Abbeyfield Society (The)

Care at Home Amersham

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?	Requires Improvement

Summary of findings

Overall summary

We undertook an announced inspection of Care at Home Amersham on 14 June 2017.

Care at Home Amersham provides a range of services to assist people in their own homes. Support ranged from day to day assistance and the provision of personal care for people. On the day of our inspection 30 people used the service. Three of these lived at the supported living complex known as Mansil House in Amersham. The remaining 27 lived in the community.

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

People and relatives told us they felt people were safe. Staff knew how to keep people safe, for example, managing individual risks and understood their responsibilities in relation to safeguarding people.

People's comments on the service were positive. One person told us "The service is very good, I get what I want, and everything is perfect".

Staff had received regular training to make sure they had the right knowledge and experience to look after people. The service had systems in place to notify the appropriate authorities where concerns were identified. People received their medicine as prescribed, but we found one person's medicine record was not up-to-date.

People benefitted from caring relationships with the staff. People and their relatives were involved in their care. Relatives told us people's dignity was promoted.

Where risks to people had been identified, risk assessments were in place and action had been taken to manage these risks. Staff sought people's consent and involved them in their care where ever possible.

There were sufficient staff deployed to meet people's needs. The service had safe recruitment procedures and conducted background checks to ensure staff were suitable for their role.

People were mainly independent with their nutrition needs, but those who required assistance, people told us their needs were met.

People and relatives told us they were confident they would be listened to and action would be taken if they raised a concern.

Although reviews on people's care files were done by senior care staff, these reviews were not recorded. The

registered manager did not have a system in place to ensure care requirements in place for people were accurate and up-to-date.

Staff spoke positively about the support they received from the registered manager and senior staff. Staff supervision and other meetings were scheduled as were annual appraisals. Staff told us the registered manager and senior care staff were approachable and there was a good level of communication within the service. We saw staff meetings took place to provide good communication with staff. One staff member commented "They are a very fair company to work for".

People and their relatives told us the service was friendly, responsive and well-managed. People and relatives knew the care team and staff and spoke positively about them. Comments from staff included "They cannot do anything better. They always involve clients in events and family members in training, for example dementia" and "I am very proud of the service we are never rushed, clients are the most important thing and I believe we support people better than other services do".

The service sought people's views and opinions and acted on them. People told us they had the opportunity to provide feedback on the service provided.

The service had mainly achieved compliance with the Mental Capacity Act 2005 and associated practices.

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 knew how to identify potential abuse and raise concerns. Risks to people were identified and risk assessments in place to manage the risks.

There were sufficient staff deployed to meet people's needs and keep them safe.

People and their relatives told us people were safe.

People mostly had their medicine as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

People had access to healthcare services and people's nutrition was maintained.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and respectful and treated people with dignity and respect which promoted their wellbeing.

Staff gave people the time to express their wishes and respected the decisions they made. People and their relatives were involved in their care.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and gave clear guidance for staff on how to support people.

People, relatives and staff knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make sure their needs could be met.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

The service did not have a system in place to audit people's care files to identify errors or changes needed to people's care.

There was a positive workplace culture and the registered manager shared learning and looked for continuous improvement.

People, families and staff felt Care at Home Amersham was well managed.

Care at Home Amersham

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 was 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 14 June 2017. It was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be available. This inspection was carried out by one inspector.

We spoke with seven people, three by visiting them in their supported living complex, three relatives, two care staff, the care co-ordinator, senior care worker and the registered manager. We looked at four care records, two staff files and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which captures the experiences of a sample of people by following a person's care route through the service and obtaining their views about their care.

We reviewed any notifications we had received about the service. A notification is information about important events which the provider is required to tell us about in law.

We asked the local authority and their safeguarding team to provide us with feedback about the service.

Good

Is the service safe?

Our findings

People told us they felt safe with the care received from Care at Home Amersham. They commented, "I am in safe hands here"; "I feel perfectly safe" and "I feel safe with the care workers, no problems". Relatives comments included; "[Name] is safe enough"; "Yes [name] is safe, but I am around if needed"; "I have not doubts about safety" and "I have no safety concerns".

Staff told us how they keep people safe. They said "I will check for trip hazards, remove these and report it to the office. I will also ensure windows are locked for example"; "If I cannot access the property I will call the 'on call' person, I will try the back door, try knocking again. I will not leave the property until I know the office has contacted the relative"; "You risk assess on each visit really, for example, look if anyone is hanging around outside that's suspicious"; "I will make sure the walkway is clear between the bathroom and bedroom. If bathing I will check what temperature they like their water"; "I will check if any food is out of date in the fridge, discuss this with the person and dispose of it and record this in the care plan. I will also ensure the food is cooked as per the instructions to ensure it's cooked through"; "Before I leave I will check the door is locked, and put the key in the key safe"; "At bedtime I have a routine, I will make sure the oven is off, electric appliances are off and windows are closed" and "I would look for any risks or hazards on the floor. I would make sure waste is disposed of safely, look out for fire risks, and ensure the fire alarm works".

We saw the people who lived at Mansil House wore pendent alarms which enabled them to call for assistance if they needed to in an emergency. One relative told us how they kept their family member safe, they said "[Name] is bedbound and needs turning regularly. They (care staff) use a slide sheet. This keeps her safe".

People were supported by staff who could explain how they would recognise and report potential abuse. Staff told us they would report concerns immediately to their manager or senior person on duty. Staff were also aware they could report externally if needed. Staff comments included; "Safeguarding is linked to the Human Rights Act, I will document anything, including doing a body map of any signs of injury. I would report it to my senior manager, the local authority, social services and Care Quality Commission (CQC)"; "If I had any concerns I would report straight away to the office. If I did not hear anything I would chase it up to see what has happened"; "It's about making sure people are safe in their own house. It's really important to report any concerns, for example, financial abuse"; "If I had concerns I would report to the office, I would listen to the client first and raise an alert. If nothing was done, I would go higher to senior management, but I would also not hesitate to contact the police or the local authority if I had concerns" and "It's about looking after the vulnerable and protecting people from harm". We looked at the latest safeguarding referrals and saw the provider had systems in place to investigate concerns and report them to the appropriate authorities. The provider had also notified the local safeguarding team and CQC of any safeguarding alerts.

Staff also told us they would not hesitate to 'whistle blow' if they had concerns. One staff member said; "I would definitely whistle blow, I have had to do it before in my previous job and would do it again if I needed to". Whistleblowing is where someone can anonymously raise concerns about standards of care.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action was taken to manage the risks. Risks were assessed as high, medium or low. For example, we saw risk assessments in people's files for the use of mobility equipment and also if they took their medicines themselves. We also saw if people were at risk of developing pressure sores. This was identified and a risk assessment completed. This was then scored to enable a management plan to be put in place to keep the person safe.

We discussed with staff how they managed accidents and incidents. They told us they would phone the office for advice and record the details of the incident in the person's care plans. They were aware of the procedure and would complete an incident form. Staff told us they would not hesitate to contact the emergency services if necessary. We saw systems were in place to record and monitor any incidents. We also saw a monthly review of any incidents was undertaken and actions were recorded. This meant the registered manager looked at how to reduce risks to people.

Overall, staff were effectively deployed to meet people's needs. People told us staff mainly arrived on time unless there was a problem and then they usually received a call to inform them the care worker was going to be late. People said "They (staff) usually arrive on time, if not, there is a good reason why"; "[Staff name] is usually on time. Sometimes traffic can delay them, but it's usually within a few minutes of the time allocated. I accept it's the traffic"; "They turn up most times when due. I think sometimes there is a too long distance between calls and the traffic holds them up. They are never in a hurry to go, always finish the job in hand. They are trying to reorganise the calls so it will be better for me"; "They (the office) occasionally let me know if the care worker is going to be late. But I will phone the office and they always help me" and "They usually arrive on time, but a few weeks ago they were so late I had to turn them away as I had an appointment". We raised this concern with the registered manager who took immediate action to investigate this.

Relatives told us; "No they are not always on time, hardly ever really. No they don't always call either, but I don't have a problem with this as it usually the traffic. I know they are trialling a new visit recording system soon"; "Pretty punctual"; "They will let us know if going to be more than ten minutes late"; "Yes generally speaking they arrive on time. There is the odd occasion when they are here longer, but normally leave on time"; "They let me know when they can if they are delayed" and "We usually have the same care staff, there are about a dozen of them. We have got to know them all as they have become our regulars".

Staff told us if they were going to be late, they would inform the office, who would then contact people to let them know of the delay. Comments included "As you are allocated times, delays can vary. I will always contact the office so that the person can be notified".

We spoke with staff about staffing levels. They told us, "Yes there is enough staff. For the first time whilst working in care I feel there are enough staff. We have enough time to provide personal care. There is plenty of time between calls, I am not often delayed, if I am held up I will call my manager and ask them to inform the person I am going to be late"; "There is enough staff to look after people. The staff are not overloaded with work, if they were, this could pose a risk to people" and "There is enough staff, it's quite good as there is always lots of staff working. The travel time is not too bad, if there is an issue, they address it quickly"

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised with people. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions. We spoke with the registered manager about staffing. They told us they use specific questions and tests to ascertain the

applicant's abilities and suitability for their role when interviewing. This was confirmed when we viewed staff files.

Staff told us they felt the interview process was robust. They said "I completed an application form and I know they obtained references for me and also carried out a DBS check" and "The interview process was brilliant, really good. They asked me lots of questions and I had to say how I would manage certain situations".

The majority of people who received a service by Care at Home Amersham either self-administered their medicines or a family member assisted them. We found those few who had assistance with taking their medicine, received it when needed. We also looked at people's medication administration records (MARs). We saw in people's care files that medication was recorded and the care worker had signed to confirm the medication was given.

We spoke with staff about medicines. Staff comments included; "They (the medicines) are all in blister packs. I pop the tablet into a container and say 'This is your medicine, you happy to have it?" and "My medicine training is all up-to-date I would follow the care plan and say '[name] are you ok to have your medicine? If I notice any issues, for example if the records had not been completed I would report it to the office. If they refuse their medicine, I would record it on the MAR sheet and care plan. The tablets are in dossett boxes, it's all there what the medicine is for so I understand if they do refuse this may pose a risk to the person". Staff told us they had the necessary training to administer people's medicine. They also confirmed and we saw in staff files, that observational supervision was carried out on staff to check their competence.

Good

Is the service effective?

Our findings

People and relatives told us staff had the training and skills they needed to care for people. Comments included "The training level is fine, they (staff) do what I need"; "She (care worker) knows what they are doing, always very good"; "Yes most of the staff know what they are doing"; "Training is ok, one staff member shadowed at the beginning and is now fine"; "Staff know what they are doing as [name] is moved safely"; "Staff always do a trial run to ensure they know what they are doing" and "Training is good for staff in the main".

Staff told us "My training is all up-to-date and I definitely have enough to do my job well. I have had all the training, for example, medicine administration"; "I have just done a dementia course which was really good. All my other training is all up-to-date" and "There is definitely enough training. I have a couple of 'e-learning' training topics to complete; other training is all up-to-date. I have recently done the dementia training, it was so good" and "I have done all my training, for example, fire safety, confidentiality, infection control". Staff told us the provider supported them to develop in their caring role. One staff member said "I have worked my way up through the ranks. I started at one of Abbeyfield's homes as a housekeeper and have progressed to a senior role here".

We looked at the provider's training matrix. This showed all training done by individual care workers and the system automatically alerted managers when refresher training was due.

The registered manager told us that workbooks were used to improve staff knowledge, check their competence and the results were evaluated to enable them to identify areas for improvement. They also said the workbook was used as a 'self reflection' tool for staff to refer to at any time. This was confirmed when we spoke with staff and their personal records confirmed they had completed workbooks.

Care workers told us they felt their induction programme prepared them well to look after people. They said; "In my induction I had all the training updates, I read the policies and shadowed another care worker for two weeks, which was definitely enough for me as I have done care before. They were very supportive when I was on induction. I got to know people; I would read people's care plans at every visit. The office was very informative and gave me a care plan to read in the office before I went out to people. I was informed of people's key safe numbers and any specific information about people's families and neighbours. The 'office girls' do care as well, so when I phone up, they know exactly what I am talking about. Care at Home Amersham are better than others" and "I had done the NVQ level three training, they checked my certificate to ensure it was correct. I shadowed another care worker. She told me step by step, what a typical working day would look like. I could not assist with people's care until I had completed my shadowing of other care staff".

Staff told us, and records confirmed, they had effective support. Staff received regular supervision. Supervision is a one-to-one meeting with a line manager. Supervisions and appraisals were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. We saw staff were required to sign a supervision agreement which ensured they were clear of their role and

responsibilities as a care worker. We spoke with staff about the support they received. Comments included; "I have had three supervisions since I started. I am able to raise any concerns, give my views about my job and I am never rushed in these meetings"; "It's a two-way conversation, very relaxing, not stressful and I feel respected"; "I have supervisions about every two months. We discuss my personal goals, my progress any changes and training needs. I feel I am listened to and can raise any issues. The support is really good and I am now studying for my level five in care"; "I have regular supervisions, they are very good. I can raise anything, this is recorded and changes are made" and "I have opportunities to progress. For example, I have done an assessment of a person's needs and shadowed the senior care worker. The feedback from the senior care worker was positive, they said my input was really good and the person I assessed was pleased with my approach".

Staff were monitored in the workplace by senior staff who observed staff providing support. We saw in care workers' files that a senior care worker would visit the care worker to observe their practice when delivering care. This included specific practices, for example medication administration. This enabled the senior care worker to identify areas for development to ensure care workers were up-to-date with care practices and their training.

Staff we spoke with had a good understanding of the Mental Capacity Act (MCA) 2005. 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff comments about the MCA included "If I have any concerns and feel their ability to make decisions has changed, I would report to the office. The person then would have a mental capacity assessment. I am aware of the Lasting Power of Attorney (LPA), this is where the family member has the right to make a decision on behalf of the person"; "It's about if the person is able to show if they can make choices for themselves and these are safe choices. If there are any changes I would notify my manager immediately"; "It's about protecting people that don't have capacity to make decisions. I would ensure I am working within the legal framework, LPA as this is the source of information which protects people's rights. I would identify any changes when I see the person, communication between care workers and people would also highlight any changes" and "It's about choice and the person not understanding what I am saying for example. Their right re choices and know some decisions cannot be made".

People and their relatives confirmed staff asked for people's consent before assisting them with care. One person told us "Yes they ask for my consent to wash and dry me. They talk to me and always tell me what they are going to do".

Care staff told us they would ask people for their consent. Comments included "I always ask consent from people before providing personal care; I would say 'may I change you?' 'Would you like a wash this morning"; "I ask for consent before I even enter their home. I will knock, ring the door bell, introduce myself and say, can I come in?" and "I always ask, 'would you like me to?"

People who were supported with their meals told us they were happy with how they were prepared. Staff said "I will cut the food up for them and I know they love yoghurt and raspberries" and "When preparing meals I will make them 'yummy' and I will cut the cheese on toast in a special way, the way they like it. I know if someone refuses their food we should still leave something for them in case they change their mind, a sandwich or a piece of cake and a cup of tea".

People were supported to have access to health professionals. People told us "Yes, they will arrange my GP appointment for me". Staff members confirmed they took people to their health appointments as part of their care needs. Staff also knew the importance of calling emergency services for the person if needed. One care staff member said "Everything is in the care plan regarding what we should do if a GP is needed, so I would call the GP or contact the office".

Good

Is the service caring?

Our findings

People who used the service and relatives gave us many examples of how care workers were caring toward them. People told us care workers were always friendly, considerate, polite and tried to be helpful. Comments included "They are gentle and respectful"; "They are polite and I have a male care worker, they are very good"; "Some are very good"; "Very thoughtful"; "They help me, they put my socks on and its delightful"; "They (staff) are fine, one is not better than the other"; "There are no problems, staff are nice, no concerns or problems with them, I am well looked after"; "[Staff name] is absolutely lovely"; "Only way to do a good job is if they like it. They love their job and go that extra mile for me"; "They are good, they have really got their act together when looking after me"; "All lovely, really lovely" and "Not backward in dropping everything and they come to help me out".

Relatives said about the care staff "They do their job and do it with a smile. [Name] gets on better with some than others, but to me, one is not better than the other"; "Overall they are excellent, some are outstanding and I score them as five out of six"; "They are kind, I cannot fault them" and "I cannot fault the help we have, they are definitely kind and caring. Both my wife and myself think highly of them".

Staff demonstrated a really caring attitude toward the people they assisted. They told us it was nice to sometimes have enough time to talk to people and have a chat. Comments included "Staff really do care"; "I feel I listen, observe and know never to make your own judgement about things as you may be wrong. I am more of a listener than a talker. I always read the previous care report on each visit so that I know how the person is"; "I listen to the person, and identify what they would like me to do"; "The wellbeing of people is my priority"; "What makes me a good care worker? I am calm, quiet, step back to give them some space and always ask, you ok?"; "Our visits are important as we are the only people they may see, so I will not refuse a cup of tea with them. I am there for them, they can use my time how they like"; "I enjoy helping people in their own homes so that they don't have to leave, I ensure they are safe and happy and can still stay with their loved ones"; "Every client I see have their own personal touches of the way they like things. Being person centred is important, for example, I will heat their flannel up for them. Go in with a smile, talk through what I am doing, the steps you are taking and listen to them" and "I love my job, I like the variety of people I see and I love making a difference".

Staff knew how people liked to receive their care. People told us "Excellent, exactly what I need. I have an hour every weekday, some help with personal care, in that hour they do everything for me"; "They do what I need and are always very helpful"; "They are caring and have a very nice attitude towards us"; "They wash my hair as arranged and always ask me if there is anything else I want" and "In particular [name of care worker] is very good, notices any changes, she looks after me very well". Comments from staff included; "I greet people and ask them how they are feeling, I say, 'are you happy to have a wash or get out of bed? If not, I will have a chat with them about their plans for the day and give them a few more minutes. I always think about the type of care I would like. If the person does not want you there, I respect that. I will go back and try later, let the office know and even ask another care worker to go in as they may respond better to them"; "I respect people's choice. Who am I to say they should have a wash? If they refuse, I will try again. I always encourage them and keep it a light-hearted conversation, keep them at ease. I only want to enhance

their life, not dictate to them. Everyone has a choice on how they want to live"; "I will check with the person what temperature they like their bath and I will check their personal preferences, for example, if they want the corridor light on overnight" and "People should have choice, do they want a female or male care worker?".

Relatives felt involved in decisions about the care and were consulted if things changed. Comments included "Very good, they have been brilliant. We now have three visits a day, they are flexible and will come for an extra call"; "They chat to [name] and [name] responds so well to the care workers and vice versa, there is a good rapport between them"; "They know [name] needs and always talking to her, they use a slide sheet to move [name]"; "Staff look forward to chatting with [name], their attitude comes across so well, I am really satisfied"; "They always know what they are doing, I hear them talking to her, when turning her, they say 'it's my turn to have a cuddle', they treat her really well" and "They gave us a choice of care worker and asked if we would have a man".

People's dignity and respect was upheld. People told us "They are always polite, respect is no problem"; "Trust and respect, that's what they do"; "They are very good staff, I am very pleased. They speak to me nicely, perfectly, polite and friendly"; "Definitely respect my wishes"; "They speak to me nicely, don't try and 'baby' me" and "Oh yes they definitely speak to me nicely with dignity and respect". Relatives said "They speak to her nicely with dignity and respect, they talk to her when helping her"; "[name] is comfortable and well looked after"; "Staff treat [name] with dignity and respect, it's important to her and to me" and "Dignity and respect every time, never a problem".

The registered manager told us the ethos of the service was always 'making time for older people'. When we interview we look for qualities of dignity in staff. Staff told us they protected people's dignity. They said "I always show dignity and respect when washing people. I will help them to choose their clothes and always ask 'you ok?' I always talk with my people and explain what I am doing"; "I keep people's dignity. I always read the care plan to ensure I follow their choice. I always stop and ask"; "I always ensure curtains are closed to protect people's dignity"; "It's about dignity and respect of the person. Their welfare and ensuring they are happy in their environment" and "I keep them covered throughout personal care. I talk through with them what I am doing….I don't just do".

Staff knew the importance of confidentiality. One said "I don't discuss anything with anybody apart from professionals. There is a code of conduct in place; I know not to use social media to share personal information about people". Another care worker said "I don't discuss people outside of work".

Good

Is the service responsive?

Our findings

People's needs were assessed prior to receiving a service to ensure their needs could be met. People and their families had been involved in their assessment. We saw care records were well- organised and information was easily located and accessible. Care records contained details of people's personal histories, known as 'social profile'. They also included people's cultural, religious and individual risks, for example, allergies. Files contained signed consent forms and daily care plans to enable care workers to know the individual needs of people. We also saw daily records of care delivery were maintained which documented the care support the person had received.

We asked people and their relatives about their assessments. People said "The care plan was discussed with me at the time I started to receive the service. Nothing has changed"; "Yes I had an assessment. We had a long chat" and "The assessment was done. They (care staff) have been back and note any changes". Relatives told us "[name] had their assessment when in hospital by Care at Home Amersham. They discussed Mum's needs and I was involved"; ".

People told us they had reviews of their care and were involved in these reviews. They said these reviews were regular and were usually done by senior care workers from Care at Home Amersham. People's comments included "They come every so often to see if there is anything more I want"; " Relatives told us "They came and reviewed my wife's care after the package had been in place for six weeks"; "The care plan is assessed, we needed to increase our calls and care needs have been increased, they [care staff names] have been great"; "Yes I have a copy of the care plan and I am involved with my mother's care and choice" and "The care plan is here, they supply things, for example a walking frame and organise things very well". We looked at people's care plans and most of them had been reviewed on a regular basis and in accordance with the provider's policy.

People felt that they received the care, treatment and support they need, when they needed it. People said "I have a blue folder in my room and they fill it in every day"; "I have no reason to question my treatment (support). It is only the best, they bend over backwards for me" and "Care workers know what I need".

Care staff told us they used the care files as a tool to ensure they knew the needs of people. One care worker said "The care files are fine, very good and up-to-date. I always look at them first when I go in". They also told us if they raised any concerns or when changes needed to be done, these were actioned. Other comments included "When I raise anything, I always receive feedback from the office and senior management. For example, I raised a concern about one person's skin integrity. The next day medicine was in place to manage this and the district nurse had been called"; "Before supporting people, clients' needs and preferences were printed off for me. This ensured I always knew what the person's needs were" and "I have no issues with the care plan content, there is enough information in there for me to know people's needs. If I was in doubt, I would call the office". The senior care worker told us "When I do a review, I will always try and get sign off by the person or the family to agree to the review. If necessary I will send a copy to the family via email and ask them to review the latest care plan".

Relatives told us "Changes in the needs of [name] are identified and actioned. My wife was at risk of pressure sores and we had a new mattress to help prevent these developing"; If I need them, they will be here within ten minutes if it's an emergency request. They do things for me, not just my wife but to help me out and enable me to help look after her" and "They know [name] needs".

There were systems in place to record and manage complaints. We viewed the records from 2017 and saw details were recorded of the location, name of complainant, date received, date responded to, outcome and if the complainant was satisfied with the response. Information showed people were satisfied with the way their complaint was handled and resolved.

People we spoke with knew how to raise concerns and felt able to phone the office if they had any worries. They told us "I have no complaints, but I know there is information in my book. If I had a problem I would just ring and I know they would sort it out"; "I have not had to make a formal complaint, but I did have a problem with one care worker and that was resolved"; "I did raise concerns about my call times. They sorted this out as they have reorganised the care worker rounds" and "I know if I had to complain, I would be listened to and it would be sorted out". Relatives told us "Yes I did need to complain, but it was all sorted out and resolved" and "I have never had to complain, but if I did I am confident they will deal with it and address my concern". One family member told us how they had complained about a care worker and the provider ensured they (the care worker) did not continue to provide care to their loved one.

We asked staff what they would do if someone wanted to raise a complaint or a concern. They said initially they would try and resolve the concern themselves. But if the person wanted to make a complaint they would notify the office and record details in the person's care file in their home. Staff said "I am aware of the complaints procedure and I know there is a copy in each person's file in their home"; "I would pass the information to my manager and ask the person to complete the complaint form in their folder and I would pass it on" and "I know the complaints form is in people's file. I would help them complete it and take it to the office".

Requires Improvement

Is the service well-led?

Our findings

We found there was no regular monitoring system in place to measure the quality of service, for example, people's care files were not checked for accuracy. Although we were told senior staff checked care files and medicine records regularly, these were not recorded to show these quality checks had taken place. Therefore there was not a robust system in place to monitor changes to people's needs. In one person's care file we saw they had not been asked to sign any of the consent documentation to care, there was no evidence that they had been involved in the assessment of their needs or reviews of their care. This person's medicine assessment, dosage and instructions on how to administer their medicine was not correct. We were told some medicines were no longer required for this person, however, these were still showing on their medicine record for administration. This meant the information was not clear for care workers to follow as they did not have up-to-date information to ensure people received care as agreed and their medicines were administered safely. We also found the medicine policy operated at Care at Home Amersham did not contain guidance for people who were in receipt of as required (PRN) medicine.

We discussed this with the registered manager and although the person was unharmed we could not be confident other changes to people's care needs were identified in people's care. The registered manager took immediate action and provided us with a copy of the audit they were intending to implement following our inspection. We also received confirmation following our inspection that the medicine policy had been updated to include instructions on the administration of PRN medicine.

People felt the service was transparent and open and harboured good relationships. People said as far as they could tell, staff relationships were good. Comments included; "They are really helpful when I call the office, their telephone manner is vital and I find them really good"; "They know the way to deal with people, they are very good"; "I think they are very good, I would recommend them to anyone in the area"; "There is really good communication from them, if I have any issues they are always addressed"; "It's a good culture, well organised"; "I have excellent communication with the office, it works well"; "If there is an issue, they address it really quickly, handled well" and "The communication is good, overall I have not a lot to complain about".

We saw a monthly newsletter was available for people who use Care at Home Amersham. The registered manager told us one of the purposes of this was to keep people involved. They recognised there were a number of people who were at risk of social isolation and felt this newsletter benefitted people. They told us how people were invited to come along to Pratt House (a care home operated by Abbeyfield) for a cream tea event in June 2017 and also the summer fayre in July 2017. There was also initiatives offered to people, for example Dementia Friends where family members could learn what it is like to live with dementia. There was also 'Playlist for life' which was research that has shown that frequent access to music familiar to people with dementia improves their mood, awareness, ability to understand and think and their sense of identity and independence. Two senior staff members were trained in 'Playlist for life' and had offered to train family members. Feedback was also provided in the newsletter in May 2017 following the client survey along with a copy of the action plan to make improvements following the results of the survey in December 2016.

We saw regular staff meetings took place. Topics discussed included new people using the Care at Home Amersham service; changes to people's needs; reminders to staff about conduct, for example, professional boundaries; completion of people's MAR charts and the introduction of the new electronic call monitoring system in July 2017. The registered manager told us, staff that could not attend are sent a copy of the minutes of the meetings. One staff member confirmed this and they said "Staff meetings are very informative, we meet each month and we have an agenda and the opportunity to raise anything". Another staff member said "The first thing in staff meetings is we are praised for our hard work, a 'thank you'. This motivates us to speak up and feel appreciated".

We saw the registered manager met on a monthly basis with other managers in Abbeyfield. We looked at the minutes of the meeting in May 2017. Topics included the review of policies and which ones should be used and consistency of management operations. This demonstrated good practice was shared to improve quality of care.

Other comments from staff included; "The culture is very diverse. Care plans are written individually and are person centred. They make sure everyone is welcome, people and staff"; "They are very community spirited. We invite people to come to Mansil House (a supported living complex) for example, one person had an art session"; "This is a warm place to work, the support they give to you as a care worker makes you feel at ease. They are open, transparent and I feel well supported and I get regular feedback"; "I knew within one month of starting to work here that it was a good place to work"; "I was supported from the beginning, the support has been fantastic. My only regret is that I did not start working here earlier! It's the best job I have ever had. We have great relationships with people and staff"; "The culture is very good. The message from senior staff is clear. The vision of 'making time for elderly people' is embedded in the staff. This is the Abbeyfield vision and I am proud of the founder of the company" and "I cannot find a word big enough to express how good it is to work here. Every day is a great day, we are supported and motivated, the most fantastic managers I could dream of. I am part of the Abbeyfield family".

Providers are required to comply with the duty of candour regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity.

At the time of the inspection, the service had an appropriate duty of candour policy. The document provided clear steps for the management to follow if the duty of candour requirement was triggered. The manager demonstrated a good understanding of the duty of candour.

People we spoke with and their families felt the service was well-managed. Comments included; "There is clear leadership all the way through the service"; "It is well managed, I have no concerns at all, they are very easy to talk to"; "It's one of the best services I have come across"; "The office always responds when I need them"; "They are excellent, cannot fault what they are doing. No quibbles over anything"; "Good management and very efficient" and "The service is very good in the main. To sum up, it's between good and very good, I would score them as good +".

Staff comments about the management of the service included "Very well-managed, very professional and caring. I cannot think of anything they could do better. Communication is good, responsive, I feel listened to and I receive feedback"; "The provider is really good and I am impressed with them. They are flexible, approachable, they are always asking me if I am ok and they treat me with respect"; "We are all 'singing off

the same hymn sheet' which is really good"; "This company has such a good reputation, they support me and are flexible with my personal needs"; "Brilliant company to work for. They have helped me progress in my career and I have always had the support of management. The registered manager supports me well. Very approachable and will always contact me on a daily basis to ensure all is ok, vice versa as I know they are always there for me to contact them"; "We are very much like a family, look after each other, communicate well and staff and people are very happy" and "I have a clear understanding of what is expected of me. We have the right balance of staff to senior staff for the number of people we currently look after. I am really happy".

People we spoke with confirmed they were contacted to provide feedback about the service, both in writing and by telephone. One person said "They (care workers) regularly call in, talk about how things are going and what changes are needed".

We saw surveys were undertaken on the quality of care provision. There were 21 surveys sent out and 14 people responded, which corresponded to a return rate of 66.66%. We looked at the results from the December 2016 survey. Overall the comments were positive. For example, 100% of people felt it was easy to arrange their care with Care at Home Amersham and were fully involved in completing their assessments. Other positive responses of satisfaction included was 85.7% of people felt they were fully involved and consulted in the review of their care and 92.8% of people felt their privacy and dignity was maintained.