HomeCare Plus Limited

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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 inspection took place on 4, 8 and 9 January 2018 and was announced. This service is a domiciliary care agency based in Newcastle upon Tyne. It provides personal care to people living in their own homes throughout Newcastle and North Tyneside. Services were provided to adults with a wide range of health and social care needs including physical disabilities, sensory impairments, learning disabilities, mental health needs and dementia. At the time of our inspection there were approximately 420 people receiving a service.

Not everyone using Homecare Plus receives regulated activity; The Care Quality Commission (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.

The service had a registered manager in post. The registered manager has been in post since the service first registered in September 2014. A registered manager is a person who has registered with the CQC 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.

At the last inspection in April 2017 we asked the provider to take action to make improvements to the safety of the service, safeguarding people, staff recruitment, management of complaints and the governance of the service. We found these actions had been completed.

People told us they felt safe and comfortable with the staff who visited their home on a regular basis. Policies and procedures were in place to assist staff to safeguard people from harm and abuse and the staff we spoke with understood their responsibilities with regards to protecting people. Incidents of a safeguarding nature had been appropriately investigated, reported, recorded and monitored. Two local authority safeguarding teams told us that following a period of close monitoring they had no current concerns about the service.

Care workers supported people to maintain their health, safety and welfare within their own home. Risk assessments had been carried out where individual risks had been identified. We saw these were regularly reviewed and updated when people's needs changed.

Staff felt there were enough of them employed at the service to look after people safely and to meet their needs. Care workers said they had not felt rushed in recent months and improvements had been made to how they were deployed. People told us that overall they had regular care workers who were reliable and punctual.

Staff recruitment had been reviewed and stringent procedures were now followed. The process was safe, fair and robust. New staff had received a comprehensive induction and staff training was up to date. Records showed and staff confirmed that they had regular supervision sessions, annual appraisal and staff meetings

in order to voice their opinions, share feedback, discuss any issues and make additional requests to develop their skills and knowledge. Staff told us they felt valued by the management team and that there was an open and honest culture, whereby they did not feel afraid to discuss anything and they could be sure the registered manager would act upon their feedback.

People told us they received their medicines in a safe manner and when they expected it. Competency checks on care workers were completed to ensure they remained competent at administering medicines and regular unannounced spot checks were conducted to ensure the high standards of service which the registered manager expected continued to be delivered. Medicine administration records had been reviewed and significantly improved since our last inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care workers encouraged people to maintain a healthy and balanced diet. People told us their care workers made meals of their choice in line with their likes and dislikes and respected their preferences. Dieticians and other external health professionals were involved with people's care to ensure their ongoing well-being.

The people and relatives we spoke with told us that care workers were friendly and professional and that they respected their home and their belongings. People said staff upheld their dignity and privacy. The staff we spoke with all displayed caring and considerate attitudes and spoke passionately about their role.

There was a complaints policy in place; this has been reviewed and re-issued to staff to ensure they were aware of their responsibility to escalate matters to the registered manager as necessary. We saw all complaints and minor issues had been logged, investigated and resolved in a timely manner. People we spoke with had no complaints about the service.

The staffing structure had been strengthened with the introduction of additional roles within the office and additional duties for senior care workers to ensure that the monitoring of the service was methodical and in-depth. We saw audits of the service had been reviewed; existing audits had been improved and new audits had been implemented. These audits demonstrated that checks on service delivery were systematically undertaken and where issues were identified, they were referred to the registered manager for action. There was now a dedicated role in the office to oversee safeguarding incidents, complaints and governance to make sure these were effectively and correctly dealt with.

A customer survey had been carried out in July 2017 and the results showed that people who used the service and their relatives were satisfied with the service they received. Our pre-inspection questionnaire responses corroborated this.

There was an established staff recognition scheme in place. We saw that staff were invited to nominate each other for monthly awards and care workers were also rewarded when compliments about their work was received from people whom they cared for.

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.

Safeguarding concerns, incidents and accidents were investigated and reported to the relevant authorities. People told us they felt safe living at home with the support of their care workers and they received their medicines in a safe and timely manner.

People's care needs had been thoroughly assessed with control measures put in place to minimise risk. Actions for staff to follow were clearly recorded.

The recruitment process for staff was robust and staffing levels were appropriate.

Is the service effective?

Good

The service was effective.

Training was provided to staff in a variety of topics to meet people's needs. Care workers were supported through supervision, appraisal and team meetings. Competency checks were conducted by senior care workers.

Consent to care and treatment was sought in relation to people's care and treatment. People and their relatives were involved in care planning.

Staff supported people to eat and drink well to ensure their well-being. People's general healthcare needs were met and the service involved other external health professionals as necessary.

Is the service caring?

Good

The service was caring.

People told us all staff were nice, caring and friendly. Staff understood people's needs and responded well to these. Relatives confirmed this.

People told us they were treated with dignity and respect and

that staff respected their home, their family and their belongings.

People were involved in decisions about their care and were offered choices and given control over their own lives. Staff encouraged independence whenever possible.

Is the service responsive?

Good

The service was responsive.

Care records were person-centred and people's needs were routinely assessed and regularly reviewed. People told us the service was flexible and they could cancel calls or change their service if they had an appointment.

People told us they had regular care workers who were punctual. The office staff strived to inform people when care workers were running late or absent.

People told us they felt comfortable raising any issues with the staff. A complaints policy was in place and people were aware of how to complain.

Is the service well-led?

Good

The service was well-led.

The provider had clear visions and values, and the established registered manager communicated these to the staff team.

Staff told us they felt supported and valued in their role and morale was much improved. The atmosphere in the office was positive and staff worked well together. The office staff had a variety of skills and experience to ensure the efficient running of the service.

Comprehensive and accurate records were maintained to monitor the quality and safety of the service. Audits took place to ensure staff carried out their role competently and professionally. Feedback was sought from people and their relatives to ensure satisfaction.

Homecare Plus 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.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions, safe, effective, responsive and well-led to at least good. At this inspection we found that significant improvements had been made in all of these areas.

Inspection site visit activity started on 4 January 2018 and ended on 9 January 2018. The inspection was announced. We gave the provider short notice of the inspection because we needed to be sure the office would be open to access records. One inspector visited the office location on 4 January to see the registered manager and staff; and to review care records and policies and procedures. An expert by experience conducted telephone interviews with people who were receiving care in their own homes and with care workers on 8 and 9 January. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with 11 people or their relatives to gather their views about the service, five care workers, three senior care workers and the registered manager. We reviewed a range of care records and the records kept regarding the management of the service. This included looking at ten people's care records, three staff files, the rostering system and records related to the quality monitoring of the service.

Prior to the inspection we reviewed all of the information we held about Home Care Plus, including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

In addition, we contacted local authority contract monitoring teams and adult safeguarding teams to obtain their feedback about the service. All of this information helped to inform our planning of the inspection.

We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was partly informed by feedback from questionnaires completed by ten people using services.

After the inspection we invited the office staff to provide us with their feedback in confidence via email. We received responses from two members of the office team.

Good

Is the service safe?

Our findings

At our last inspection in April 2017 we identified the service was not safe. This was because incidents of a safeguarding nature had not always been recognised by staff and therefore were not investigated properly or not referred to other agencies as required. Medicines were not always safely managed and the provider's recruitment policy was not always followed correctly. Following that inspection the provider sent us an action plan which described how they planned to address this and by when. At this inspection we found the provider and registered manager had implemented the necessary changes in a timely manner which had led to a significant improvement in the safety of the service.

A compliance officer was now responsible for overseeing incidents of a safeguarding nature. A new spreadsheet had been implemented for recording all incidents of this type and this staff member was responsible for ensuring the registered manager was informed, an outcome was recorded and referrals were made to local authority safeguarding teams and the Care Quality Commission (CQC) in a timely manner. All of the local authority teams we spoke with told us they had found the service to have improved following a period of close monitoring through their organisational safeguarding processes and they had no current concerns.

We reviewed the 'safeguarding' file and saw the provider's safeguarding policy had been updated in May 2017. A safeguarding register had been implemented which helped the registered manager to track any trends which may form. We checked two incidents, both of which included a thorough description of what had occurred, investigation notes, staff witness statements and other pieces of evidence such as photographs or paperwork. In one incident we saw the registered manager had used their electronic call monitoring system to provide evidence about the amount of time care workers had spent with people. We saw actions taken after outcomes to safeguarding incidents ranged from sharing lessons learned through staff meetings to invoking the staff disciplinary procedure.

All staff had received safeguarding adults awareness training. Through discussion with us they highlighted examples of concerns they had raised, which demonstrated an understanding of their role in protecting people from harm or improper treatment. They were aware of the provider's safeguarding and whistle blowing policies and assured us they would have no hesitation to report anything they witnessed. One member of staff said, "I have reported something and it was taken seriously, there was immediate action and a full investigation." Another said, "They are really proactive if you report something." Posters were also on display around the office to remind staff of their responsibilities in this matter.

100% of the people who responded to a pre-inspection questionnaire told us that they strongly agreed that they felt safe from abuse and or harm from their care workers.

A whole new medicine management system had been implemented since our last inspection which was much more in-depth. New comprehensive training had been developed and rolled out to all staff along with written guidance for care workers to refer to. All of the staff we spoke with felt confident to administer medicines. They told us they had attended refresher courses when the new system had been introduced.

One member of staff told us, "There has been a whole new system put in place, it's much better, a lot better, self-explanatory – almost idiot proof in fact." A senior care worker told us, "I feel very confident, I fill the sheets in and I go around completing the medication sheets where carers don't feel confident in doing that bit, all staff are trained [with medicines]."

We looked at the care records of three people who required assistance to manage their medicines. All of their records contained medicine care plans which had been written and regularly reviewed by the clinical nurse lead. Each person who required support to take their prescribed medicines had a new medicine booklet kept in their home. The booklet contained information about what medicines were prescribed and how they were packaged, for example in a pharmacy filled monitored storage box or the original boxes. The booklet included a body map to record the areas of the body any topical medicines should be applied to and information about when care workers should support with 'as and when' medicines. Topical medicines are creams or ointments applied to the skin. 'As and when' medicines are only given when a person needs them. Comprehensive medicine administration records (MARs) were in place to promote good record keeping.

We checked six people's medicine booklets and saw that they were all completed legibly and accurately. The booklets were initially completed by two care workers to ensure accuracy and there was space for each care worker to record their initials, how many tablets were given and to record a code if something out of the ordinary occurred, such as a refusal. There were no gaps in the MARs which meant we were able to identify each staff member who had supported with each dose. A robust system was in place to audit a percentage of MARs and any issues found were followed up by the registered manager.

Senior care workers were conducting competency checks on care workers and checking documentation at service spot checks. All of the provider's actions had led to a significant improvement in the safe management of medicines and a significant reduction in the amount of medicine errors being reported. This meant people were protected from the risks associated with medicines because suitable arrangements were now in place.

We looked at the staff files of three care workers who had been employed since our last inspection. We saw the recruitment policy had been reinforced with office staff who conducted interviews. Application forms were in place, interview documentation, two references had been obtained and an enhanced check with the Disclosure and Barring Service (DBS) had been undertaken. DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role.

A large number of care workers had transferred from another provider using TUPE after taking on multiple care packages from a local authority. We saw that the same 'pre-employment' checks had been completed with them. TUPE stands for the Transfer of Undertakings (Protection of Employment) Regulations. Employees who are employed in the undertaking which is being transferred have their employment transferred to the new employer and usually keep their existing terms and conditions.

The staff files also contained evidence of shadowing of more experienced staff, a probationary period and on-going training, support and development. This demonstrated the service was proactively recruiting suitable people with a mix of skills, knowledge and experience to meet the needs of their customers. The staff we spoke with confirmed that the appropriate checks had been carried out prior to them commencing their employment.

The provider had a disciplinary policy in place and procedures were followed if misconduct or unsafe practice had occurred. We saw evidence in staff files where an unsafe practice had been identified and

investigated; staff had received appropriate disciplinary action. This included on-going monitoring such as enhanced supervision and regular competency checks to ensure the safety of people who used the service was maintained as well as summary dismissals. One member of staff said, "I felt the process was fair and I learned lessons, it made my conduct better and I double check everything now."

The service assessed the risks people faced in their everyday lives, such as with their physical and mental health, mobility and behaviour. Risk assessments described what action care workers should take to reduce risks and who they should report their concerns to. Daily notes made by care workers showed they were recognising risks and reporting it to their care coordinator. There was evidence that care coordinators and senior care workers conducted reviews, updated documentation and cascaded new information to care workers. This meant care workers were able to provide care which met people's current needs in a safe manner.

Care workers used specialist equipment to move and position people. This included hoists, slings and standing aids. The staff we spoke with told us they performed visual checks of the equipment before use and ensured it had been serviced. Equipment which did not appear safe to use was reported to the office staff for attention. They also told us they were vigilant for other environmental risks such as pets, loose flooring and adverse weather conditions. This meant care workers were aware of new risks which could arise within people's homes and they took proactive steps to prevent harm.

We saw accidents and other incidents were recorded and monitored. Accidents involving staff were documented and investigated. Where necessary actions had been taken or recommendations had been made to correct working practice or prevent further accidents occurring. Where necessary people's individual risk assessments and care plans were updated following accidents or incidents.

The provider had a policy in place to protect people from the risks of infection and poor cleanliness. Care workers wore a uniform and used personal protective equipment such as disposable gloves, aprons and hand sanitising gel to reduce the possibility of cross contamination. The people we spoke with confirmed this and 100% of the people who completed our pre-inspection questionnaire strongly agreed with this. Hand washing techniques, prevention of spreading colds and flu and other relevant guidance were provided to care workers to promote good hygiene practices.

The service used an electronic rostering and call monitoring system to allocate shifts to care workers which provided consistency, minimised missed visits and late calls. Call monitoring is an electronic system whereby care workers log in and out when they arrive and leave people's homes using a telephone. The times of their visits are sent electronically to a central system which is monitored in the office and by the local authority. The compliance officer audited the call monitoring records and we saw that the service was averaging an 80% compliance rate with the delivery of actual visits against what was planned in advance. This exceeded the target set by the local authority which was 70% (this included calls cancelled in advance by people themselves). We also saw that the average score for time keeping was only four minutes outside of the times people expected their care workers to arrive.

We reviewed four care workers' rotas at random for the previous four weeks and saw they had appropriate hours and suitable breaks. There were no calls overlapping which meant travelling time had been planned properly to enable care workers to get from one person's home to the next. People told us they didn't feel rushed and that their care workers had enough time to complete all of the tasks they required assistance with. We considered the service had enough staff to operate safely and efficiently.

The office staff managed an 'on-call' service which operated outside of normal business opening hours.

They were available to support staff and people in an urgent situation. Written logs were kept of incoming and outgoing calls during this time to ensure that issues and concerns were reported to relevant staff or external agencies as necessary. On-call staff had secure access to contact details of all people who used the service and their relatives, in case of an emergency. Staff contact details were also accessible so they could be called upon 'out of hours' if needed.

Good

Is the service effective?

Our findings

People told us their care workers were well trained. 90% of people who completed our pre-inspection questionnaire told us their care workers have the skills and knowledge to give them the care and support they need. One relative said, "They put cream on my husband's legs and do it properly." They added, "They are good at handling him, he is completely bed bound, they tell him what they are going to do, they are regulars, they are male carers, so he gets male company" and, "They seem to go on training, they said they would do hoist training if my husband needed one but he hasn't needed it yet." One person told us, "They are trained, they come at breakfast time every morning, I like my Weetabix and cup of tea. They make a sandwich for me for lunchtime, and ask if there's anything else, they wash up." A senior care workers told us, "I feel very confident, I've done all the training, they are good on training, if people have needs the training is done immediately like the [specialised] training." One care worker told us, "Everyone has different needs; the training is tailored to their needs."

We reviewed a training matrix which was maintained by the office manager to ensure staff training was kept up to date. The provider employed training officers to deliver internal training and assess initial competencies. External training providers and on-line training was also used. All staff new to the care industry completed the 'Care Certificate'. The Care Certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective and compassionate care. New care workers were subject to a probationary period in which they shadowed experienced staff, had their competencies regularly assessed through planned and unplanned spot checks of their working practices and attended supervision meetings with their care coordinator. Existing staff attended regular refresher awareness courses in topics which the provider deemed mandatory, such as moving and handling of people, safe handling of medicines, safeguarding vulnerable adults, health and safety and mental capacity. We also saw evidence of health and social care qualifications, training certificates and learning assessments in the staff files. This demonstrated that people received effective care from staff who had the skills and knowledge to suitably perform their role.

Records showed that formal one to one supervision meetings and annual appraisals regularly took place and that spot checks of service delivery were being carried out. We saw that staff who had been absent from work had received a 'back to work' supervision to ensure they were fit before returning to their duties. The care staff we spoke with confirmed they had received supervision and appraisal, been spot checked and that their performance at work had been competency assessed by senior staff.

The electronic recording system used in the office to effectively manage the way the service was operated had built in monitoring tools which identified factors such as, when training and supervisions were due. People who used the service benefitted from this robust system because it assisted office staff to ensure continuity of care and monitored compliance, safety and quality assurance. One person told us, "Everything is fine as far as I'm concerned. They try to keep the same carers; the level of continuity, there's no sudden changes, no strangers. Someone new came this morning but with a regular carer."

We heard the office staff making and receiving telephone calls. Communication was good and we heard

people were informed about disruption to usual visits or when care workers were running late. One person said, "If there's a new carer coming they ring and they tell us who's coming and they tell me their name."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We observed that the service assessed people's capacity upon initial referral and used local authority assessments to support this.

The registered manager told us there were two people who used the service who were subject to restrictions under the Court of Protection, in line with the Mental Capacity Act 2005 (MCA) legislation. The Court of Protection advocates on behalf of people who are deemed to lack mental capacity and makes decisions on their behalf. For example, it had been agreed that these people needed their finances to be managed by the local authority. In this instance, care workers collected money from the local authority offices and supported these people to pay their bills and to purchase clothing and food for example.

The registered manager told us that should they have any concerns or issues in the future regarding a person's capacity level, they would liaise with a social worker to ensure that a capacity assessment was undertaken and the best interests' decision making process was followed. Staff had not been involved in any best interests' decision making meetings with the people they supported at present but the registered manager told us they were aware of the principals of the MCA and demonstrated an awareness of what best interests' decision making involved. We asked staff how people were involved in decision making. Comments included, "I ask them what and how they want things done, to make them as free as they can be" and, "I chat to them all the time, suggesting something, you can't force them to do anything, I say, 'Have you thought about doing this?'"

People told us that their care workers always knocked on their door before entering and always asked for consent before carrying out any tasks. Care plans showed that where possible people had been involved in their assessments and had consented to their care and treatment. Where appropriate, relatives had signed on people's behalf. One person told us, "They always ask for my consent and I've just signed my care plan." A relative told us, "They usually discuss things with me, he's used to me, then I will say to my husband I think we need to do this, I signed the original care plan."

People told us their care worker ensured they had enough to eat and drink. Comments included, "The carers ask me what I want [to eat], and they are efficient, they know what they are doing" and, "They do the meals, they can cook!" People said that where required their care workers prepared a meal for them or made something for them to have at a later time. They told us their care worker asked them what they would like to eat, and prepared a meal of their choice. Entries made in the daily report books indicated care workers monitored nutrition and hydration needs and provided sufficient support to manage a balanced diet. Where necessary, care workers completed food and fluid intake charts to assist families and external health care professionals monitor a person's consumption to ensure their health and well-being.

The service supported people to maintain their general health and wellbeing and ensure their needs were met. Daily report books showed care workers had reported any issues and concerns to their care coordinator regarding people's needs. In addition, we saw records on the electronic system which showed when office staff had contacted a GP or district nurse on someone's behalf, with their consent. The records also showed that the service was involving and referring people to other external professionals; such as a social worker, an occupational therapist or a speech and language therapist. One care worker told us, "I

rang the office and said one lady needed a perching stool for her bathroom to help her, she had it within the week."

Good

Is the service caring?

Our findings

Without exception, we received positive comments about the staff. 100% of people who responded to our pre-inspection questionnaire said they were happy with the service and felt respected. Comments from people included, "They are brilliant", "I have no qualms, they just ask when they need to do something", "They are pleasant, it's a good service, I like it", "They are all kind, I've never found fault with anyone, they chat and listen to me. I'm a big football fan, some of the lads are football fans so we talk about that, they are all canny", "They are kind and caring, I am registered blind, I am very lucky with my carers, the casual ones are just the same" and, "'When I have spoken to [senior coordinator] she answers things very carefully, they are flexible, last week my hospital appointment took longer and the carer came to my house. When she found I wasn't there she rang the office, they rang the hospital to see whether I had been admitted, they were very caring."

The provider promoted their main focus to be the delivery of high quality care which kept the person in control by placing them at the heart of what they do. Information on the provider's website stated that they are open, honest and transparent with people at all times, which will allow people to place their trust in a good quality, family run care company, with strong family values and an ethos that will promote independence, dignity and ensure that people are afforded the utmost respect at all times. We were shown multiple compliments which the service had received in the past nine months which reflected the provider's beliefs and values.

People and relatives felt that care workers spoke to them with respect. They told us that staff respected their property, their belongings and their family members. One person said, "They are very, very good at that." A relative told us, "They are lovely, I can't fault them. They are helpful, she loves them coming. They chat away, she's always included, they take her to the toilet, it's all very good." People used words such as, "nice", "caring" and, "friendly" to describe the care staff who supported them.

Through conversations with staff they demonstrated to us how they maintained people's dignity and respected their privacy during physical and intimate care and support. One care worker told us, "I don't discuss them with anyone, and always close the curtains and doors when helping to change them. Visitors wait in another room." Another care worker said, "I give the best possible care I can." A member of office staff told us they did this by "promoting confidentiality, respecting the choices and decisions people make and communicating effectively."

We spoke to staff about the people they cared for. They demonstrated a good knowledge of people's likes, preferences and routines. They knew people well such as a life history and family background. We saw information in a person's care record which showed that senior staff had researched a person's condition in order to better understand their needs. Staff believed people were safe and happy with the service overall. They told us they had no worries about people's welfare and they felt they had a good team of caring and compassionate care workers who delivered a good service to people. A care worker told us, "I go in read the care plan and do what they need doing. That's the beauty of having regular clients you get to know them very well. You can see when something is wrong." All the people and relatives we spoke with corroborated

this. One person told us, "They are very, very [kind and caring], no faults, they are brilliant." Another person said, "If I didn't have the carers to talk to, I'd be punching the wall, my brother shops for me, but I sit and talk to the carers and get things off my chest." This showed that staff had developed positive, caring relationships with the people who used the service and their relatives.

Records showed care plans were devised to ensure people's needs were met in a way which reflected their individuality and identity. Staff told us they had attended equality and diversity training which encouraged them to promote individuality and ensure people's personal preferences, wishes and choices were respected.

People told us that they can be as independent as they want to be. The staff we spoke with described examples which suggested they promoted independence and respected people's wishes to try and do things for themselves. One person told us, "They only do things that I need doing." Another person said, "They encourage me to get out and about." A third person said, "They do what I want'. I do my own tablets but they ask if I've taken them" and, "I manage bits and pieces, they encourage that, I can't put my socks and trousers on, I know what I can do."

People and relatives told us they had been involved with the planning of their care. They told us that a representative from the office visited their home to carry out an assessment of their needs and some people told us that senior staff had revisited to check everything was OK. Where ability allowed, people had signed the care records themselves or an appropriate person had signed it on their behalf.

People had been given a 'service users guide' which contained information about the provider; what to expect from the service, what assistance could be offered, basic policies and procedures and contact details. Other information which would benefit people, such as the local safeguarding team, the Care Quality Commission (CQC) and ombudsman contact details were also made available. 90% of the people who completed our pre-inspection questionnaire told us that the information they received from the service was clear and easy to understand.

We asked staff if people used advocacy services and they told us that a small number of people did. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld. Staff were aware of how to refer a person to an independent advocate from the local authority if people needed that level of support. Some people had family who acted on their behalf formally with legal arrangements' in place such as relatives acting as a lasting power of attorney for finances and health matters. The registered manager told us they would always ask for proof of this arrangement.

People's personal information was stored securely to maintain confidentiality. We saw that records containing people's private details were kept in a lockable cupboard and computers were password protected. Staff demonstrated that they were aware of the legal requirement to keep information about people safe and secure under data protection laws. Information such as key code entry numbers which allowed staff to access people's homes was encrypted before being printed on care worker information sheets.

Good

Is the service responsive?

Our findings

At our last inspection of the service in April 2017, we found that records related to care planning were not always accurate and up to date. Following that inspection the provider sent us an action plan which described how they planned to address this and by when. At this inspection we found the provider and registered manager had implemented necessary changes in a timely manner which had led to a significant improvement in the care records.

A compliance officer was now responsible for auditing people's care records. They had conducted a thorough audit of care plans and supporting documents and reported any which needed updating to the care coordinators and the registered manager. We saw that a significant amount of reviews of people's care had taken place between April 2017 and January 2018 to ensure information was up to date and people were receiving the care they required. Actions and outcomes from the reviews were recorded on the electronic quality assurance monitoring system such as changes to desired care workers or what time people preferred their calls.

We considered this action had been successful as we found no inaccuracies amongst the ten sets of care records we reviewed and overall we received positive feedback about the service from people and their relatives. One person said, "I have a very nice carer she makes my breakfast, she makes the bed, and washes up. At teatime we sit and chat which is the important thing." Another person told us, "I've had care companies before; these are pretty good, they are on time and I see the same faces." One relative said, "Every morning they get him ready, they do everything they have to do. [Care worker], our regular lady showers him every morning and puts cream on his legs, she always makes sure he's alright." Another relative told us that they had regular care workers and the continuity was important to his wife.

People received an initial assessment upon referral to the service which was usually through a local authority social worker. Care coordinators or senior care workers completed these assessments and undertook regular reviews of the care provided to people to ensure that when their needs changed, their care plans were changed to reflect their current requirements. They also checked that people's desired outcomes were met and still applicable. Comments from people about their care needs included, "They come every six months, they ring and make a convenient time, they make changes if they are needed", "The office people have been out once to review and they asked a few questions", "They do listen to me, I asked if they could put the cream on my legs and they did it" and, "The office staff come out and they ask me if there's anything else to do."

Care needs assessments and plans were very person-centred and included information about the people's lifestyle, their preferences, routines, previous employment, hobbies and interests. This enabled the care coordinators to match people with a suitable care worker, for example a male or female or staff with similar interests. A member of office staff told us, "We involve service users with their care plan. We make it person-centred around their care needs." 89% of people who completed our pre-inspection questionnaire said they were involved in decision-making about their care and support needs.

Care plans described people's individual needs and included information about what action should be taken by care staff to meet those needs. The records demonstrated that the service took a holistic approach during assessments as staff had taken into consideration all needs such as, health, personal care, emotional, social, cultural and religious needs. A relative told us, "My husband is an early riser, they always come early to keep him happy, or he gets frustrated waiting for them."

The service had supported people at the end of their life and they provided on-going palliative care to people with the support of GP's, district nurses, the NHS palliative care team and families. Staff told us people who required this level of care had a small team of consistent care workers who knew people and their families very well. The office staff strived to ensure there was no (or minimum) disruption to the services these people received. We noted that where appropriate, people's care plans contained information about advanced decisions and preferences around emergency treatment and resuscitation. In other care plans we saw people had declined to share their preferences at the time of the assessment but staff revisited these options at each review.

People told us that the service was flexible and they had been able to re-arrange visits at short notice to accommodate appointments and social occasions. Care workers shared examples with us of how quickly people's needs had changed and the service had been able to respond immediately with additional support. Likewise, services had been decreased for people who regained some or total independence. An external professional told us, "I've found Home Care Plus to be very responsive."

At our last inspection we found the registered manager had not always been made aware of complaints and subsequently complainants were not always appropriately responded to in line with the company complaints procedure. Following that inspection the provider sent us an action plan which described how they planned to address this and by when. At this inspection we found the provider and registered manager had implemented necessary changes in a timely manner which had led to a significant improvement in managing complaints.

Everyone we spoke with said they knew how to complain and would feel comfortable and have no hesitation to do so in they needed to. Some people told us they had never had cause to complain whilst others told us that the service had responded quickly to issues so they didn't escalate. Comments made included, "I have no complaints", "If I wanted to complain I would use the number in the book", "I complained recently it was a genuine mistake and they sorted out", 'I've got the phone number, any problems and my family would ring up and sort it out" and, "I'm capable of complaining but I have no complaints. I enquire if someone hasn't arrived." Relatives added, "I would phone the office, but I have no complaints they have been good" and, "If I complained I would tell the person that I was going to contact their supervisor, I would let them know first." A member of staff told us, "Most clients say they would ring the office if they wanted to complain. I have rung the office in the past and it was dealt with, no problem."

The service maintained a complaints register to track complaints and monitor trends. The register was up to date and included a brief description, an outcome and any follow up action. There were 21 minor and more serious complaints made between April 2017 and December 2017. We saw all complaints were logged on a 'complaints form' and were acknowledged with an initial letter. Each complaint record contained investigatory notes and where necessary witness statements and copies of documentation had been included and analysed to assist the registered manager with their investigations. We read through some outcome letters which has been sent to complainants. They included an explanation of the registered manager's findings and where necessary an apology for any unsatisfactory services people had received. We saw a timely response had been given at all stages of the complaints process.

The compliance officer now monitored all complaints to ensure the procedure was robustly followed and made sure of ongoing satisfaction with the service. This demonstrated the service operated an effective complaints system and had acted on feedback from people about the quality of the care provided.

Good

Is the service well-led?

Our findings

At our last inspection we raised concerns about the governance of the service. Although audits and checks were in place, these were not robust enough to identify and address the issues we found at that inspection. Following the inspection the provider sent us an action plan which described how they planned to address this and by when.

In May 2017, the service was also placed into an organisational safeguarding process by one local authority. This meant that the service was closely monitored by a multidisciplinary team over a period of months until assurances were sought in relation to the safety of the service. This process included joint partnership working with another neighbouring local authority, including both local authority commissioners, the adults safeguarding teams and the Care Quality Commission (CCQ). The service was successfully removed from this process in October 2017 following positive outcomes from unannounced commissioner's visits to the service, compliance with a robust action plan and the completion of action taken by the registered manager and provider which had led to visible improvements throughout the service.

At this inspection, the well-established manager was still in post and had been registered with the CQC to manage the carrying on of the regulated activities at this service since the service was first registered with the CQC in September 2014. This was in line with the requirements of the provider's registration of this service with the CQC. The registered manager was also the nominated individual and a director of the provider organisation. The registered manager was aware of their responsibilities and had submitted notifications as and when required. The registered manager was present during the inspection and assisted us by liaising with people who used the service and staff on our behalf. They were extremely knowledgeable about the people who used the service and able to tell us about individual people's needs. People we spoke with knew who the registered manager was and told us they were a visible presence at the service. One person said, "[The registered manager] is lovely, everything is good, I can't fault them. They see to my needs, everything they do I need, they are brilliant."

All of the staff we spoke with told us about improvements within all aspects of the service. Comments included, "There's been a lot of improvements", "Communication has improved" and, "There has been lots of adjustments made, they keep improving things." Some staff who had recently transferred from other organisations were really positive about the service being provided at present.

New roles had been introduced into the office. There was now an office manager, a compliance officer and one of the care coordinators had been given a more senior role which meant there was now a consistent managerial presence in the office especially when the registered manager was not around. This meant there were now staff with relevant skills and experience taking responsibility for day to day operations and who were accountable for the overall governance of the service. These staff were delegated the role of auditing, monitoring and checking aspects of the service and relaying the information back to the registered manager and provider for oversight.

We saw the service used a range of quality monitoring tools such as spot checks, staff shadowing, staff

supervision, courtesy telephone calls, customer satisfaction surveys and care service reviews to monitor the quality of care being delivered to people. Audits were in place to monitor records such as, people's care files, staff files, Medicine Administration Records (MARs) and daily notes. The audits were used to compare the records against set criteria which demonstrated quality and actions for improvements were documented along with the auditor's signature before being passed to the registered manager for oversight or to take action with staff who persistently fell below the expected standards.

The registered manager monitored and maintained information regarding accidents, incidents, complaints and quality assurance and this was included in the senior care team meetings with the provider. We saw this information was routinely included in the meeting minutes and that the information was up to date. Reports were also produced from the electronic call monitoring system to provide the registered manager and provider with data on aspects of the service such as, continuity of care workers, capacity for care provision and the care workers compliance with electronically logging their visits. This showed the provider had a thorough oversight of the service.

We reviewed a large sample of care records, staff records and records related to the management of the service. We found records were stored securely and in line with data protection legislation; they were accessible to authorised people only and the confidentiality of people who used the service and the staff was not jeopardised. Record keeping at the service had vastly improved. All of the records we examined were complete, legible, accurate and up to date. All of the records we asked for were made available to us in an organised manner.

The provider sought feedback from people in order to continually evaluate and improve the service. 80% of people who responded to our pre-inspection questionnaire told us they had been asked what they thought of the care service they received. A member of office staff told us they knew what was important to people by "listening to people's wishes, requests and needs, through feedback from questionnaires, end of service feedback forms and compliments and complaints when raised." We saw a survey had been carried out in July 2017 which portrayed an overall positive response, it appeared from the responses that the previous shortfalls at the service has not overly impacted on people using the service, however they had still benefited from the improvements made as the action taken had protected them from the risks that may have arisen if the issues had not been addressed. One person told us, "I have completed a survey a little while ago, they are an efficient service." Another person said, "They are good at their job, they ask you what you think of the service, they take their time."

All of the staff we communicated with, without exception spoke highly of the registered manager and the staff team. They all told us they felt supported by their senior team and that morale was much better. Comments included, "We have good support", "[Registered manager] is approachable, her door is always open. All the carers have her mobile number", "There is always a manager on-call if we need them", "The office staff are really supportive, especially of my Dyslexia" and, "The ones I work with are good, we have good banter and a good laugh." Other staff made comments such as, "I love my job" and, "I like working here."

Care staff told us they felt valued and listened to by the office staff. One member of staff said, "I asked for changes to be made for one gentleman because I thought he would benefit from male carers rather than a lady. This was actioned by my manager." Another said, "They [office staff] are very accommodating around family life, especially if you are stuck." Some staff told us that following feedback from care staff about lone working issues all staff were offered personal safety alarms. Other care staff told us their requests for hands free car sets were approved to enable them to use their mobile phone when traveling between calls which saved them time.

A staff reward scheme was in place with a 'carer of the month' award and token gift of recognition. This had recently been increased to two care workers each month due to the increase in staff numbers. Staff also received a personal letter of thanks from the registered manager when they were named in a compliment and were quite often also rewarded with a voucher if it was recognised that they had gone the extra mile for someone who received services.