First Call Community Systems Limited

First Call Community System T/A SureCare Scarborough

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

The inspection took place on the 15 March 2016 and was announced.

First Call Community System T/A SureCare Scarborough provides a domiciliary care service offering support and personal care to 109 adults who live in their own homes. We have referred to the service as SureCare in our report.

There was a registered manager in post at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

SureCare was last inspected on 31January 2014 and met all the required standards we looked at.

The service delivered safe care and support to people ensuring that staff were aware of safeguarding policies and procedures and how to respond to concerns related to abuse. There were policies and procedures in place to guide staff if there were any incidents of suspected abuse.

Risk assessments relating to the care people received and their environment were completed and reviewed regularly. The results of risk reviews and actions taken to reduce risk were recorded in people's care plans.

Records showed that staff were given appropriate and current training and refresher courses that ensured they were competent to deliver support and care safely. The registered manager was qualified to train staff in house and they delivered some of the training to staff. The service completed competency reviews and spot checks to ensure safe practice was offered and maintained in a consistent manner.

Staff received regular supervision which allowed them to have a one to one discussion with the manager. They told us they felt supported and motivated by the service and benefited from supervision meetings.

The service was working within the principles of the Mental Capacity Act (MCA) 2005 and staff had received appropriate training. People were asked for their consent before care and support was delivered and they were encouraged to make their own choices.

The staff respected people's rights to dignity and privacy and had a caring approach and positive attitude to their role and the people they supported. The service encouraged people to maintain their independence and they gave positive feedback about the attitude and approach of staff and management.

People received person centred care, were treated as individuals and developed respectful and positive relationships with care workers. They knew how to make a complaint and felt confident that staff would support them to resolve a problem.

The service regularly asked people and staff for their opinions of the quality of the service and the responses were recorded and used to assess service standards and improve quality. Staff and people who used the service told us that the management team were approachable, easy to talk to and understanding.

The culture of the service was open and positive. Staff were happy, motivated in their work and had confidence in the way the service was managed. The management team were proactive in increasing their skills and knowledge to develop the service further. People who used the service had their needs met by a well led service.

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.

People told us they felt safe when they received their care and support.

Staff knew how to report and log incidents of abuse and they knew how to use whistleblowing procedures if they saw poor practice. Safeguarding training had been undertaken by staff.

There was a robust recruitment process. Before people were employed recruitment checks were carried out through references and other checks to make sure they were of good character.

Risk assessments were in place that related to people's environmental safety and health and well being.

Accidents and incidents were recorded in line with the service policy and reviewed to address and reduce risks.

Is the service effective?

Good

The service was effective.

Staff had training to ensure they held appropriate qualifications to carry out their work. On-going and additional training needs were identified by and acted upon by the service.

Staff received regular supervision and spot checks were carried out regularly to ensure staff were competent

The service was working within the principles of the Mental Capacity Act 2005. They communicated effectively with people and staff and sought consent from people before they gave care and support.

Is the service caring?

Good

The service was caring.

People made positive comments about the service and told us

they were treated with respect and that staff were considerate of their needs.

People were encouraged to maintain their independence and were offered support when care was being given.

The privacy and dignity of people was maintained by staff and care plans reflected people's preferences.

Is the service responsive?

Good

The service was responsive.

Care was centred on the person and was individualised. People were involved in the development of their care plans and the service reviewed them regularly.

People knew how to make a complaint if they needed to and told us they were confident they would receive positive support from the service to raise any concerns.

People were supported to maintain links with the community in a positive manner when their care included social visits.

Is the service well-led?

Good

The service was well-led.

People and staff received surveys regularly which allowed them to express their views on the quality of the service. The results were recorded and used to develop the quality of the service and address any concerns raised.

The manager in post was registered with CQC. They carried out regular audits, reviewed and compared feedback. They acted on results to ensure best practice.

People and staff told us the management team were approachable and that there was a positive culture within the service.

First Call Community System T/A SureCare Scarborough

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.

This inspection took place on 15 March 2016 and was announced. The provider was given 48 hours' notice of our visit because the location provides a domiciliary care service and we needed to be sure that someone would be in. The registered manager was on leave on the day of the inspection. The business development manager was present on the day and all relevant documentation was available for our inspection. We returned to the service on 29 March 2016 when the registered manager was available and gave feedback to them and to the business development manager.

The inspection was carried out by an inspector who visited the location and an expert-by-experience who made telephone calls to people who use the service on the day of inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their areas of experience included community care, physical disability with sensory impairment, older people and hearing impairment.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information when planning our inspection.

During the inspection we spoke with ten people who used the service and one relative on the telephone. We

had discussions with the business development manager throughout the inspection and spoke with five members of staff, including the team leader, the office based care-coordinator and care workers.

We inspected the care plans of nine people who used the service and reviewed service records, including policies and procedures, accident and incident logs, medicine records and audits relating to the running of the service. We looked at seven staff files during the inspection.

We contacted North Yorkshire County Council quality monitoring team to ask for their comments about the service. They told us they had no concerns.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt the service was safe. One person stated "Yes I feel safe; they look after me well and make sure I have my medicines" and "I couldn't manage without the carers. They use a key safe to enter and they report any problems." One relative we spoke to told us "Yes [relative's name] feels very safe. If there are any problems, they ring me or another relative." People also commented "I do feel safe, they see that my cooker is off, curtains are closed and lock my door" and "I have lots of equipment in my house and the staff know how to use it, I feel safe being hoisted."

We looked at seven staff files and found that people who were newly employed had been recruited safely. We identified one example in 2014 when a new member of staff was deployed before full checks had been carried out with the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective care worker members are not barred from working with people who need social care support. The registered manager was aware of this error which occurred before they took up post and assured us they had taken steps to ensure this was not repeated. Our inspection of the records confirmed that this was the case and we were satisfied that a consistent and thorough recruitment process was now in place.

When we spoke to staff about safeguarding they all confirmed that they knew the different types of abuse and how to report and record a concern. One staff member told us "People are safe in their homes with SureCare. We would be aware of any concerns and would act on any issues or incidents of abuse straight away." Another stated "If I can see that something isn't right I would report it to my manager." Staff had received safeguarding training and this was confirmed when we reviewed the training records.

The service escalation policy described how they raised concerns regarding safeguarding, medication administration, incidents, accidents and near misses to the local safeguarding team, other appropriate agencies and the Care Quality Commission (CQC). Staff were educated in safeguarding and were aware of how to make alerts when they had concerns and this helped ensure that people were protected.

Staff told us that they knew what whistleblowing meant. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, dishonest, or not correct within an organisation that is either private or public. One staff member told us "I would report any bad practice to my manager and know I could talk openly."

The service distributed a care worker's handbook to all staff and we found this included guidance and policies regarding safeguarding, types of abuse, harassment, whistleblowing and health and safety procedures, amongst others. This indicated that the service ensured staff had the training and guidance required to make sure that people in vulnerable situations who were isolated in the community were safeguarded.

We found that the service used a form to record any injuries they may observe on a person. For example, bruising or swelling which would be recorded on a body map. This allowed details to be recorded

accurately.

Accidents and incidents were recorded in line with the service policy and gave clear instructions to staff on how to report to the manager. They were logged in a specific book and also on a form that was kept in people's files. We found the form required an explanation of the event, details of any injuries sustained and all actions taken to address and reduce risks.

One relative told us "They record everything in the book and when there is a fault with equipment, they also record this and then I, or they, will phone up and the equipment is replaced. Recently we had a faulty mattress and it was replaced within 30 minutes of them reporting the fault." This evidenced that the service managed incidents appropriately, gave clear guidance to staff and looked for ways to reduce risk and improve safety.

We reviewed the on call procedure and the service policy gave clear guidance to staff on how to handle a call, how to log the calls via a step by step process, which included guidance on service users rights. These were also logged on a system the service called 'people planner'. This ensured staff had the information they needed when they dealt with issues via the on call process.

The care plans we examined contained detailed risk assessments that related to the person's environment, lifestyle, manual handling and recorded any individual risks identified. A generic risk assessment form was used to record issues related to each person's home and asked about worn carpets, slippery flooring, portable heaters and frayed electrical cables amongst others. There was a medication risk assessment form which assessed whether or not a person could manage their own medicines. If any issues were identified then the person was supported to consider options and choices available, such as, larger print on their medication labels, a different container for their medication or support to remember to take medication as prescribed. All action taken to reduce risks were recorded on the form. This demonstrated that whilst risks had been considered the service supported people to be as independent as possible.

The business development manager told us that company policies and procedures were reviewed annually. This ensured that the service was up to date with changes in guidance and legislation.

Medicines were managed safely and any errors were looked into and acted upon. The service had recorded and reported one medicine error. We saw that they had responded immediately and contacted the person's doctor to verify whether or not there would be an impact on the person due to the medication being missed. They had also referred this incident to the local authority and we confirmed this when we contacted a local authority Quality Assurance & Procurement Officer. During the inspection we examined the files of the person and the staff member concerned. The registered manager addressed the concern with the staff member through supervision and decided they would be monitored for six months and they were given refresher medication training. A letter of apology was written to the person who used the service and the local authority decided not to take further action. We did not see a pattern of this type of incident related to the service or the staff member and we considered the service had taken appropriate action.

We spoke with people about their medication and they told us "They [carer workers] get my medicines ready and put them in a pot so I can take them, they have never missed it" and "They [care workers] update my care plan when my doctor changes my medicine." When we reviewed Medicine Administration Records (MAR) we found they had been completed appropriately with only minor recording issues. We observed one record where the appropriate code to identify if the medicine had been taken or refused had not been entered. There was a tick on the MAR. This did not follow the service recording procedure. We observed that on the corresponding daily notes the medicine had been logged as being given to the person.

This was discussed with the business development manager on the day of inspection and they acted immediately. They arranged to speak to the staff member concerned and sent a formal reminder of their procedures in completing MAR charts. The letter also offered all staff additional or refresher training and stated that failure to complete the documentation correctly may result in disciplinary action being taken. This demonstrated that there was a consistent approach to medicine administration and matters were dealt with in an open, transparent and objective way.

When we spoke to people about the staffing levels they made positive comments including: "There are enough staff for the calls, different ones at different times." A relative told us "About 60% of the carers are regular ones and know [relative's name] and they introduce new staff to us by bringing them along with the usual carer, so they know what to do when they come in the future." One person said "There always seems to be enough staff, sometimes they are a little late because they are busy, but they will ring and let me know."

Staff we spoke with told us "I think there are enough staff at the moment, but maybe a couple more would be good to cover times when people are off sick." Another stated "Staff do cover weekends but it can sometimes be difficult to find staff who want to regularly work them [weekends]" and "I don't mind doing up to 50 hours a week, but sometimes I cover shifts that don't always match my availability, but I go to my manager if I have any issues." Staff also told us "I feel staffing levels are ok for my work, life balance, I get enough hours." The business development manager informed us that there were currently enough staff employed and that this had stabilised recently when five new staff were employed. The rotas showed that there were sufficient suitably qualified staff working at the service to meet people's needs.

Disciplinary procedures were detailed in the staff handbook and a full copy of the policy was available at the office. None of the staff were subject to disciplinary proceedings. Emergency procedures were detailed in the staff handbook and gave clear guidance of the steps to take, including if a person was found injured and if there was no response when staff called to a person's home. The service gave staff guidance on what to do to make sure that people in vulnerable situations who were isolated in the community were protected.

Good

Is the service effective?

Our findings

When we asked people if they believed their carers were well-trained and effective they told us "They know what they are doing" and a relative stated "They call an ambulance or doctor as needed and let me know. They have worked really hard to get rid of the [condition] that [relative's name] came out of hospital with. They know how to use hoists and they are trying to use clothes that do not have to be pulled over the head, so I am going shopping for new clothes that are more appropriate." This demonstrated that the service had trained staff with the skills to look after people and they took action to keep people in the best of health.

The business development manager informed us that they provided online and practical training, looked at individual staff needs and they accommodated any additional training requirements. They showed us the computers at the office for staff to use and the printed workbooks staff took home.

We observed that staff had completed induction training, which included safeguarding, moving and handling and infection control amongst others. This was confirmed by the registered manager who ensured that an in-house four day induction program was delivered and assessed by them before staff started to work in people's homes.

All new staff were required to complete the care certificate; this is a qualification that aims to equip health and social care support workers with the knowledge and skills they need to provide safe and compassionate care. More experienced care workers completed the associated top up course. The business development manager told us that new staff cannot work alone in a person's home until the mandatory elements are completed and we found staff files confirmed this. We saw that staff shadowed more experienced care workers as part of their induction and one relative told us "They always introduce a new carer and they shadow to learn how to look after [relative's name]" and "New people [care workers] come and find out my routine before they are allowed to come on their own." The service ensured that new staff shadowed more experienced care workers and that people were introduced to staff who were going to provide their care.

Staff had additional training to ensure they held appropriate qualifications to carry out their work. The training matrix detailed when training had been completed and when it was due, so there was a clear record for each staff member. The staff files contained certificates of achievement and included safeguarding adults, medication, first aid and moving and handling. Staff were required to sign a form to state they understood the training and had read the associated policies and procedures. We found that staff were also observed during spot-checks to ensure they were competent to deliver the care after they had been trained. A staff competency assessment was completed every six months and was a detailed form that asked questions in areas including: preparation and hygiene, consent, communication and safety.

When we spoke with staff they made positive comments about the training received; they told us "My training was given really well, it was online and practical. I did a written work book on dementia care in two parts over a couple of months. I'm doing an NVQ level two and my assessor comes to see me." Another one stated "There is a lot of training and it's good that I can do refresher courses" and "I was a bit nervous about hoisting at first and when I told them [managers] they showed me again using the hoist in the training room,

then I felt more confident doing it." We found there was a bed and hoist in the training room at the service office. This demonstrated that staff had thorough induction that gave them the skills and confidence to carry out their role effectively to meet people's needs and any additional or refresher training required was implemented accordingly.

The registered manager delivered training to staff and had completed a 'train the trainer' course. They had achieved a 'person centred dementia care for domiciliary care' qualification in December 2015, through the University of Bradford and we saw their certificate. They were competent to facilitate training for staff and told us they planned to deliver dementia specific training and a workbook to staff over two sessions. The business development manager had observed the registered manager deliver training and we saw the completed competency check form. This demonstrated that the service promoted a positive approach to deliver, improve and supervise staff training.

Supervision of staff was carried out every three months and we observed this recorded appropriately in staff files. Staff told us "I have supervision and feel supported. I love my job and when you spend so much time at work you've got to enjoy it" and "I carry a notebook with me and write down any issues or comments, so I can ring my manager if I need to or can discuss things at my supervision." Another said, "I have brilliant support through supervision and I'm happy to work for them" and "I just had supervision and my manager is one of those bosses you can go to with a problem, she is really approachable." We saw records of supervision that contained detail about the discussions that had taken place. This showed that supervision was used to motivate staff, review their practice and address concerns.

The service was working within the principles of the Mental Capacity Act (MCA) 2005. 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

All of the care plans we saw contained a signed consent form and people told us they were included in discussions about their care and gave consent for tasks to be completed and any changes in their care. One person said "They always ask for my consent and what I would like, not telling me what I'm having or doing." Another person told us "I am included in what's happening and I know my own needs." Staff told us "If a person needed a doctor I would ask for their consent and would contact the doctor if they wanted me to, I would let the office and the family know too and log it in the daily notes" and "We are not there to take over and we always ask for consent, we are in their home and respect that." One person said "If a doctor is called out it is written in my file at home and they [care workers] can make appointments and let my family know." We found that people were empowered to have as much choice and control as possible.

We found that staff had received training around the MCA and Deprivation of Liberty Safeguards (DoLS). None of the people who used the service were the subject of an order by the Court of Protection which restricted their liberty, rights or choices and the service did not have any clients who required the use of restraints at the time of our inspection. This meant that staff were aware of the legislation and associated guidance.

Some people had specific care needs related to eating and drinking and we observed that these were detailed in care plans and one person told us, "They [care workers] prepare my meals for me, so that I don't have to use a sharp knife and then I cook my meals. They also fill my fruit bowl for me." A relative we spoke

with told us "I am the full time carer, but they [care workers] are there to give me some free time and they help [relative's name] to eat and drink when I am not around. I cook the food and then puree it to make it easy to eat" and [relative's name] has started to put on weight, so I am really pleased." This demonstrated that staff effectively supported people with needs related to swallowing problems and nutrition.

When we spoke to the registered manager about how they communicate with staff they told us they held a weekly group discussion with staff that ensured everyone is up to date with what was happening within the service. This included where people were, for example; if a person was in hospital or in respite. They used a board in the office that gave a visual representation of this information. A communication audit had identified a concern that a staff member's handwriting was hard to read on the daily notes, so this was addressed by the service who met with the staff member and we saw the log that included a list of agreed suggestions about how they could offer support to improve the issue.

People told us that they were confident communicating with staff and the office. They said "I have a pad next to the carer book and we leave each other messages and tick them off when they are read" and "I asked the care coordinator to change the time the carers come so that I could go to an appointment." A relative told us "[Person's name] has difficulty communicating, so we use signs to help us, the care workers know the signs too. They look after [person's name] really well and I can't fault them." We found that people experienced positive communication with the service and staff considered people's needs effectively in this area.

Good

Is the service caring?

Our findings

People made positive comments about the service being caring and told us "They [staff] speak to me very nicely and care about my needs" and "They [staff] are very gentle with me and go at my pace. I am not rushed and they are not rushing to get away." A relative we spoke with said "They [staff] are very caring and I have no concerns regarding the care or safety of [relative's name]." Another person told us "They [staff] are caring and treat me as if I was a friend" and "I am respected and they [staff] do what I ask."

Staff we spoke with told us "I care very much and my view is that I treat people the way I would expect to be treated myself." Another said "I care about my clients and I care about doing a good job for them, we are in their homes and are trusted to show courtesy and respect which is only right." This demonstrated that relationships between staff and people were caring and respectful.

When we spoke to people about their privacy and dignity being maintained they made positive comments about staff. One person told us "I always feel comfortable around them and they respect me with personal things. They brighten my day." One relative said "They respect [relative's name] and make sure that they are not exposed, they give [relative's name] privacy and dignity when washing" and "They [care workers] make sure [relative's name] is wearing clothing that covers them up before going into the bathroom and upon leaving."

We discussed privacy and dignity with staff and they told us "This is always maintained and I make sure I know when people want me to wait outside while they use the bathroom, or would like doors shut at certain times" and "Some people like to be covered while they are dressing and I always follow their wishes." Care plans contained details of people's preferences and how they like their care to be given, including information relating to their personal care requirements. This demonstrated that people received care in a manner that respected their privacy and dignity and observed their preferences.

We reviewed confidentiality and found that care plans contained confidentiality forms. There was a specific form that people signed to agree to share information with the local authority and CQC. The staff handbook gave staff clear instructions regarding confidentiality and how to maintain it, along with how to ask for guidance if they required it. The staff files contained signed and dated confidentiality forms, which demonstrated that staff had understood how they should respect people's confidentiality and that they had agreed to do so.

Staff encouraged people to be as independent as they wanted to be and they told us "Quite a lot of people like to do things for themselves, I encourage that, but will always ask if they want support too." Another said "We are promoting independence all the time, when we are talking to clients we are encouraging them to do what they want to and we are there to support them."

We found that care plans recorded information about a person's specific wishes and this included their well-being and what they would like to achieve. For example, to remain as independent as possible was one response. A staff member told us, "I always look in the notes to find out how a person is feeling and if they

have had the doctor called out recently for any reason." This confirmed that the staff and the service recognise the importance of people remaining independent and that their well-being was being considered.

We saw end of life care plans that asked detailed information about a person's wishes and preferences and held details of who to contact and any related medical conditions. Nobody who used the service was receiving end of life care at the time of the inspection.

The staff handbook made clear reference to the service equality and diversity policy. Staff observed the needs of people and respected and assisted them to participate in and practise any associated requirements they had. This showed us that the service had issued clear guidance to ensure staff understood their responsibility to respond to each person's diverse cultural, gender and spiritual needs. At the time of inspection none of the people who used the service required support in this area.

Good

Is the service responsive?

Our findings

We spoke to people about their care being centred around them and they told us "They [care workers] know how I like things done and they have been coming a long time now, so we know what is happening." One relative said "I enjoy them coming to [relative's name] because they know my family and about [relative's name] and their interests and hobbies before they became ill, so they [care workers] talk to [relative's name] about the things they are interested in and remind them about what they used to do." Another person told us "They listen to me and treat me as an individual, not a number" and "They are very considerate of [relative's name] needs and are very cheerful girls. If anything happened to me I would be happy knowing [relative's name] was cared for by such an excellent service."

Staff we spoke with said "I think the care plans are much better than they used to be, they are improving all the time with information about our clients." Another told us "A clients individual needs are in their care plans and care coordinators also provide information."

The registered manager told us that when they start to care for people new to the service they considered geographical areas when they allocated staff, so that where possible they ensured consistency for the person and the carer. Staff told us "I know all the people in my area and I like that. I know their individual needs and they will talk to me and tell me their concerns because I have a bond with them." One person said "The majority of the time, it is the same regular carers that come in."

When we examined the service documentation around care planning and reviews we found that a full care needs assessment was completed for each person who used the service and information from this, along with information from appropriate risk assessments was used to develop their support plan. People's files contained the appropriate assessment and review forms and the service documents were detailed, noted any changes to care and support requirements and were completed in a timely manner. A staff member said "I always read the care plan because if a person's needs change it will be re-assessed."

We found that care plans contained specific, person centred information relating to the individual. This included sections asking about; quality of life, making a positive contribution, things that are important to them and what they would like to achieve. We also found details of people's individual routines regarding how they liked their care and support to be delivered. This allowed for person centred information to be recorded in care plans and gave staff knowledge about people as individuals. One person told us "I have input into my care plan and it's all working alright for me." This demonstrated that people's care, treatment and support is set out in a written plan that describes what staff need to do to make sure personalised care is provided.

One person told us "We have review meetings a couple of times a year I think." A relative said "We have care plan review meetings three times a year, which I am involved in and we know what is being discussed and agreed." Another person stated "We have meetings and my care plan is written up. It's all discussed and I know what's happening " and "My care plan is updated when my doctor has changed my medication too." This indicated that people were involved in identifying their needs, choices and preferences and the

development of their care planning.

We spoke to people about making their own choices and they told us "I choose what meal I want and the carers prepare it for me." Another said "We work together, I make the decisions and the carers work with me" and "They know me and ask me what I want for tea. They help me get ready for bed, so that I can go to bed when I choose." Another person stated "They give me choices about what I want."

One relative told us "They [care workers] are working towards helping [relative's name] to get dressed, so they can sit out in a wheelchair instead of staying permanently in bed" and "The carers give choice of types of meals and if one of the care workers is coming at lunch time we might ask if they can bring fish and chips, which is a treat."

Staff told us "All our clients have the right to make their own choices." Another one said "We are there to give people support with the choices they make and make sure they have control over their own lives."

We found that care plans and daily notes contained information about people's preferences and the choices they had made. This demonstrated that people were empowered to make their own choices and had as much control as they wanted.

Care workers supported people on social outings and staff told us "I can see how much [name of person] enjoys the social outings we go on and her [relative] sent a text saying thank you for giving [person's name] such a lovely time" and " We write down the places [person's name] like to go." This demonstrated that the service recognised the importance of companionship and social contact.

People knew how to make a complaint. When we spoke to people they all made positive comments about the service and nobody had made a complaint. They stated "I've never made a complaint, I've never had to, but I would tell my carer if I wanted to" and "I'm not afraid to speak my mind and if I needed to complain I would speak to the manager." Another person said "I have had other care services in the past and I wasn't happy because problems didn't get solved, I am happy with SureCare" and "The manager used to be one of our carers and we would have no worries contacting her if we had any problems." One person told us "I would feel comfortable if I needed to make a complaint because I know them and I feel things would go well to sort a problem out."

All the staff we spoke with knew where to find the complaints form in the file in people's homes and how they would support a person to act on an issue they wanted to raise. One said "I would ask if I could help support them to call the office or fill in the form, then log everything in their notes and I would let the office know." Another staff member told us "I would ask a person if they wanted to talk to me about a complaint and let them know that any complaint needs dealing with and I am there to help. I would also talk to my manager about it, so that everything is out in the open" and "I have not had anyone who wants to complain."

We observed the complaints record sheets. They contained appropriate detail, action and outcome sections. The Manager told us that they would use this form to feedback to staff when complaints were received.

Good

Is the service well-led?

Our findings

We asked people if the service was well-led and they made positive comments, including "I am very pleased with SureCare, they have never missed a call and I can ring the office if I need to" and "I have met the manager and I would talk to her or a care worker if my needs changed." Another person told us "I know the manager, she used to be one of our carers, and I do talk to her. When I ring, it's nice to know who I'm talking to, it's more personal."

When we spoke with staff they said "Management have been absolutely fantastic with me. They have been understanding and have worked around me" and "I'm happy with the management team and would happily take any concerns to the manager." Another told us "I feel I am part of a positive service that will develop further." This indicated that the service had a positive culture that was open and inclusive.

Staff meetings were held every six months and we saw minutes of the previous four staff meetings. When the registered manager scheduled meetings they offered alternative dates and time slots to make sure all staff could attend around their working schedule. We found that three different dates and times had been offered to staff for the meeting in February 2016. The minutes of the meeting evidenced that areas addressed included the care certificate and the benefits of it, competency assessments for carers, and that medicine workbooks had been distributed. One staff member told us "The staff meetings work; I get to know new things, meet new staff and see colleagues I don't see very often" and "We find out things that are going on in the business."

We examined a variety of documents during our inspection and these were all well presented and stored securely, including people's support plans and service files. We found the service had submitted the required notifications to the Care Quality Commission and had compiled specific CQC files that contained printed regulatory information that they referred to and guidance documents offered to providers via the CQC website. The service had a manager who was registered with the CQC.

We found that the service policies and procedures were current and relevant and included safeguarding, medicine administration and the Mental Capacity Act amongst others. They had a clear statement of purpose that detailed their aims and objectives and focused on several areas. These included enabling independence, providing information, assessing needs, delivering appropriate support, privacy and dignity, linking in with other services and protection of people and staff. This indicated that the service had a clear vision and set of values.

Regular audits were carried out by the service and were recorded and reviewed appropriately, these included new care worker files and MAR charts. Any actions required were logged and signed and dated when completed. The competency of all staff was monitored regularly and spot checks were carried out every three months. Staff files contained evidence of these checks being completed and this ensured that staff were working within the service best practice guidelines.

The registered manager was also audited by the business development manager on a regular basis and we

saw that this was recorded and monitored. The registered manager attended service workshops on a monthly basis that focused on different elements of the managerial role including, operational structure, training your staff, regulation and requirements and safeguarding amongst others. The daily care logs were audited on a monthly basis and collated information that related to the care workers delivering support as required by people and this included signing logs, completing the duties required in the care plan, timing of visits and continuity of care.

We asked people if they had been given an opportunity to express their views about the quality of the service and they told us "We have had surveys every year and I fill them in." One relative told us "We are sent surveys from SureCare and the local authority. I am really pleased with all that has been done for [relative's name]." Another said "I have received a questionnaire a couple of times and have given my feedback" and "I received a survey recently with a lot of questions on it."

The registered manager explained that surveys were sent out annually and that the last survey had been sent out in November 2015. They said they collated the results and acted on any negative feedback received. This was confirmed when they showed us the results of the 2015 survey that 66 people had responded to. We also observed the documentation that confirmed they had recorded the results and compared them to the outcomes from the survey sent out in 2014. This evidenced that there was an improvement in the quality of service people felt they had received and the feedback about the way the service is led was consistently good.

The service distributed a staff survey in November 2015 to all 35 employees and they received 28 responses, indicating that the majority of staff completed it. We saw documentary evidence of this survey and the results showed positive responses from staff. This demonstrated that the service defines quality from the perspective of the people who used it and involved them and the staff in a consistent way.

The registered manager told us that compliments were logged, when given verbally or in writing and this feedback from people was used to decide which member of staff received a £25 gift voucher. This happened every 3 months and the registered manager would visit the staff member when they were on a call to give them the voucher. The manager felt this had a positive impact on staff morale and was a way of showing their appreciation. They told us this was also an opportunity to visit with people who used the service and remain visible to them. This demonstrated that the service had a positive culture that promoted staff motivation and inclusion.