Apasenth Ltd

Home & Community Services

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 19, 22 and 26 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. At our previous inspection on 5 February 2014 we found the provider was meeting the regulations we inspected.

Home and Community Services is a domiciliary care agency which provides personal care and support to people in their own homes. At the time of our visit the service was providing support to 184 people in the London Borough of Tower Hamlets. The majority of people who used the service and the care workers who supported them used Bengali as their first language. All of the people using the service were either funded by the local authority or the NHS.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (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.

People and their relatives told us they felt safe using the service and care workers had a good understanding of how to protect people from abuse. Staff were confident that any concerns would be investigated and dealt with. All staff had received training in safeguarding adults from abuse and had a good understanding of how to identify and report any concerns.

Risks to people were managed and care plans contained appropriate risk assessments which were updated when people's needs changed. The service had a robust recruitment process and staff had the necessary checks to ensure they were suitable to work with people using the service. People had regular care workers to ensure they received consistent levels of care by staff who knew how to look after them.

There was a comprehensive induction based on the Care Certificate and a six month probation period for new staff. Staff members also took part in a training programme to support them in meeting people's needs effectively and were always introduced to people before they started supporting them. They shadowed more experienced staff before they started to deliver personal care independently and received regular supervision from management. They told us they felt supported and were happy with the supervision they received.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). Care workers respected people's decisions and gained people's consent before they provided personal care.

Care workers were aware of people's dietary needs and food preferences. Care workers told us they notified the management team and people's relatives if they had any concerns about people's health and we saw evidence of this in people's care plans. We also saw people were supported to maintain their health and

well-being through access to health and social care professionals, such as GPs, occupational therapists and social services.

People and their relatives told us staff were kind and compassionate and knew how to provide the care and support they required. Care workers understood the importance of getting to know the people they worked with and showed concern for people's health and welfare in a caring manner.

People told us that staff respected their privacy and dignity and promoted their independence. There was evidence that language and cultural requirements were considered when carrying out the assessments and allocating care workers to people using the service.

People and their relatives were involved in planning how they were cared for and supported. An initial assessment was completed from which care plans and risk assessments were developed. Care was personalised to meet people's individual needs and was reviewed if there were any significant changes, with health and social care professionals being contacted to authorise changes in care received. People and their relatives were actively encouraged to express their views and were involved in making decisions about their care and whether any changes could be made to it.

People and their relatives knew how to make a complaint and were able to share their views and opinions about the service they received. There were quality monitoring visits, phone calls and surveys in place to allow people and their relatives the opportunity to feedback about the care and treatment they received. Feedback could be given in people's own language.

The service promoted an open and honest culture. Staff felt well supported by the registered manager and management team and were confident they could raise any concerns or issues, knowing they would be listened to and acted on. The registered manager valued staff and appreciated the work they did.

There were effective quality assurance systems in place to monitor the quality of the service provided and understand the experiences of people who used the service. The registered managers followed a monthly, quarterly and annual cycle of quality assurance activities and learning took place from the result of the audits.

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 had a good understanding of how to recognise and report any signs of abuse and protect people from harm.

Risk assessments were in place to identify the areas of risk and to reduce the likelihood of people coming to harm.

The provider took appropriate steps to ensure robust staff recruitment procedures were followed and there were sufficient staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Care workers received the training and supervision they needed to meet people's needs and were passionate about their jobs.

Staff understood the principles of the Mental Capacity Act 2005 and care workers gained people's consent before care was provided.

Staff were aware of people's health and well-being and responded if their needs changed. People were supported to access health and social care professionals, such as GPs, occupational therapists and social services.

Is the service caring?

Good

The service was caring.

People and their relatives told us they were happy with the care and support they received. Care workers knew the people they worked with and they were treated with respect and kindness.

People, including relatives and health and social care professionals, were informed about their health and well-being and were actively involved in decisions about their care and support, in accordance with people's own wishes.

The service assisted people to access independent advocates.

Care workers promoted people's independence, respected their dignity and maintained their privacy.

Is the service responsive?

Good

The service was responsive.

Care records were discussed and designed to meet people's individual needs and staff knew how people liked to be supported. The information was able to be explained in people's own language so they could understand it.

People and their relatives knew how to make complaints and said they would feel comfortable doing so. The service gave people and relatives the opportunity to give feedback about the care and treatment they received.

Is the service well-led?

Good

The service was well-led.

People and their relatives told us that the management team was very helpful and approachable and was always able to deal with their problems.

Care workers told us they felt well supported by the management team and enjoyed working at the service. The registered manager received good support from a team manager, a training and quality manager and care coordinators.

There were regular audits and meetings to monitor the quality of the service and identify any concerns. Any concerns identified were documented and acted upon.

Home & Community Services

Detailed findings

Background to this inspection

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

The inspection took place on the 19, 22 and 26 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector, a Bengali interpreter and an expert by experience who was responsible for contacting people after the inspection to find out about their experiences of using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience had experience as a family carer of people who have severe learning disabilities and/or behaviour that is considered to be challenging, and older people who use regulated services. A Bengali interpreter was required because the majority of people using the service and their relatives couldn't communicate as effectively in English as it was not their first language.

Before the inspection we reviewed the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to the CQC and the report for the last inspection that took place on 5 February 2014, which showed the service was meeting all the regulations we checked during the inspection. We also contacted the local authority safeguarding adults team and Healthwatch. We used their comments to support our planning of the inspection. The provider also submitted a provider information return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people using the service, 19 relatives and 18 staff members. This included the registered

manager, the training and quality manager, the team manager, two care coordinators, one senior care worker and 12 care workers. We looked at 12 people's care plans, 10 staff recruitment files, staff training files, staff supervision records and audits and records related to the management of the service.

Following the inspection we contacted eight health and social care professionals who had worked with people using the service for their views and heard back from five of them.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe when receiving care. One person said, "They look after me and I feel safe with them." Another person said, "They are really good, I feel very safe." Relatives felt confident that their family members were well looked after and did not have any concerns. One relative told us, "My [family member] is as safe with them as they are with me, it gives us peace of mind and we are confident they will keep him/her safe."

Staff had received appropriate training in safeguarding and were able to explain what kinds of abuse people could be at risk of, potential signs of abuse and what they would do if they thought somebody was at risk. This topic was covered in depth during the staff induction by the training manager, who was also the safeguarding lead. He worked closely with the local authority and also delivered training for them across the London Borough of Tower Hamlets twice a year. Comments from care workers included, "If there are any issues we need to inform the office. The training taught us who to report it to and what to do if nothing is done about it" and "I'm proud to be helping vulnerable people and creating a safer community." The training manager showed us records of all the safeguarding training and knew when it needed to be updated.

There was a procedure to identify and manage risks associated with people's care. Before people started using the service an initial assessment of their care needs was carried out by the registered manager or another senior member of staff. This identified any potential risks to providing their care and support. Some of the risk factors that were assessed related to people's daily routine, mobility, personal safety, eating and drinking and physical health and well-being. They also carried out a risk assessment on the safety of the person's home environment, including access to the property, the internal environment and fire safety.

This information was then used to produce a personalised care plan and risk assessments around the person's health needs. The care plan contained information about the level of support that was required and details about any health conditions the person had. They also included practical guidance for care workers in how to manage risks to people. Care workers knew about individual risks to people's health and well-being and how these were to be managed.

Records confirmed that risk assessments had been completed and care was planned to take into account and minimise risk. For example, one person had been assessed for risks when getting out of bed and using the bathroom because they had poor mobility. There were instructions for staff about how to support the person safely when transferring them from their bed to standing, then the support required whilst in the bathroom. Where people required the use of mobility aids, such as hoists, risk assessments were carried out on these and made sure they were in good working order. Risk assessments were updated every year or sooner if there were any significant changes to a person's needs. We saw records that showed a person was visited after being discharged from hospital and had their care needs reviewed.

There were sufficient care workers employed to meet people's needs. The registered manager told us they were always recruiting new care workers and at the time of our inspection there were 124 care workers

employed in the service. The registered manager told us they tried to ensure consistency thereby maintaining continuity of care, which was important to people using the service. One person said, "They have not missed any calls and are generally on time." Relatives told us that the provider worked hard to make sure people could have the same care worker and they were usually able to accommodate this. One relative said, "My [family member] is really happy because they have the same care worker. If they have to send a replacement they always let us know in advance and make sure they understand their needs."

Care workers told us that the registered manager always made sure they were comfortable with the person and the location before starting work with the person. Comments included, "When they give you a person they ask for feedback as they want to make sure it isn't a struggle for us to get to. It's important for us to be punctual" and "I have been given people where I'm able to get to in good time." We spoke with a care coordinator who told us that along with matching people based on their needs and interests, it was also important to make sure that care workers were able to be punctual and arrive on time. If visits were late or missed for any reason, people would be notified and the provider would try to cover the shift as best as possible. In these instances, the provider notified the local authority and the reason why the call was late or missed.

The 10 staff files that we looked through were consistent and showed that the provider had robust recruitment procedures in place. We saw evidence of criminal records checks and photographic proof of identity. The provider asked for two references and people couldn't start work until they had been verified. Staff files also included feedback from the interview question and answer process and their answers had been scored by two assessors to ensure they had selected suitable candidates.

People were not supported to manage their medicines and people, relatives and care workers we spoke with confirmed this. We also saw this highlighted in people's contracts that support with medicines would not be provided. We spoke with the registered manager about this who told us that people using the service received their medicines from family members or healthcare professionals. The training and quality manager told us that despite this, staff still received basic training in medicines management. He said, "We don't administer medication but it is important to have an awareness of medicines." One care worker said, "We don't support people with medicines but we have been taught that if we have concerns we need to contact the office or speak with the family. If I go in the morning, I look to see if the previous day medication has been taken."

Good

Is the service effective?

Our findings

People and their relatives told us their care workers understood their needs and circumstances and had the right skills to support them. One person said, "I'm really happy with how they support me, they look after me." One relative said, "They train them really well and they know what they are doing. They also check on the care workers which is reassuring for us." Another relative told us how care workers supported their [family member] with a specific task. "We have a specially fitted bath and chair. The care worker knows how to use the equipment safely and helps them to use it when they are here."

When people started their employment with the service they were enrolled onto an induction programme which involved an introduction to the organisation and an overview of the Care Certificate, which formed the main part of the induction programme. We saw the most recent induction agenda which showed it was formed of seven days of classroom based learning. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. The training and quality manager told us that employees were expected to complete it in approximately three months and staff would have their induction signed off by the team manager. Where care workers first language was not English, those who had difficulties received support to complete their workbooks. We saw induction workbooks within individual staff files that showed when the induction had been completed. There was a probation period of six months and could be extended if needed which helped the provider to ensure care workers were competent. Staff were also able to access study programmes called English for Speakers of Other Languages (ESOL). One care worker said, "They make sure we understand everything and it is explained really well."

The training that was delivered to staff as part of the mandatory induction included safeguarding adults and children, moving and handling, health and safety and infection control. Where some training courses were valid for three years, the provider arranged refresher training on an annual basis. The training and quality manager showed us their staff training matrix which identified when training had been completed and when it was due to be updated. The software system they used, called 'Staff Plan', notified them when training was due to be refreshed and we saw how this system worked. We saw that staff also received training which was specific to people's individual needs and that staff had completed training in a range of areas, including the Mental Capacity Act 2005 (MCA), dementia awareness, Deprivation of Liberty Safeguards (DoLS) and managing challenging behaviour.

Staff we spoke with throughout the inspection spoke highly of the training available to them and how it improved their understanding of their role. One care worker said, "It gave me a lot of confidence. I'm now able to support new care workers I work with on how to use a hoist." Another care worker was able to explain to us in detail what they had learnt after completing a managing challenging behaviour course. They added, "It's really good. It really helped me to understand the symptoms." As many of the people using the service lived at home with their families, the training manager told us that they invited family members to get involved in training sessions so they could hear their first hand experiences of caring for their relative.

The provider is an approved registered training centre, with the trading name known as APASEN Training in

Social Care (ATSC). It was approved in 2014 and at the time of our inspection, was approved by two awarding bodies. The training and quality manager told us that it meant they could deliver high quality training which was available to all staff, but also external organisations.

We saw records that showed care workers had regular supervision, spot checks and direct observations. An annual appraisal system was also in place. We looked at records of supervision sessions which showed care workers were able to discuss key areas of their employment. One care worker said, "They always ask me if I'm happy with the hours I'm working and the people I'm working with." A care coordinator told us these sessions and checks were important for both the people using the service and the staff. "I want the care workers to get feedback and find out how they are doing. It is important they feel listened to and are motivated." Staff also had a yearly training needs analysis meeting with the training and quality manager. It was a separate meeting where feedback was taken from supervisions to develop specialist training to help meet people's needs. We saw records that showed when training needs had been discussed during supervision, requests had been listened to and care workers were registered for suggested training courses.

Staff understood the main principles of 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 discussed the requirements of the MCA with the registered manager and he demonstrated a good understanding of the process to follow where it was thought that people did not have the mental capacity required to make certain decisions. They told us that as the majority of people using the service lived at home with their families, they worked closely with the relatives and other health and social care professionals when best interests meetings had taken place.

Staff told us they always asked for people's consent prior to providing personal care for them. They told us that people sometimes needed encouragement when having personal care needs met. One relative said, "They always ask my [family member] for permission before they do anything. They also communicate in the same language so they can explain what they are doing, it helps them to understand." Where appropriate, the views of people's relatives were sought when developing care plans. One relative said "We have discussed the care plan together and with the manager, we feel involved." We saw people's care records and consent forms had been signed by people, or where appropriate, their relatives, to say they agreed to the care package being delivered. In cases where people couldn't sign because of physical disabilities, the registered manager made sure the person was present when forms were being signed.

Some people required support with meal preparation and in some cases, support whilst eating. The majority of relatives we spoke with confirmed that care workers supported people to have breakfast before going to school or the day centre. One relative said, "They prepare food for my [family member], then cut it up so it is easier to eat. They always sit with him/her and keep them company. It's really good." Care workers were aware of people's dietary preferences, including their medical and cultural needs. One relative told us that it was really helpful that the care workers were from the same cultural background and had an understanding of specific foods. One care worker said, "As we work with families, we always make sure we ask people and their family what kind of food they would like." If people did require support this information was detailed in people's care plans. One relative, whose [family member] is a diabetic, told us that staff were aware of this when supporting with meal preparation. They added, "The information is in the care plan, they know about that."

Care workers said they helped people manage their health and well-being and would always contact the office and speak with family members present if they had any concerns about the person's healthcare needs during a shift. One relative said, "They always inform me about my [family members'] healthcare needs." One care worker gave us an example of how they supported people to maintain good health, "I noticed they were finding it difficult to pass urine and they looked uncomfortable. I told their [family member], reported it to the office and the GP was contacted." Relatives told us that care workers were very quick to highlight any possible healthcare concerns and felt reassured by this. We also saw evidence in care records where the provider had made contact with health and social care professionals to make sure that people's needs were met. One care plan highlighted that care workers had concerns about transferring the person in their home. We saw contact was made with an occupational therapist to carry out an assessment, which resulted in mobility aids being supplied. We also saw evidence in a number of care records where the provider had made contact with the local authority to request assessments as they felt people's health needs had changed and required more support. Health and social care professionals we spoke with told us that staff were aware of people's healthcare needs and were proactive in making referrals to the relevant agencies.

Good

Is the service caring?

Our findings

People told us they were well supported by the service and thought the staff were kind, respectful and caring. Comments from people included, "I like them. They are really nice to me and know me really well" and "They care for me very well and speak my language. It's easy to communicate because of this." Relatives were positive about the staff and their caring nature. One relative said, "My [family member] cannot talk but I can sense his/her happiness when the care worker is with them. They have a great relationship and is happy when the care worker is here." Another relative told us that they were very professional and were very good with their family member. They added, "The care workers have a special understanding with my [family member]. They can communicate in Bengali and they are very patient. We are very happy." A health and social care professional told us that staff were caring and said being able to communicate in the same language helped with developing a positive relationship.

People were assigned a designated care worker. One of the care coordinators told us that they looked at care workers level of skill, suitability and geographical location to help them match people up to provide a consistent and reliable service to people, which helped to develop caring relationships. If the regular care worker wasn't able to make their shift they always tried to replace them with another care worker they had already met. One relative said, "Somebody from the office came to visit and spent a very detailed time with us, to find out all the details about my [family member]. They spent a long time finding out about them and how best to support him/her." Another relative highlighted the importance of having the same care worker and said, "My [family member] is always happy because they have the same care worker and they have a good relationship and understanding of each other." Care workers knew the people they were working with and were able to communicate with them in their own language. People using the service and their relatives highlighted how important this was as the majority of people couldn't communicate in English. One relative said, "It's important they can communicate in our language, it helps when I'm giving explanations of what needs to be done." Another relative said, "My family member always listens to them, they are really supportive for me too, which really helps. They are all so kind." One care worker said, "It is very important to create a bond with people. Good communication creates good relationships."

The people using the service and relatives we spoke with confirmed they were involved in making decisions about their care and felt listened to when they discussed their wishes. The registered manager told us they visited people in their homes and always made sure, where appropriate, a relative was present with the person. He added that after the assessment had been carried out and the person was aware of how much support they were entitled to, they would listen to people's preferences and find out how they wanted their care to be carried out. The team manager said that they always made sure people understood what services they would be receiving and gave them a copy of the company service user guide, which was available in other languages if requested. We saw this in people's care records. He added that all of the office staff were able to communicate in people's language so they were always sure people had the right information they needed. When asked about being involved in decisions about people's care, comments from relatives included, "We have all been involved in the planning from the start" and "They listen to us and what we need. They are here to help us."

The registered manager told us that people were supported to access advocacy services. Advocates are trained professionals who support, enable and empower people to speak up. This meant that where people did not have the capacity to express their choices and wishes or found it difficult to do so, they had access to independent support to assist them. The provider had their own advocacy service available for people using their services, which was available in English and Bengali. They also supplied information of other independent advocate services within their service user guide. The registered manager told us there were times when they would be able to communicate with health and social care professionals on behalf of people and relatives using the service due to language difficulties.

People and their relatives told us staff respected their privacy and dignity. We received many positive comments about how respectful care workers were when they worked with people in their own homes. One person said, "They always listen to me and respect what I want to do." One relative said, "The staff are always respectful and respect their privacy and dignity. They are also very respectful to the whole family." Care workers had a good understanding of the need to ensure they respected people's privacy and dignity. One care worker told us that they always encouraged the person to try and do as much as they could for themselves to increase their independence but would always make sure they were given plenty of time. Relatives commented that the service was not rushed and people were given time to be as independent as they wanted to be. The training and quality manager told us that he was the dignity champion for the service and highlighted the importance of this when carrying out training for care workers. They had also developed their own training programme called 'Dignity in Care', which was provided to all new starters. The registered manager told us that they were planning to set up quarterly discussion groups to examine the ways in which people's dignity might suffer and how it should be maintained.

Good

Is the service responsive?

Our findings

People and their relatives told us they were happy with the care and support they received from staff and that they were listened to. One person told us, "I like how they look after me." Relatives commented that they were always involved in the care and reviews of their family members. One relative said, "They always listen to us and make contact with us to find out how we are doing. They provide a good service." Another relative said, "They always give us notice for any reviews and we are all involved in the consultation. They always explain what is going on to my [family member] and keep them involved." Health and social care professionals we spoke with told us they could contact them at any time and were always responsive to meeting people's needs, whether it be emergency referrals or attending assessments.

We spoke with the team manager about the process for accepting new referrals. The majority of people that received care from the provider were funded by the local authority. When people were assessed for their eligibility for care, they would be present at the assessment to discuss with their family what care and support they would be able to provide within their authorised budget. They would then discuss their preferences for care workers and start to set up their care folder, with needs and risk assessments being completed, before delivering a service. The registered manager told us that they provided a cultural service and were able to communicate with people in Bengali as the majority of people couldn't speak English. People were given a copy of the service user guide to keep at home. This set out a detailed overview of what people could expect and highlighted a range of policies and procedures. All staff responsible for carrying out assessments of care packages were able to explain information in people's own language if they had difficulties communicating in English.

When it had been agreed and people wanted to start using the service, the registered manager told us that people and, where necessary their next of kin were always involved in the development of their care plan. One person told us they were always involved in decisions about their care and they were always given choices. One relative said, "They provide the service based around our needs, not theirs, which is what we are really happy about." Another relative said, "They always communicate with us and I'm able to use my own language, which is very important." The team manager told us that they introduced care workers to people first to make sure they were comfortable with them. They followed this up during the first month to ensure the tasks in the care plan were being carried out and if people were happy with the service. If care workers had any concerns about the person the care coordinators or team manager would make contact to see if people's needs were being met. Health and social care professionals we spoke with about this spoke positively about how quickly they responded to try to meet the needs of emergency care packages.

The service was reviewed on an annual basis but if there were any significant changes to people's needs, this was brought forward. We saw records within people's care plans that when concerns had been highlighted, action had been taken. In one person's care plan we saw evidence that a care worker had highlighted their concerns about the length of time it took to carry out specific personal care tasks. The team manager contacted social services and requested an urgent review as the person's needs had changed. We saw confirmation of the request and what action had been taken in their care plan. The team manager said, "If we see deterioration, we make contact with the local authority to increase the package, but we explain and

show them why." One relative told us how they had been supported to request extra support. They said, "They organised a meeting, everybody was present and we discussed our concerns. We felt well supported throughout in trying to get extra hours of support." We saw one care plan where the risk assessment had been reviewed and updated, along with up to date correspondence, however the care plan summary had not been updated. We spoke with the registered manager about this who told us that during the review the person's needs had not changed so the care plan summary remained the same. They said for future reviews where people's care needs had not changed, they would update the care plan summary.

Care plans were consistent and contained a needs assessment which had details about the person, their next of kin contact, their GP and other health and social care professionals involved in their welfare. It identified health issues and their level of communication. Care plans also had other relevant information, such as people's assessments from the local authority, correspondence with health and social care professionals and quality assurance monitoring forms. We saw a sample of some daily log records as they were returned to the office on a monthly basis and discussed if any issues were found. Care workers recorded what care and support they had carried out including if any money had been handled, changes in people's health condition, safeguarding issues and any accidents or incidents. A care worker we spoke with showed us some copies that had to be signed by people or their relatives after each visit. One care worker said, "The care plan is very helpful, it has all the information we need and it is easy to follow."

There was evidence that the provider listened to people's preferences with regard to how they wanted staff to support them. Each care plan had a list of the tasks that had to be completed at a specific visit time. A number of people and relatives had highlighted, for cultural reasons, the need to have only a male or female care worker. One relative said, "I requested only male care workers and they have been able to do this." Another relative said, "They have always been able to accommodate female only care workers, which makes me feel very comfortable." Another person's care plan highlighted that they asked if they could change the time of day when they received their care. The team manager always confirmed this with the local authority before making changes. Once it had been authorised the service was able to accommodate the request which showed they actively listened to people and tried to accommodate their needs. The team manager told us that they were happy to change times and be as flexible as possible to meet people's needs. One care worker said, "It's very important to follow the care plan but we also listen to people and their families too."

People and their relatives said they were happy with the service and would feel very comfortable if they had to raise a concern. Comments included, "They always listen to me, I'm very happy. I've never had any concerns about raising issues", "Every three months they speak to me personally to check on the service to see if we need any further support. I know the complaints procedure and am comfortable making a complaint to the manager" and "I know the manager and am confident talking with them. I can communicate in Bengali with them which is easy and really helpful for me." There was an accessible complaints procedure in place and a copy was given to people when they started using the service. Their complaints policy gave the option for minor issues to be resolved immediately whereas more formal complaints went through their complaints procedure. If people were still unhappy they were able to escalate it to the directors. There had been 23 complaints in the past 12 months. We saw evidence when concerns were raised, the situation was taken seriously and the matters were addressed. One of the care coordinators told us that they would always meet to discuss the issues with people and their families to make sure the situation was resolved. The registered manager told us that they always encouraged people to let them know if they had any concerns during their reviews and people and their relatives confirmed this.

Good

Is the service well-led?

Our findings

Our records showed that the registered manager had been formally registered with the Care Quality Commission (CQC) since December 2011 but had worked for the organisation for over 10 years. He was present for the three days we visited the office and assisted with the inspection.

People using the service and their relatives were very happy with the way the service was managed. One person told us, "The manager is really friendly and always speaks to me." Comments from relatives included, "We are able to pop in and see the manager and they are always very helpful. There is no barrier, it makes you feel at ease" and "They will always sort stuff out for me. I rely on their service and am grateful for all the help and support they give me." One relative spoke very highly of the service and explained how they had not had any concerns in over 10 years and could not imagine having another provider. They added, "The management make this place excellent. It comes from the top and they have built a great team." Health and social care professionals told us they were always very supportive in trying to meet the needs of people they worked with and would always hear back from them.

Care workers told us they were well supported by the management team and had positive comments about the management of the service. They said if they had any problems they could contact the office and speak to the registered manager or another senior member of staff. One care worker told us, "I'm 100% confident in them, they are so supportive. They are responsible to make sure that I'm doing my job properly." Another care worker said, "They supervise us well, management are very approachable, I feel confident talking to them. They take everything seriously." Care workers felt that the service promoted a very open and honest culture and knew about the whistle-blowing policy. Even though none of the care workers we spoke with had any concerns they all said they were confident that any concerns would be dealt with straight away.

All the staff we spoke with told us they enjoyed working for the service and felt comfortable in their roles. Comments included, "I'm very happy, it's always improving", "There are opportunities to progress and I'm really happy working here. It's like a family, I love it", "There is mutual respect and they value us, which is really important" and "They always make sure I'm happy and always discuss my clients and hours with me. They have always provided me with what I have needed to do the job and never disappointed me."

The registered manager was aware of their responsibilities in terms of submitting statutory notifications to CQC informing us of any incidents that had taken place. They also understood the importance of notifying other bodies about issues where appropriate, such as the local authority and other health and social care professionals. We saw records in quarterly monitoring reports which showed they had notified relevant bodies when they needed to.

The registered manager and management team were aware of the achievements and the challenges which faced the service. We saw that they had been awarded winner of the best charity organisation at the British Bangladeshi Business Awards 2015. The team manager added, "The community has expanded and we are trying to expand with it. We need to make sure people are not neglected or isolated and meet the needs of a culturally diverse community." The registered manager told us that they were rated number one in a list of

homecare providers used by the local authority and we received confirmation of this. One of the challenges they discussed was trying to find new ways of recruiting staff. They wanted to create career development opportunities for staff as an incentive to stay within the organisation. The registered manager also explained they had a staff award called, 'The Best Carer Award', to help recognise staff's contributions to the service. We spoke with one care worker who had received this award. They said, "It is good to be acknowledged, it motivates you."

There were robust internal and external auditing and monitoring processes in place to assess and monitor the quality of service provided. The registered manager had quarterly management meetings which covered areas such as staff training needs, feedback on concerns with people using the service, policies and procedures and governance of the service. Specific audits of staff training, daily log sheets and quality observation visits were completed on a monthly basis and discussed every quarter. Safeguarding alerts, complaints, staff files, care plans and missed or late visits were checked every quarter and a summary was sent to the local authority. The provider has also used an external auditor since 2013 to check the quality of the service. The training and quality manager said, "It is good to have an external eye to tell us where we need to improve." This audit covered areas such as recruitment, training materials and complaints and specific items were discussed at quarterly meetings.

The registered manager showed us their annual satisfaction survey, which was due to be sent to people in June 2016. The training and quality manager told us that if they saw areas of concern, they would look into it and speak with the person to get their views. The survey covered areas such as the quality of care provided, respect, whether people felt involved, how satisfied they were with the service and whether their views were listened to and acted upon. Results from the previous survey highlighted that people felt safe and were satisfied with the service they received. People and relatives we spoke with confirmed this along with information from the local authority monitoring team, who told us that people generally expressed satisfaction in all areas of their care.

All accidents and incidents were recorded and kept at the office. The registered manager sent quarterly reports to the local authority for monitoring purposes. We saw evidence that when an incident or accident had been recorded, the relevant people had been notified and plans put in place to minimise the risk of it happening again. We saw minutes from team meetings that discussed any concerns that had been raised. One care worker said, "We have been taught it is important to write down if anything happens, then report it to the office." We saw samples of completed forms which included details of the incident and then further information was added when it was followed up.