staff, pathway tracking (reading people's care plans, and other records kept about them), and reviewed other records about how the service was managed.

Before the inspection we reviewed information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We also reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plan to make. We also spoke with professionals and relatives of people who used the service to find out what they thought about the service.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe receiving care and support from Stayathome Care staff. People's comments included; "I do feel safe," and "They (care staff) look after me very well." People's relatives echoed this and said, "My wife and I receive good care at all times."

There have been safeguarding discussions around the reporting procedure and recording of incidents. Due to this the registered manager had provided a series of training to all staff in the importance of ensuring that all incidents are reported, that records are completed accurately and that staff know the correct procedure to follow. This training remains on-going and continues to be a regular discussion in staff supervisions and team meetings.

Staff were aware of the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. Where accidents, incidents or near misses had occurred these had been reported to the service's managers and documented in the service's accident book.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about environmental risks in the person's home, such as use of equipment.

We found that individual risks had been identified and appropriately managed for each person. Care files contained individual risk assessments which identified any risks to the person and gave instructions for staff to help manage the risks. These risk assessments covered areas such as, moving and handling and falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe. For example, how many staff should support the person and what equipment was to be used.

Staff had a detailed understanding of their role and there were effective procedures in place to help ensure people were safe. For example, it was specified how many staff needed to support people in their home and when going out to participate in the local community. This was in line with their assessed needs. The staff rota showed that care and support was provided by a consistent team of care staff.

Staff fully understood their role in protecting people from avoidable harm. All staff had received training on the safeguarding of adults and were able to explain how they would respond to any incident of suspected abuse. Staff said they would immediately report any concern to their manager who, they were confident, would take appropriate actions to protect the person. The registered manager had a sound knowledge of safeguarding and had raised issues with the Local Authority when concerns had been identified. We reviewed the services safeguarding policy and found it to be satisfactory.

The service had a whistle-blowing policy so if staff had concerns they could report these and be confident of

their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or there had been safeguarding concerns, the registered manager had investigated fully to try to resolve the issue.

There was equality and diversity policy in place and staff received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

There were systems in place to enable staff to collect items of shopping for the people they supported. Staff, people and their relatives felt the systems were robust. The person, along with staff, developed a care plan that specified how they wished to be supported in managing their money and how it would be monitored. This also showed consent had been gained by all parties.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

The rota coordinator organised the staff rota for the week. We found people were supported by a sufficient number of staff to keep them safe and meet their needs. Initial assessments were carried out by local authority commissioners and a member from the management team who then decided whether they could meet the person's needs. The registered manager told us they did not accept care packages for people if they did not have the capacity to meet them.

The care supervisors and registered manager operated an on call system outside of office hours. Care staff told us managers responded promptly to any queries. People and relatives told us they had not needed to call for assistance during the evening/night but knew how to contact staff if needed.

The service had a contingency plan in place to manage any emergencies. Risks to people in the event there was an interruption to their service delivery due to an emergency had been assessed and rated, in order to identify who would be at the highest risk. This demonstrated the provider had prioritised people's care provision during such an event.

People told us they had "never" experienced a missed care visit. People told us their visits were on time but there were 'rare occasions' when care staff could be late for their planned visits. However people, and relatives, did not have a concern regarding this as they understood that any lateness would be due to care staff needing to provide extra support to a person in an emergency or travel issues, especially in holiday seasons. People told us Stayathome headquarters would phone them if a care worker was going to be late which gave them reassurance that their visit would still continue. The management team told us missed visits were not an option. The service had robust and effective procedures in place to ensure that all planned care visits were provided.

People received a timesheet for the week that identified which care worker would be supporting them, and at what time. People told us they were never supported by someone they did not know. All staff were provided with photographic identification badges to enable people to confirm the identity of carers. However, people said new carers were introduced by a member of staff who they already knew.

An on call rota was in place so that staff knew who to contact outside of office hours. This allowed the manager on call to access details of the rota, telephone numbers of people using the service and staff. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to

be re-arranged due to staff sickness. The service provided people with information packs containing details of their agreed care and telephone numbers for the service so they could ring at any time should they have a query.

The arrangements for the prompting of and administration of medicines were robust. Care plans clearly stated what medicines were prescribed and the support people would need to take them. Where the service provided support to people with particular health conditions, the dedicated staff team were trained in administering particular medicines. The training was provided by their clinical nurse or by an external specialist health professional with expertise in this area of care, for example the treatment of epilepsy.

The service had appropriate infection control procedures in place and personal protective equipment was available to staff from the services office. The registered manager understood who they needed to contact if they need advice or assistance with infection control issues. Staff received suitable training about infection control, and records showed all staff had received this.

Is the service effective?

Our findings

People consistently told us that care staff met their care needs in a competent manner. Comments received included; "Carers are brilliant, they give me all the help I need" Relatives also echoed this view.

People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age. People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age.

Before, or as soon as possible after, people started using the service a manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were written with the person, to agree how they would like their care and support to be provided.

Care plans recorded the times and duration of people's visits. People and their relatives told us they had agreed to the times of their visits. They also told us staff always stayed the full time of their agreed calls. People clearly told us that care staff stay their allocated time, and on occasions will stay a little longer: One said "Carers don't leave until they have done everything. They always check I have everything I need and never rush me as some days I am slower than others."

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. Staff they told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. There was a training programme in place to help ensure staff received relevant training and refresher training was kept up to date.

New staff completed an induction when they commenced employment. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had 'shadowed' existing staff until they felt ready to work on their own. A staff member told us when they had completed their induction, they were asked if they felt confident working alone and extra support was available if needed. The staff member continued to receive support to help ensure they remained confident in their role. The registered manager told us new staff members would not visit people on their own until they had assessed the staff member as being competent in their role, and the staff member felt confident to work on their own.

Stayathome currently had some new members of staff in the process of completing the care certificate alongside their induction. We spoke with a staff member who had recently started work at Stayathome and their records confirmed they were in the process of completing the Care Certificate. We saw records which confirmed other new employees had completed the Care Certificate successfully. All staff were encouraged and supported to complete the level two care diploma once they had successfully completed their induction.

Training records showed staff had received training in a variety of topics including, manual handling, safeguarding adults and children, medicines, epilepsy and their health conditions. Staff told us; "The training is very good" and "We have lots of training." Staff explained they were able to request additional training in specific areas that they found particularly interesting, for example sensory and end of life care training. When staff required specialised training this was sourced from their clinical nurse or external professionals.

Staff received regular supervision and annual performance appraisals. Supervision meetings provided a regular formal opportunity for staff to reflect on their practices, discuss personal development and share information about any observed changes in people's needs. In addition 'spot checks' by managers were used regularly to confirm each member of staff was providing appropriate standards of care and support. Team meetings were held regularly. The minutes of these meetings showed they had provided staff with an opportunity to share information about people's care needs and discuss any changes within the organisation.

Staff felt they were supported in their role and if they had any queries they would be able to approach a member of the management team without hesitation. Staff said their supervisions and appraisals were meaningful and provided them with an opportunity to reflect on how they worked and in what areas they would like to expand their skills.

Supervision meetings provided a regular formal opportunity for staff to reflect on their practices, discuss personal development and share information about any observed changes in people's needs. Prior to supervision meetings managers regularly conducted spot checks of individual staff performance. Where any issue were identified these were discussed and addressed during the subsequent supervision meeting. In addition, we saw team meeting were held regularly and that all staff were encouraged to visit the office each week to collect their rota and share information with managers.

The service's staff visit schedules included appropriate amounts of travel time between consecutive care visits. Staff told us they had enough travel time between visits and commented; "There is enough travel time" One staff member told us they did not have access to a car currently but they worked in their local area so that they could get to their "regular" visits. People said their staff were; "On time" and if they were going to be late they were informed of this by the service headquarters.

People told us; "I get a rota in advance so I know whose coming." People and relatives confirmed that the information that was sent to them from Stayathome only had their details included in the paperwork which ensured confidentiality was adhered to.

People were supported to maintain a healthy lifestyle where this was part of their support plan. Staff supported some people with their food shopping and assisted them with the preparation and cooking of their meals. People's choices of the foods they wished to purchase were respected. People told us staff prepared foods of their choosing, and that were "hot and tasty". Some people said they were left with snacks to eat and also drink within easy reach between visits. Staff had completed the necessary food and hygiene courses so that they were aware of how to prepare and provide food safely.

Records showed Stayathome worked effectively with other health and social care services to ensure people's care needs were met. We saw the service had acted to ensure people's needs were recognised by health professionals. The management team had detailed knowledge of people's health needs and regularly contacted professionals to check and confirm that guidance provided was correct. For example to check that the right equipment was in place at a person's home

Staff supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included GPs, occupational therapists and district nurses to provide additional support when required. Care records showed staff shared information effectively with professionals and involved them appropriately.

The Mental Capacity Act (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. Managers and staff understood the requirements of the legislation and what this meant on a day to day basis when seeking people's consent to their care.

We found that care plans had been developed with the person or their family which demonstrated that they were in agreement with how care staff would provide their support. People told us they were able to control how their care was provided and that staff always asked for permission before providing care or support. People's comments in relation to consent included; "They always ask what I want doing and check if I need anything else before they leave." A relative echoed these comments. This showed that people made their own decisions about how they wanted to live their life and spend their time.

Is the service caring?

Our findings

People were positive about the staff that supported them and said they were treated with consideration and respect. Everyone we spoke with complimented Stayathome staff on the caring and compassionate manner in which they provided support. People's comments included; "They [the staff] are gorgeous. I'm moving away and I want to take them with me" and "They are so supportive and caring." Relatives were also complimentary about the support that they and their family member receive from staff. One commented "All the girls [staff] are excellent, I'd put them on the top shelf" and "We see the staff as companions they are so supportive to us. They are lovely. They genuinely care" and "They always come in with a smile and make me feel better too." A relative told us; "They not only look after my [family member] but they also take care of me too. It means so much" and "I couldn't do it without them, they not only support [family member's name] but they support me to." Everyone said they would recommend Stayathome to others who needed support.

People received care, as much as possible, from the same care worker or team of care workers. People told us this helped them as staff got to know them well and understood their likes and preferences in how they wished to be supported. People commented "The carers are so helpful, kind, attentive," and "I'd be lost without their support, they help me so that I can live in my own home." Staff told us that due to their regular work patterns this meant they knew the people they looked after well and could build lasting relationships.

People told us staff treated them respectfully and asked how they wanted their care and support to be provided. People told us staff did not rush them and staff always stayed longer than the arranged visit if they needed extra time. Comments from people about staff included, "They are wonderful" and "They are excellent."

Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. This was reported on in equality and human rights through well-developed person-centred care planning. Support planning documentation used by the service helped staff to capture information. This was to ensure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs. For example respecting people's disability, gender, identity, race and religion.

Family members reported that they were confident their relative received consistent care and support which did not discriminate them in any way. One commented, "[Person's name] is being cared for by staff that really care and are really interested." This demonstrated staff delivered care and support in a non-judgemental way and protected people's rights.

Staff were motivated and clearly passionate about making a difference to people's lives. Staff demonstrated a commitment to their work and worked together as a team. Comments from staff included, "I love the job" and "I'm pleased we can support people to remain living in their own homes."

People told us staff went that 'extra mile'. For example staff were aware that some people could be socially

isolated as they had few family members or they lived some distance away. Due to this they supported some people to attend their café in the local community once a month for lunch. One person told us "The staff come and pick me up in the community bus and I meet my friends and have a meal. We all enjoy seeing each other."

Some people who used the service lived with a relative who was their unpaid carer. We found staff were respectful of the relative's role as the main carer. Relatives told us that staff always asked how they were coping and supported them with practical and emotional support where they could. The service recognised that supporting the family carer was important in helping people to continue to be cared for in their own home.

People told us staff always checked if they needed any other help before they left. For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

People told us their care staff always responded to small changes in their care needs and one person commented, "Some days I am a bit slower, but the carers never rush me, they are so patient." Staff explained that if a person was not feeling well they always reported this information to the service managers.

Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Is the service responsive?

Our findings

Before, or as soon as possible after, people started using the service a member of the management team visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person, to agree how they would like their care and support to be provided. People had a copy of their care plan in their home and accessible for staff use. People had signed their care plans and were in agreement with the support identified.

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. For example, for people who had several visits in a day, a care plan was written for that time period. So one was written for the person's morning routine, the next for lunch and the last one for the evening routine. They specified, not only what caring interventions were needed, but if household tasks were also needed to be completed and by who. For example, the person may need assistance from care staff to encourage them to retain or develop independent life skills. This enabled staff to tailor the care they provided towards supporting the person to achieve their identified goals.

In addition the service had formulated a one page profile of the person on the front of their folder which gave staff 'headlines' in how the person wished to be supported, preferred method of communication and some background information including the persons hobbies, preferences and interests. This helped staff to get to know the person as well as understanding how the person wished to receive support and assistance from them.

Care planning was reviewed regularly and whenever people's needs changed. People told us they knew about their care plans and managers would regularly talk to them about their care.

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs. Completed daily care records were returned to the service office each month and reviewed by managers as part of the service's quality assurance processes.

Staff were knowledgeable about people who sometimes acted in a way staff could find difficult to manage. Care records, where appropriate, contained risk assessments regarding people's behaviour that may put themselves or others at risk. This meant staff had access to personalised guidance to best meet individual's needs and help keep people safe. Information and incidents regarding people's behaviour were recorded and reviewed. Actions to help ensure people and staff were safe were then put in place. Referrals were made to relevant health or social care professionals and extra training was put in place for staff if appropriate. A relative told us staff were skilled at managing their family's member distress and were able to support them in a consistent manner until their anxiety lessened.

The service was flexible and responded to people's needs. People told us about how well the service

responded if they needed additional help. For example a relative told us that staff had worked with them to rearrange the timing of their visits. This then enabled the person staff were supporting to go participate in an activity in the community at the weekend.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

The registered provider was aware that some people were unable to easily access written information due to their healthcare needs. They were currently looking at how to provide information in a more meaningful way to the people and staff they support.

The service was in the process of introducing an 'Interaction memory book' for people who were non-verbal. This has been implemented with discussion from occupational therapists and asks staff to record what activity the person had undertaken and their response to the activity. From this they aim to pick up cues from the person so that they can then understand how the person communicates better via their body language.

The service had a complaints procedure. People, who we spoke with, said if they had any concerns or complaints, they felt they could discuss these with staff and managers and they would be responded to appropriately. The people we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint. Relatives, with the exception of one person, also felt their concerns would be taken seriously.

The service had a record of any complaints made, and a record of how these had been responded to. We reviewed the complaints received and saw that full investigations had been completed and appropriate liaison with health and social care professionals had occurred. The registered provider said when a complaint was made, the management team assessed the complaint and its findings and used the experience as an opportunity to learn from what had occurred for example through improving recordings of visits, managers checking that care procedures were carried out and regularly reviewed.

Is the service well-led?

Our findings

The service continued to remain well-led. 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.

There was a positive culture within the staff team and staff spoke of the impact their work made to the lives of the people they supported. Staff spoke passionately about their work. Staff were complimentary about the management team and how they were supported to carry out their work. Comments from staff included, "I love the job" and "it's a lovely company to work for. The managers are very approachable."

All the people we spoke with and with the exception of one relative all described the management of the service as open and approachable. Comments from people included, "Excellent service" and "I haven't had any cause to complain."

The registered provider told us the service treated people as individuals whilst ensuring that they had a flexible level of support which met their needs. The senior management team met monthly to ensure operational goals were being achieved. By seeking feedback from people, families and healthcare professionals meant their views were used to continuously develop the service.

Stayathome alongside the domiciliary care service, run a farm and café in the local community. Strong links with the community have been formed via these services. People told us that they were supported by staff to meet with friends in the local café which reduces social isolation.

In addition Stayathome support some employees who have had difficulty gaining employment due to their own vulnerability, work with them through an apprenticeship scheme. We spoke with one person who was on the scheme in the domiciliary care agency. They had started work at the café and enjoyed the caring aspect of the work. Due to the skills they displayed the person now has an apprenticeship within the domiciliary care service. The person told us that their induction had been extended as they wanted to ensure that they had fully understood their role. They were complimentary about the management support plus support from their colleagues in helping them understand their role. This showed that Stayathome supported and gave people an opportunity to enter the workforce and continuously provide them with assistance to carry out their role.

The registered provider said their relationships with other agencies were positive. The service worked with health and social care professionals in line with people's specific needs, for example, towards improved mobility and eyesight. This ensured people's needs were met in line with best practice.

The registered provider, registered manager, care supervisors and team leaders had a strong and positive working relationship and recognised each other's strengths. The management structure in the service

provided clear lines of responsibility and accountability. There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with the management team, regular staff meetings and supervisions. The staffing structure ensured that, at all times, support and advice was available to them.

The management team acknowledged that the staff team worked with vulnerable people and work could be challenging. They were mindful that care staff might feel isolated and wanted to support them as much as possible. They had support groups that staff could contact if needed inside and outside of the work place.

People, relatives and staff told us they were involved in developing and running the service. Their views were sought out and acted upon. Staff told us they felt able to approach management with ideas and suggestions and were confident they would be listened to. The registered provider told us it was "imperative" to get views from people, relatives and staff in how the service was run so that any areas for improvement would be identified and considered to enable the service to continually improve.

An annual quality assurance survey was used to monitor the standards of care provided and identify any areas in which the service could improve. We saw the findings of these surveys and noted that people were highly satisfied with the care provided by trained and competent staff.

The services records were well organised and when asked staff were able to locate all documentation required during the inspection. Policies and procedures had been regularly reviewed and updated to ensure they accurately reflected current practices. People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.