Premier Carewaiting Limited

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Inspection report

506 Olympic House
28-42 Clements Road
Ilford
Essex
IG1 1BA

Tel: 02085148347
Website: www.premiercarewaitingltd.co.uk

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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

We carried out an announced inspection of Premier Carewaiting Limited on 28 September and 2 October 2018. Premier Carewaiting Limited is registered to provide personal care to people in their own homes. The 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 consider any wider social care provided. At the time of our inspection, the service provided personal care to 93 people in their homes.

At our last inspection on 11 and 20 July 2017, we rated the service 'Requires Improvement'. At this inspection, we found that previous recommendations had been addressed. We therefore rated this service as 'Good."

The service had a registered manager. 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run.

People were protected from potential harm and abuse through clear safeguarding systems. Staff demonstrated an understanding of what abuse was and how to report any concerns. People told us their staff were consistent and on time for their visits. Staff had been recruited safely and were employed once they had satisfied various checks. People were supported to manage their medicines in a safe manner. The provider worked to reduce the risk of cross infection. Individual risk assessments looked at people's support needs and evaluated their home environment to manage all potential risks. All accidents and incidents had been recorded and could demonstrate how these had been reviewed to learn lessons and improve the overall quality of the service.

Information was used from the local authority to ensure the service could offer the right support to people. All staff received a detailed induction and ongoing training to ensure they could provide the best quality support to people. Staff were supported by their managers through regular supervisions and they received an annual appraisal. People were supported to keep hydrated and have a well-balanced diet and received support from other health and social care professionals to ensure they had a healthy lifestyle. The service worked in line with the principles of the Mental Capacity Act (2005) and staff ensured they gained consent from people before providing any care or support.

People told us staff were kind, caring and friendly. We saw that people were directly involved in the review of their care packages. The service worked in a manner that ensured people were protected from discrimination and people felt they were treated equally. People told us their privacy and dignity was maintained throughout their care and staff promoted a sense of independence for all people.

People had their own care plans that were detailed and demonstrated that the service worked in a person-centred way and responded to individual need. Care plans were reviewed but not always updated as a result

of these reviews. We recommended that the service seek advice and guidance from a reputable source to ensure their care plans were accurate. The complaints received had been investigated and relevant action had been taken. People knew how to make complaints.

People, relatives and staff were positive about the management team. Staff felt well supported and were involved in meetings to review the development of the service. There were robust quality assurance systems in place which ensured the service was running well. People's feedback was sought from surveys. We recommended the service refer to best practice guidance about using feedback to ensure they were constantly improving.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood how to keep people safe from potential harm and abuse.

Risk assessments were detailed and ensured people were supported in a safe manner.

Recruitment processes ensured staff were safely recruited and suitable for the role.

Medicines were managed safely.

Staff worked in a way that prevented the risk of cross infection.

Lessons were learnt from accidents and incidents to improve the provision of care provided to people.

Is the service effective?

Good

The service was effective.

Pre-admission assessments were completed to ensure people received support in line with their needs and preferences.

Staff received an induction and regular training, as well as supervisions and an annual appraisal.

People were supported to keep hydrated and their nutritional needs were met.

People provided consent for their care and support and staff demonstrated an understanding of the principles of the MCA.

People had access to healthcare services if needed.

Is the service caring?

Good

The service was caring.

People felt staff were kind and caring.

The service ensured people were involved in reviewing their care package.

Staff demonstrated an understanding of equality and diversity and treated people fairly.

People had their privacy and dignity respected and were encouraged to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People received care and support that was personalised to their needs.

Individual care plans were detailed and told staff about people's support needs and preferences.

People knew how to make a complaint and would be supported by the service with this process.

Staff demonstrated an understanding of how to support people receiving end of life care.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff felt supported by the management team.

The service had robust quality assurance systems in place to manage the service.

Staff meetings were held to ensure the whole team were kept up to date with service changes.

People were consulted about their views through annual surveys and feedback was used to make improvements.

Premier Carewaiting Limited

Detailed findings

Background to this inspection

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

The inspection was carried out on 28 September and 2 October 2018 and was announced. We announced our inspection because we wanted to be certain that someone would be available to support us. The inspection was undertaken by two inspectors and one 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.

Before the inspection, we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events which the provider is required to tell us about by law. We sought feedback from health and social professionals. We also received a Provider Information Return (PIR) from the service. A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make. We also spoke with fourteen people, ten relatives and ten care staff.

During the inspection we reviewed documents and records that related to people's care and the management of the service. We reviewed eleven people's care plans, which included risk assessments and medicines profiles and six staff files which included pre-employment checks. We looked at other documents such as medicine, training and supervision records. We also spoke with the registered manager, office manager, business advisor and one team manager.

Good

Is the service safe?

Our findings

People told us they felt safe receiving care and support. One person said, "Oh yes, absolutely," when we asked if they felt safe with their staff. Another person told us, "Yes, I feel safe." Relatives we spoke to said that their loved ones felt safe in the company of staff. One relative said, "Yes, [person] feels safe. They do a good job." Another relative told us, "Yes, [person] is very safe."

Staff understood what abuse was and how to respond to potential safeguarding concerns. One staff member said abuse could be, "Physical, like bruises, or neglect." Another staff member said, "I report first to the management and make sure they do something about it. If they didn't I would report to the Care Quality Commission." The registered manager said, "Carers need to know what abuse is. It all comes down to training. If our carers have any suspicion, they call me, no matter what."
Records confirmed that all staff received annual safeguarding training and the service had a safeguarding policy in place. We also saw a log where all safeguarding alerts had been recorded, to allow the service to track trends and outcomes.

People told us they felt safe with staff helping them with their medicines. One person said, "They sort everything." Another person told us, "Yes they do [help]. I trust them no matter what." Relatives told us they trusted staff to manage medicines. One relative said, "They prompt [person] to take their medicines." Another relative told us, "Yea they put her pills out for [person]. It is fine."

At our last inspection on 11 and 20 July 2017 we found that although Medicine Administration Records (MAR) recorded the names of the medicines given, they did not record the amounts to be given and instead staff were giving people what was in the blister pack. A recommendation was made to change MAR to ensure safe practice. At this inspection we looked at 10 people's MAR and found they were more detailed and better guided staff to administer medicines.

Individual MAR included the person's GP details and out of hours contact numbers, what support the person required with their medicines, the form and dosage of the medicines and how the medicines should be taken. One person's MAR stated, 'Remember the service user is diabetic, majority of their medication cannot be taken on an empty stomach.' We found that the MAR charts did not have section to indicate if a person had any allergies or what signs or symptoms a person might display if they were becoming unwell. We spoke to the registered manager about this during our inspection and were advised this information would be added.

Staff used an electronic system to note when medicines had been administered. When staff were unable to connect to this system, they called the office to confirm that medicines had been administered. We checked 10 MAR and found that medicines had been appropriately administered.

Records confirmed staff received annual training in medicines. One staff member said they found it helpful because, "There are always changes in this sector and we do new training." Staff demonstrated an understanding about their roles and responsibilities. One staff member said, "If it's in a blister pack they can

administer themselves. I just encourage them to take it." We also saw that the management teams completed medicines administration competency assessments on all staff. This demonstrated that the service ensured staff understood how to manage medicines safely.

The service ensured risks were minimised and people were supported as safely as possible. One relative said, "Safety, they are quite good on that." Individual risk assessments were in place. These explained what health diagnoses the person had and how this would affect them. Risk assessments also looked at people's ability to communicate, medicines, personal care and moving and handling and nutrition and hydration. One person's risk assessment said, '[Person] cannot weight bear and will require the carers to hoist me safely from and to the bed using the correct procedure.' Details of how to use the hoist were recorded. This ensured people's care and support needs were understood by staff and they knew how to provide safe and effective support.

The service completed environmental risk assessments that looked at safety within the person's home. Staff demonstrated an understanding of managing people's safety. One staff member said, "As the carer you have to be careful. You have to make sure their hoist is not faulty and make sure it is good. If there is something wrong with it you have to report it." This showed that potential risks had been reviewed and detailed to ensure staff understood how to manage people's safety.

Most people and relatives told us that staff arrived on time for their visits. One person said, "Yes it seems mostly [they are on time]." Another person said, "No they are not late." One relative confirmed, "[Staff] are on time 100%." However, one person told us, "[Staff] come anytime." When we spoke to the registered manager about this they said, "[Late calls] are very minimal, we hardly get situations where people are late and definitely all people are seen." The registered manager advised, "It was an issue until electronic systems were installed." The service had a system where staff scanned a code to indicate they were in and out of the person's home, and the administration team were notified after 5 minutes if staff had not arrived. Records confirmed staff were not late.

At our last inspection on 11 and 20 July 2017 we found that gaps in the person's employment history had not always been followed up during the interview process. During this inspection we found that the provider had a robust recruitment process in place. Their recruitment policy stated they would only recruit someone if they were had a satisfactory DBS check and received references. A DBS check is when the Disclosure and Barring Service complete a criminal record check and ensure that people are not barred from working with vulnerable adults or children. One staff member said, "Every year they check things for us." We looked at the six staff files and saw that all employees had completed application forms, a full employment history, references and DBS checks in place.

There were effective infection control measures in place. People and relatives told us that staff always used equipment as appropriate to prevent the risk of cross infection. One person told us, "Yea [carers] have plenty of gloves, they have everything." One relative said, "[Carers] clean fine."

Records confirmed that staff received annual training in infection control. The service had 'Infection Control' and 'Personal Protective Equipment' (PPE) policies in place. These policies stated that employees should wear gloves and aprons that would be provided by the service. Staff told us, "[Management] bring it from the office. Every week they distribute gloves, aprons and shoe covers."

The service recorded incidents and accidents and these were monitored on an up to date spreadsheet. The registered manager gave an example of their management of pressure sores. They said, "These can be prevented if you act quick. If someone has red skin today, if you don't act it can be broken skin tomorrow."

We were told about one person who had red skin and the GP confirmed it was due to their diet. The registered manager told us, "We supported the husband to give [person] apples not peaches. Peaches made [person's] tummy runny. Apples had more fibre. We made 5 calls that weekend and everything went back to normal."

Management meeting minutes evidenced that incidents and accidents were discussed and reviewed. The registered manager told us management shared this information with staff as, "[Management] are constantly in the field. Before anything can start we nip things in the bud." This demonstrated the service worked in a supportive and proactive manner and responded quickly to potential risk to ensure a person was kept safe and to improve the quality of care received.

Good

Is the service effective?

Our findings

The service completed pre-admission assessments on all people before providing support. The registered manager told us, "We get the referral, we speak with the family and the person and organise a time as soon as possible."

Individual care plans had assessments from the local authority, and where information had been gathered by the service, this formed the person's care plan. People's care plans initially looked at what people's needs were, as well as their goals and aspirations. For example, one person's care plan said, "[Person] to remain independent in [person's] own home," and, "Increase [person's] low self-esteem and improve confidence skills." People confirmed they had been spoken to about their care and support. One person said, "Yes I have seen my plan." This showed the service was working effectively to ensure people's needs were being assessed in a holistic manner.

Records showed that staff received annual training on the Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Although all staff had received training on the MCA, their responses were varied and they were not always able to tell us about the principles of the MCA. One staff member said, "I don't know what this is." Another staff member told us, "No, I haven't heard of it." However other staff demonstrated a clear understanding of the MCA. One staff member said, "If we have to make a decision [on behalf of the person] we always think about the welfare of the client before we do anything." Another staff member said, "We learnt about people and their rights and what we are allowed and not allowed to do." This demonstrated that although staff had received training they were not always clear how this translated to day to day support for people. We spoke to the registered manager about ensuring the pathway between training and care in the community was well-defined.

People and relatives told us that staff always asked for people's consent before providing care and support. One person said, "Yes they always knock on the door." Another person told us, "Oh yea, they always ask [for permission]." One relative said, "When the carer arrives, takes a general overview and discusses any issues with me [as person cannot communicate themselves]."

All staff could explain how they gained consent from people. One staff member told us, "You let [person] know what you are doing, you cannot just do it. You communicate with the person. If they can't speak you use sign language or a computer or pictures. They can give you a sign of what they want." Another staff member said, "If [person] can't understand speak to the family, if the family don't know speak to the manager." The registered manager told us if staff had any concerns about a person's capacity they would tell their manager and then, "Social services get involved." Records confirmed that all people had signed a

form to consent to receiving care and support. One person's care plan said, 'Carer must consult me before preparing anything for me.' This showed that the service appropriately gathered consent from people, in line with best practice guidance and ensured people felt comfortable and safe with the care and support they received.

The service had an induction policy in place. Records confirmed staff had completed their induction which involved key training sessions and had shadowed another staff member in the community before supporting people by themselves. Once staff had completed their induction they would meet with their manager to determine if additional training was required.

We reviewed the training matrix and saw that staff had completed their annual refresher training, which included training in moving and handling. We were advised that after training, the, "Organisation then goes out and does observations at the same time and the care managers go out and do audits. We are confident with staff and management of that." One staff member said, "Manual handling [training], its good because we put [staff] in the hoist so we learn." All staff had also completed or were in the process of completing the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. This demonstrated that the service ensured staff were appropriately and adequately trained to offer effective, high quality support.

Records confirmed that staff had supervision every three months and this was monitored through a supervision matrix. A team manager told us supervisions were helpful, "If [staff] have any issues, questions, career progression, feedback, suggestions from the carers as they are on the ground, they tend to see things that we don't normally see." Staff also had annual appraisals. A team manager said, "We are looking at the conduct, more attitude, their responses from service users, long term plan of the carer." This showed that staff were well supported by the management team to carry out their roles.

Staff demonstrated an understanding of their responsibilities when supporting people with their hydration and nutrition. The registered manager told us about one person with diabetes, "The family prepares [person's] meals, carers know not to give [person] sugar." Records confirmed guidance about appropriate nutrition was reflected in this person's care plan and provided staff with the guidance they needed. One person said, "The carers go through my meals with me to make sure I am level on my diet." Records confirmed staff received training in diabetes as part of their induction.

All staff received prompts on their smartphones about keeping people hydrated. People confirmed they were being supported to keep hydrated. One person said, "I have all my water near me. [Carer] will do me a cup of tea and a couple of biscuits before [carer] leaves" Another person told us, "Oh yea I have a jug of water on my table all the time. They do my tea and that before I go."

The registered manager told us that as part of their regular conversations with staff they could monitor a person's health and wellbeing based on their food and water intake. They said, "Carers notice a change. This could be because they have had enough or because they are not well." This showed that the service worked well as a team to ensure people were supported to have a balanced diet that promoted healthy living.

People told us they were comfortable with how the service liaised with other professionals to help them. One person told us, "They call the carer company for advice for what is to be done. I am happy with that." Another person said, "Oh yes they tell [professionals] what is going on."

Staff confirmed they worked well with other health and social care professionals to provide care and support to people. One staff member said, "Yes the nurses always come, the doctors come to the house. If

there is a problem I can call." Another staff member told us, "If I feel there is a need for equipment, I leave it for [occupational therapists] to assess. They work with you, you can explain your concerns." The registered manager spoke positively about one of the local authorities and said, "They are brilliant, very responsive."

Records confirmed people were supported to access support from other health and social care professionals. This showed that people received holistic and good quality care and support.

Good

Is the service caring?

Our findings

People and relatives told us that staff were caring. One person said, "They are kind to me." Another person told us, "They are kind, caring, funny, you name it, they are. I wouldn't be without [carer]." One relative told us, "Staff are approachable and friendly and caring."

Staff told us how they built positive relationships with people and respected their wishes. One staff member told us, "We have someone that is bed bound and has dementia. From the care plan we understand the medication [person] given is to control the way [person] reacts. We work more to help [person] stay calm, speaking calmly, reassuring [person]." Another staff member told us, "You get to know the person and you need to know how to communicate and approach them and build the person's trust." Individual care plans evidenced that staff were encouraged to work in a caring manner. For example, one person's care plan said, 'You need to be firm and kind. Do not give up, it might take time.' This showed that people received care and support that was compassionate and staff could meet the needs of people in line with their individual support needs.

People told us they had seen their care plans and confirmed they had been part of the review. One person said, "There is a record book and they write in it and sign it each time." Another person told us, "Yes [care plans] are on the table in the front room. They get updated." One relative told us, "Yes, they took up our ideas and it is a lot better now. They are doing everything we have asked." Records confirmed that people were consulted during care plan reviews and one of the questions asked was, 'Is there anything in your care plan you want us to change?' This demonstrated that the service consulted with people and relatives about the support people received, to ensure they were happy with their care package.

We saw evidence of individual preferences being considered and met. The registered manager said, "We do try and match, if they tell you straight away [about their preferences], or when you meet them you suspect who they would like." One relative told us, "Yes [person] always has a female carer so no problems have come up." Care plan's confirmed that individual preferences had been recorded. One person's care plan said, 'Client prefers to shower in the evenings,' and daily notes confirmed this need was being met. One staff member told us about one person who, "Likes smoking a lot. But this is their choice, not mine." Another staff member said, "We talk to them, encourage them. We show them when we change their clothes, what they would like to put on today. We give them a choice to tell us what they would like." This showed that the service respected people's personal preferences and supported them to make choices about the care they received.

Staff confirmed they understood the principles of equality and diversity. One staff member told us they treat people equally and said, "The person will tell you I don't eat meat and you have to respect them. We don't need to discriminate." Another staff member said, "We don't judge. We go there and we do our job." The service had an equality and diversity policy in place that said, 'Every client has their individual needs comprehensively addressed. He or she will be treated equally and without discrimination.' All care plan's asked people about their religion and cultural preferences. This showed that people were protected from potential discrimination and all people received support that was based on a fair and caring approach.

People and relatives told us that people were supported to remain as independent as possible. One relative said, "[Person] needs help with the shopping," and told us the staff help this person with this and they enjoy going out. Staff told us they encouraged people to do as much as they could before they intervened. One staff member said, "A person doesn't want to eat, you have to prompt [person] to eat. Help [person] little by little." Individual care plans guided staff to encourage a sense of independence when supporting people. One person's care plan said, '[Person] washes bottom half and arms and hands and face. The carers to wash [person's] back or give full body wash if requested by [person].' A manager gave us an example of where the service held a meeting with a person and their family to ensure this person remained as independent as possible. They told us, "This service user wants to do their own things, especially with bathing but we realised [person] doesn't do it thoroughly, so in order not to take [person's] independence away we agreed to give [person] two showers a week, and the other days [person] tries themselves. We all met together."

People and relatives felt that the staff respected people's privacy and dignity. One relative said, "Yes, [person] would have said if [person] felt intimidated or uncomfortable." Staff could give examples of how they supported people to maintain their privacy and dignity. One staff member said, "By closing the door, always covering them up, we never leave them exposed. Be mindful."

This demonstrated that people's independence was promoted as far as possible. The service worked in a pro-active and caring manner to ensure people felt their privacy and dignity was respected and their health and wellbeing was at the centre of the care and support provided.

Good

Is the service responsive?

Our findings

At our last inspection on 11 and 20 July 2017 we found that people did not always had consistent staff supporting them. During this inspection we found this concern had been addressed. People confirmed that they had regular staff. One person said, "I have one person that comes three day a time. It is always the same person." Staff told us, "We have a key carer, and then another carer so if the key carer is on holiday there is still consistency." For people, receiving consistent care was important as staff were familiar with their needs and this ensured people were kept safe.

People told us staff were responsive and supported them to meet their needs. One person told us, "I can decide what I do want to do and what I don't want to do. I know [carer] will support me in whatever I want." Staff we spoke with were knowledgeable about the people they supported and were aware of their preferences, and health and support needs. One staff member said, "There is a [person] that can hear you but can't speak. If you want to know if they are comfortable they squeeze your hand, if they are not, they don't squeeze your hand. When we say hello, [person] says hello by wiggling fingers a bit." This demonstrated that people received personalised care and support.

Each person had an individual care plan which contained information about the support they needed from staff. One staff member told us, "Care plans are very helpful." Another staff member said, "Care plans help because they tell me more about the person and their history. They just tell us more."

At our previous inspection on 11 and 20 July 2017 we found that care plans did not contain enough details to guide staff to provide personalised care. During this inspection we found that care plans had improved and gave a detailed summary of people's care and support needs. They included information about medicines, nutrition and hydration, personal care and moving and handling. Each of these sections were colour co-ordinated and written down in order from the beginning to the end of the day. This made it easier for staff to follow a routine and meant that people with different communication needs could more easily understand their care package.

We saw that all care plans and risk assessments were reviewed annually, or as and when a person's support needs changed. We looked at these reviews and saw they asked questions about whether there had been any changes to, 'What is important to you [the person receiving care]', 'Communication methods' and, 'Hazards which are not adequately controlled.' Here we saw that where problems had been identified there was an action plan and a target and review date in place. For example, one person's care plan review said, 'The ceiling hoist has not been serviced since 29.06.2017.' This had been rated as high priority and was due to be actioned within one week by speaking to the local authority. Records confirmed this action had been completed.

However, not all care plans were updated following these reviews. For example, one person's care plan said, "[Person] can weight bear with an assistant, with a walking aid. [Person] can walk by herself with the help of the kitchen trolley." But in their most recent review their notes said, "[Person] has no mobility. Person is bed-bound." This meant that although care plans were being reviewed, the information was not being

transferred into the person's main care plan. Staff reading a person's care plan would not always know the person's up to date support needs and the person would therefore not always receive safe and effective care and support. We recommended that the service refer to best practice guidance regarding reviewing people's care and support needs.

The service had a complaints and compliments policy that aimed to resolve complaints in a fair manner. This policy highlighted that people had the right to make a complaint at any time and that in the first instance staff would attempt to resolve the issue. The policy guided people to the Care Quality Commission and gave a list of various other organisations to contact. We noted that the details for the Care Quality Commission were out of date and people were not directed to the local authority. The registered manager told us they would amend this after the inspection.

People we spoke to told us they had not raised a complaint but if they raised concerns they felt that management responded quickly and constructively. One person told us, "Oh yes, yes I would complain. But I haven't so far." One relative said they knew how to make a complaint, but hadn't had to. Another relative told us they had previously made a complaint. They said, "It wasn't anything major and they are dealt with promptly. Things like, we have a bath lift but carers weren't using it, but now they are trying more." One staff member told us, "We have a complaint form which we will let [person] fill in." We were advised that this form was kept at people's homes and if they expressed a wish to make a complaint they would be supported to do so. We were also told if a person was unable to make a complaint the service would arrange for them to have an advocate.

We reviewed some of the complaints received and saw that the service had listened to people and responded to them appropriately. One relative made a complaint on behalf of a person receiving care and support about staff not arriving on time. The response showed that the carer had been spoken to and spot checks had been increased for this staff member. However, we did not always see evidence of the service responding to the complainant as per their policy. We spoke to the registered manager about this and they advised they would address this after the inspection.

Organisations that provide NHS or adult social care must follow the Accessible Information Standards (AIS) by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint as well as explain their care and support.

During this inspection we found that the service was not working in line with AIS as people were not provided with information about how to make a complaint or discuss abuse in formats that were in line with their support needs. We were told this was mitigated through regular phone calls and visits to people by the management team. The registered manager told us they would ensure paperwork was made available for people in a format that they could understand.

Staff we spoke to told us they had received end of life training and understood how to support people at this stage. One staff member said, "We were more attentive to how they are feeling, talking to them more, being more with them. We had training." Another staff member told us, "We did extra support to take care of the person. We go there to give personal care. We still treated them the same. Just we were very careful because [person] was delicate." At the time of the inspection the service was not supporting any person receiving end of life care.

Good

Is the service well-led?

Our findings

At our last inspection on 11 and 20 July 2017 we found that the service had undergone changes and had started to support people who had been using another agency that closed. This meant that a number of new people and staff transferred to the service all at the same time. An improvement plan had been put in place and risks were mitigated by not taking additional care packages, increasing the management team, installing a computerised system to monitor staff attendance in people's homes and reorganising the work of care staff to minimise travel time. We found the changes made had led to improvements but these were still being embedded and further time was needed to ensure all the planned changes were fully operational.

At this inspection we found that the service was now fully up and running and the management team was robust. People and relatives spoke positively of the management team and the registered manager. One person said, "[Managers] are doing their best." Another person told us, "[Registered manager] is very caring. She sticks to what she says. If she sees something is not right she will sort it out. She is a really good person. She knows about me." When we asked people if they would recommend this service to other people, one person said, "Yes, they are very handy and a god-send in a lot of ways. Can't moan."

Staff told us they felt supported by management. One staff member said, "I do [feel supported]." Any time I come from the community I have a meeting with [registered manager] and we speak and she brings suggestions and we take an action if we have to." Another staff member said, "[Registered manager] is very, very good. If you have problems at work and you call, [registered manager] will have time for you, talk to you, talk to the client and make sure you are good and the client is good." This demonstrated that the managers created a culture within the service where people and staff felt supported, respected and valued which in turn meant people's rights and wellbeing were protected.

The service had robust quality assurance systems in place. Records confirmed quarterly spot checks were completed by managers. These were unannounced visits where staff were observed providing care and support to people in their own homes. This was in line with their statement of purpose that said, 'Monitoring visits to clients are arranged by [the provider] on a regular basis to ensure the service continues to provide safe and appropriate care and support that both meets client needs and protects their rights.' Copies of these checks were kept in staff files. They focused on infection control, time-keeping, medicines and appearance. One person said, "[Registered manager] has come here a few times and asked how everything is going." A staff member told us, "They come to check the clients and to find out how the carers are doing from time to time." A team manager confirmed, "When we go into spot check, the service users tend not to talk a lot as they feel they might offend the carer. So, with this I do more random phone calls so I get a more objective view. I also go in when the carer is not working and they say different things. This gives you the ability to know if there are any safeguarding concerns coming up and I can iron out issues."

Medicines audits were re-designed in March 2018, which ensured medicines were being managed correctly. Medicines were audited monthly by the management team who reviewed all MAR charts. The registered manager told us, "A lot of work has gone into this." We reviewed 10 medicine audits and found that they had been reviewed and signed by the management team to ensure the details were correct.

The service held monthly management meetings. The minutes showed that all aspects of care provision were covered including reviewing care plan reviews, new staff, safeguarding and staff being commended for their hard work. These minutes also indicated an action plan was implemented following the last Care Quality Commission inspection.

With regards to team meetings for staff, we were advised it was problematic to co-ordinate these regularly with a high attendance but the service did run them based on post-codes of support delivery. Records confirmed that topics discussed included effective communication, infection control, shift management and medicines. We saw minutes from one meeting where staff were reminded, 'To call the care mangers when they encounter issues on the field or something they are not too sure about how to go about it.' This showed that the service worked hard to ensure, as much as possible, staff were supported to be kept up to date about the running of the service.

People receiving care and support were invited to complete an annual survey and provide feedback; these were analysed to form part of the service annual report. This was in line with their statement of purpose that said the service would aim, 'To consult with service users about the service they receive.' The registered manager told us, as part of their quality assurance systems, "The surveys are a big one for us as they help us identify where can improve our services." The most recent survey had been completed in July 2018. We saw that 57 people had responded to the survey answering a total of fourteen questions covering five key areas. The five key areas were 'time keeping', 'safe and secure delivery of care', 'treating people with respect', 'effectiveness of care provision' and 'responsiveness and overall management performance'. We found that 98% of people felt they were treated with dignity and respect by the carer staff and 96% of people felt their preferences and cultural backgrounds were respected. This demonstrated that overall, people felt positive about the service and they felt they were provided with high quality care and support.

The service was not asking relatives, staff or other health and social care professionals to complete surveys or provide feedback. The registered manager told us, "We try to resolve issues through day to day communication." We recommended the service refers to best practice guidance about how to gather and analyse feedback from a wider network to ensure a culture of continuous improvement.