Your Care Solutions Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 26 and 27 June 2017. We gave the provider 48 hours' notice to ensure someone would be in the office to facilitate the inspection. The service had not previously been inspected since first registering with the Commission in June 2016.

Your Care Solutions is a small domiciliary care company whose office is located on the outskirts of Bolton Town Centre which provides space necessary for the running of the company and management of the regulated activity and its employees, including facilitating staff meetings, training and supervision. At the time of our inspection 16 people were using the service, but only 12 people were in receipt of a regulated activity which was personal care.

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 we spoke with told us staff were kind and caring and treated them with dignity and respect.

People told us there were always enough staff on duty to ensure they received the support they needed and care staff arrived on time and stayed the full length of the planned visits. They also said the carers wore a uniform and personal protective equipment (PPE) such as gloves at every visit. People felt safe from bullying with the carers and also told us there were enough carers to meet their care needs.

The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse. Staff we spoke with demonstrated a good understanding of local safeguarding procedures and how to raise a concern. The service had a whistleblowing policy in place and this told staff what action to take if they had any concerns about any poor practice within the service.

Recruitment procedures were robust and required checks were undertaken before staff began to work for the service. Disclosure and Barring (DBS) or Criminal Record Bureau (CRB) applications had been obtained for each staff member.

Care files contained a variety of risk assessments including an environmental risk assessment which covered the physical environment in the person's own home. Care files contained a daily observations chart that identified what support staff had been provided at each visit such as any nutritional intake or personal care to be provided.

Suitable arrangements were in place regarding the management of medicines and people told us they had no concerns about their medication.

We saw appropriate fire evacuation processes were in place and fire fighting equipment was available in the head office premises.

Comprehensive risk assessments were in place and support plans devised to mitigate risks. We saw that people or their representatives had been involved in planning the care provided.

Staff told us they were well supported and were inducted in to the service and received on-going training to support them to undertake their role.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

People who used the service were fully involved with decisions about their care and were given choices in relation to their care delivery and their personal preferences were taken into account.

We received positive feedback about the registered manager who had an infrastructure in place to seek the views of people who used the service and their relatives by undertaking reviews of care delivery.

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 we spoke with told us they felt safe using the service.

Care file information included a variety of risk assessments and suitable arrangements were in place to ensure the safe management of medicines.

There were robust recruitment procedures in place and required checks were undertaken before staff began to work for the service.

Is the service effective?

Good

The service was effective.

Staff received training to support them to undertake their role and were provided with regular support.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

People had consented to their care.

Is the service caring?

Good

The service was caring.

Care plans were in place identifying care and support needs.

Staff were knowledgeable about the people they supported in order to provide a personalised service.

People spoken with felt that staff were approachable and very caring.

Is the service responsive?

Good

The service was responsive.

The service had a detailed complaints policy and there was a

system in place to manage complaints.

Care plans were person-centred and information about people's life history, likes, dislikes and how they wished to be supported was documented.

Is the service well-led?

Good

The service was well-led.

The staff we spoke with told us they enjoyed working at the service and felt valued, were able to put their views across to their manager, and felt they were listened to.

The service had policies and procedures in place to monitor the quality of service delivery and had appropriate auditing systems and processes.

Your Care Solutions Ltd

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 26 and 27 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a small domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two adult social care inspectors from the Care Quality Commission.

At the time of our inspection 16 people were using the service, but only 12 people were in receipt of a regulated activity which was personal care. The service employed a registered manager who was also the nominated individual, one office administrator and seven care staff members. At the time of the inspection two new members of staff were in the process of being recruited and the registered manager also delivered care to people who used the service.

Before the inspection visit we reviewed the information we held about the service, including information we had received since the service registered with the Commission. The service also completed the Provider Information Return (PIR), prior to the date of the inspection. The PIR 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 reviewed the care records which were held in the office premises of six people who used the service and we also looked at the care records of three people when we visited them at home. We looked at records relating to the management of the service including five staff personnel files, policies and procedures and quality assurance systems.

During our inspection we went to the provider's head office and spoke with the registered manager and three staff members. We visited three people who used the service in their own homes as part of the inspection and spoke with two relatives. This was in order to seek feedback about the quality of service

being provided.

Good

Is the service safe?

Our findings

We asked people who used the service if they felt there were enough staff employed by the service to meet their needs and keep them safe. One person told us there were always enough staff on duty to ensure they received the support they needed, when they wanted it. They told us they felt safe from bullying in their home and that one family member was always present when the carers attended. They stated if they felt unsafe they would speak to the manager but had never had any concerns with the care staff, who were always on time. They said, "The carers are professional and we can trust them."

Another person told us the care staff arrived on time and stayed the full length of the planned visits. They also said the carers wore a uniform and personal protective equipment (PPE) such as gloves at every visit. They said that the carers were always professional and stated, "They are really good, can't fault them on anything. The manager runs a tight ship; she likes things being done properly."

A third person said there were enough care staff to meet their needs. They said, they felt safe from bullying with the carers and if they did not feel safe they would speak to manager and they had not raised any concerns since first receiving support from the service. They also stated that they had four consistent carers who stayed the full time and rotated their visits and that the carers always wore a uniform and gloves. They said "I always ensure they use the hand sanitising gel as well, as I am worried about getting an infection. The carers are professional and the manager cares for me sometimes."

A relative we spoke with also told us there were enough carers to meet [their relative's] care needs and felt the care [their relative] received was safe. They said, "If we were to raise any concerns, we would contact the manager; we have not had any problems or concerns."

A second relative told us, "I feel [my relative] has been totally safe with this company. The same staff visit each time and this is good for familiarity; daily records are always filled in and staff are first class carers and couldn't do any better."

We asked staff if they felt there were sufficient staff on duty, one staff member said, "I feel staffing levels are perfectly adequate and I've never had to rush my rota because of shortages." Another staff member commented, "I've never had a problem with staffing levels."

The service used an electronic scheduling and monitoring system called 'web-roster.' This system enabled real-time live updates to be sent to care staff members which reduced the potential for missed or late visits and enabled the manager to audit scheduled visits. The manager showed us this system and it was clear they had a detailed understanding of how to use it.

The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse. The service maintained a safeguarding policy and associated procedures which were up to date. Staff we spoke with demonstrated a good understanding of local safeguarding procedures and how to raise a concern. All staff had undertaken safeguarding training as part of the induction process and/or

continued personal development.

One staff member said, "Signs of abuse may be things like a change in mood or obvious things like bruising or missing money. I've never had to raise any issues but I would speak to my manager first or contact the local authority or the care Quality Commission if need be; we have processes in place for this." A second staff member told us, "Abuse could come from staff, family or friends of the person; signs might be a change in behaviour or appearing depressed or it could be financial or physical abuse. I would speak to my manager about anything and I know I can also contact the local authority or CQC as I've done safeguarding training."

The service had a whistleblowing policy in place and this told staff what action to take if they had any concerns. Staff we spoke with confirmed they were aware of the policy, but had never had to raise any concerns about the service with any other organisation such as the police or local safeguarding team.

We found there were robust recruitment procedures in place and required checks were undertaken before staff began to work for the service. Personal details had been verified and at least two references had been obtained from previous employers. Application forms were detailed including previous work history. Disclosure and Barring (DBS) or Criminal Record Bureau (CRB) applications had been obtained for each staff member. A DBS/CRB check helps a service to ensure the applicant's suitability to work with vulnerable people. There was also evidence that identity and address checks had been undertaken.

We looked at five care files which contained a variety of risk assessments including an environmental risk assessment which covered the physical environment in the person's own home that helped to identify any hazards to the person themselves and the staff member providing support. The care files also contained risk assessments including those for moving and handling, bathing/showering, nutrition/hydration and medication. We found these risk assessments were reviewed as required in response to changing needs of the person who used the service.

Assessments identified various risks and the action required to minimise the risk, for example a manual handling risk assessment covered the ability of the person to understand instructions, what they could do for themselves and their level of dependency with transfers, if there was a recognised risk of falls, if they were able to dress themselves, if they had any sight or hearing problems, if they had pain on moving or pressure sores. Set against these questions were details of the equipment and methods used to assist the person which would contribute to safe working practices.

Care files contained a daily observations chart that identified what support staff had been provided at each visit such as any nutritional intake or personal care administered. The files also contained a 'contract for support service' which identified a summary of the services being provided and the times and duration of visits. Care files also included contact details of others involved in the life of the person receiving support and the type of service required from the service such as companionship, social support, emotional support, food preparation, personal care, assistance with showering/bathing or dressing/undressing.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure that people who used the service were safe. There was an appropriate and up to date medicines administration policy in use. We found that the service did not routinely or directly supervise the administration of medicines for most people who used the service, which was the responsibility of the person themselves or their relative and this was recorded in their care plan.

A relative told us they had no concerns about the medication, as they assisted [their relative] with their medicines. They said the carers only applied cream to [their relative's] pressure sore which was being

managed appropriately. They said, "If we were to raise any concerns, we would contact the manager; we have not had any problems or concerns." Comments from people who used the service regarding medicines included, "The carers don't assist with my tablets, my daughter gives me my medication, and I take them myself. The carers do assist me with putting prescribed cream and spray on certain areas as I have a problem with a pressure sore, which is improving. I get my medication (cream and spray only) on time, carers assist with applying the prescribed cream four times a day," and "I self-medicate and don't require assistance from staff," and "staff don't assist with medicines as I do this myself."

We looked at care plan information regarding the management and administration of people's medicines and saw files contained an individual support plan, a service user risk assessment, moving and handling risk assessment, completed medication administration records (MAR's), consent forms for medication administration, a medication List, a body parts map used to identify areas where creams needed to be applied. Daily notes were completed on each visit.

We looked at how the service managed accidents and incidents. There was an appropriate up to date accident and incident policy and procedure in place and details of any accidents and incidents were recorded appropriately, including any remedial action required to reduce the risk of any future potential harm.

Your Care Solutions is domiciliary service providing care to people in their own homes and we saw that adequate supplies of personal protective equipment (PPE) were available in the office premises for staff to collect at any time before supporting people, including gloves and aprons which would assist with minimising the potential spread of infections. Where any mobility equipment was used this was the responsibility of the local authority from who the equipment was sourced, and staff liaised with the loan stores regarding the maintenance and provision of equipment. The manager told us that the loan stores were immediately responsive if any concerns were raised with theme about the equipment being used.

We saw that appropriate fire evacuation processes were in place and fire fighting equipment was available in the head office premises. A health and safety risk assessment had been completed regarding the office premises. There was a business continuity plan in place which covered actions required for an unforeseen event such as loss of the registered manager or staff, loss of transport, loss of the office building/premises or loss of IT. The purpose of the plan was to define and prioritise the critical functions of the business, to analyse the emergency risks to the business, to detail the agreed response to an emergency and to identify key contacts during an emergency.

Good

Is the service effective?

Our findings

The relative of the person who used the service told us they felt staff had the right skills and training to do their job. They said, "The carers are experienced and competent and know what they are doing. They told us that the carers always report if [their relative] needed more care, or if there was a change in the person's condition, either positive or negative.

A second relative said, "I've been really happy with the care given to [my relative] and I was fully involved in the care planning process. Communication has been great from Your Care Solutions and I always know what is going on every day, such as when [my relative] ran out of milk they went out and got some."

People we spoke with who used the service said staff were competent and carers respected their choices. They confirmed they felt carers knew what they were doing, and that they always knew the carer who would be providing support for them as this was detailed in their care plan information.

One person said, "I have a group of regular carers on a roster, so they know what they are doing, and I know them." Two other people we visited told us that the carers did not assist with meal preparation but that staff always respected their choices when delivering care.

We looked at the process of staff induction for new staff members. New staff were given a 'staff handbook' at the start of their employment which identified the standards and procedures they were expected to follow. Staff confirmed that they had received these documents and undertaken a process of induction which included 'shadowing' more experienced colleagues until they were assessed as being competent to work individually.

We found the staff induction programme for new staff was robust and staff were given an 'induction training plan and record' which identified tasks and training that staff were required to undertake before successfully completing their period of induction. The manager told us that as part of the staff induction training there was discussion about the company's policies and procedures which was verified by the staff we spoke with.

We saw that staff were given a copy of the organisation's policies and procedures which were available electronically or in paper format and staff knowledge of these policies and procedures was tested out at supervision meetings and as part of the process of induction. This meant that staff were clear about the standards expected by the service and how the service expected them to carry out their role in providing effective care to people in their own homes.

Staff we spoke with told us they felt they had received sufficient training to undertake their role competently and confirmed the process they had followed since they first stared working for the service. A staff member told us, "I had a period of induction when I first started. I went to the office and read lots of policies and procedures and then I did the Social Care Induction Programme (SCIP) with the local authority which included training in moving and handling and safeguarding. Medicines training was done by a specialist at the office premises." A second staff member told us, "I once asked for additional training in stoma care and

this was provided for me. I've also recently done training in the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) as well as training in risk assessments, first aid and dementia."

A second staff member said, "I did an induction at the beginning and completed the SCIP course which included training in safeguarding, moving and handling, first aid and medication. Every week we have to read four policies and procedures and these are discussed at the weekly team meetings, which is a good thing as it helps us to keep up to date with any procedure changes. I have identified training courses in the past and my manager has put me on them; you can identify your own training needs here and whatever new courses come along we can go on them."

We verified the training they had undertaken by looking at training certificates which were all stored in their individual personnel file. Training completed included moving and handling and hoist awareness, stoma care, SCIP, safeguarding, infection control, health and safety, dementia, nutrition and food hygiene; first aid, end of life care and palliative care, diabetes awareness, recording skills, safe use of equipment, catheter care, fire safety, dignity and respect and person-centred care. Training provide was aligned with the requirements of the Care Certificate.

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.

At the time of our inspection we found the service was working within the principles of the MCA. Where capacity is felt to be impaired around a particular decision a best interest meeting of people who know the person can determine the best course of action. Discussions with staff identified that they had received training in respect of MCA/DoLS and had knowledge and understanding of the processes involved. One staff member said, "The MCA exists to protect people who can't always make decisions for themselves and it's about making sure you use the least restrictive practices. I've never come across anyone subject to this but I've seen the process that has to be completed if there are any concerns about a person and it would be the manager who would do this."

The relative of one person told us, "I've been involved in best interest decisions for [my relative] and the service was arranged after [my relative's] condition deteriorated." People we spoke with also told us they were always asked for consent before receiving support and confirmed they could make choices about their care and who supported them.

One person said that they ordered their own food shopping, so they chose what they wanted to eat. They told us they would really like [staff name] to be their full time/ only carer, however they understood that this was not always possible and had received an explanation from the manager why this was the case, because the staff member had to have some days off work each week. They also said the carers respected their choices.

We asked a member of staff how they would ensure a person had provided consent to care and they told us, "We make sure we have consent before we do anything and this is recorded in people's care files, but I always ask people first in case they want something else. A second staff member said, "Consent is written in care files and I read these first so I know what to do but I always ask the person first and make sure they are happy with what I was planning to do."

We saw that care file information contained a document that identified the type of support required including specific tasks required to be undertaken on specific times/days of each week; this also included the staff member's name. This meant that the person who received the service and their relative were clear about what support was being provided, where, when, how and by whom.

Although most people being supported did not require assistance with meal preparation, which was their own responsibility or responsibility of their relative, care files contained a nutritional and hydration care plan that would be used where applicable in order to identify any risks regarding nutritional intake. At the time of the inspection the service did not support anyone with identified nutritional risks.

Good

Is the service caring?

Our findings

People who used the service told us that staff treated them with dignity and respect. One person said, "The carers are kind and well-mannered and treat me well."

Another person confirmed that the carers were kind and treated them with respect and maintained their privacy and dignity. They stated that the carers listened to them and acted on what they said. They also said that staff supported them to retain their independence and told us about a routine that they follow in the bath, with different coloured wash cloths for different body parts. They also told us staff could anticipate what they [the person] needed whilst assisting with personal care and stated that they had the same carer for five years. They said the carer could anticipate if [the person] was going to have a fall and this made [the person] very confident with this staff member because "she is an experienced carer." They said there was a new carer involved in their care package, who was just finding her feet.

We asked people if staff respected their dignity and promoted their independence. One person told us, "Staff are kind, very caring, they can't be faulted and I trust them implicitly." They also stated that the carers treated them with respect, listened to them and acted on what they said. They told us staff had respect for their dignity and privacy, stating, "I can trust them to have a shower, if I did not, I would not take my clothes off." They said that carers supported them to retain as much independence as possible.

A second person also stated that carers listened to them. They said, "The carers do respect my dignity and privacy; they always use a towel to cover me up, during my personal care." They also confirmed the carers supported them to retain as much independence as possible, commenting, "There is a routine that they [staff] follow. The carers always give me the flannel to wash my face, as I can do that for myself."

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through well-developed person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different cultural groups received the appropriate help and support they needed to lead fulfilling lives and meet their individual and cultural needs.

Involvement of people who used the service was embedded into everyday practice. The views and opinions of people were actively sought and information was presented in a way that enabled them to fully participate and make informed changes. A relative told us they were involved in developing the care and support plan for [their relative]. They were able to identify what support they required from the service and how this was to be carried out. They stated that they were involved in the initial care planning, and that they were happy with the current care plan. They also confirmed they could talk to the manager about [their relative's] care and that they saw the manager occasionally, every few weeks as they often carried out visits to check on the welfare of [the person] and also check the care plan.

Another relative told us, "I was initially involved in developing [my relative's] care plan. They also stated after

a fall two years ago, they requested more help and this was provided.

It was clear from conversations we had that the manager had a detailed knowledge of the people receiving support without the need to refer to care file information. Staff communicated effectively with people who used the service and their relatives. Any specific communication needs and individual methods of communication were addressed in the care plans.

A service user guide was given to the person who used the service in addition to the statement of purpose, which is a document that includes a standard required set of information about a service. These documents provided a wide range of information such as the care philosophy; principles and values that the service followed; the standards of care that people should expect; details of the registered managers; a description of the services and facilities provided and how to make a complaint.

The service did not provide end of life care directly but, where applicable, could continue to provide a domiciliary service in support of other relevant professionals such as district nurses, who may be involved in supporting a person at this end stage of life. At the time of the inspection the service was not supporting any other organisation or anyone who was in receipt of end of life care.

Good

Is the service responsive?

Our findings

The relative of the person who used the service told us, "We have been really delighted with the care given to [my relative] and the service has been responsive to [my relative's] needs. The number of care staff was increased when [my relative's] needs deteriorated and they always ring me regularly with updates. We got information on how to make a complaint at the beginning when they [the service] came to do an assessment before starting and the family were fully involved in this. Staff are always pleasant and first class carers and we couldn't have done any better."

A second relative told us if they needed to complain they would contact the manager but had never had cause to make a complaint.

People who used the service told us that should there be a need to complain they felt confident in talking to the managers directly and had regular on-going discussions with management as part of the normal process of care delivery. They told us that information on how to make a complaint had been given to them before any care was provided. One person said, "If I needed to complain, I would tell my daughters, or speak to the manager; I have never had the need to make a complaint."

A second person who we visited in their own home said if they wanted to make a complaint they would ring the manager, and we saw they had the manager's number in clear view and said the number out loud to us. They told us they had never made a complaint.

The service had a complaints policy and procedure in place and information on how to make a complaint was provided to each person who used the service.

We looked at how new referrals to the service were assessed. The needs of people were assessed by the registered manager before being accepted into the service and assessments were completed to ensure the service could meet people's individual needs. This included gathering background information from a variety of sources including other health and social care professionals and from those individuals who were important in people's lives.

Before care and support was provided to any person the service completed a series of initial assessments which covered areas such as health, medicines, social history, mental health, preferred activities and interests, moving and handling, the home environment. We saw that prior to any new package of care being provided a pre-assessment was carried out with the person and their relative(s) which we verified by looking at care records and by speaking with people.

People who used the service had a care plan that was personal to them with copies held at both the person's own home and in the office premises. This provided staff with guidance around how to meet their needs, and what kinds of tasks they needed to perform when providing care.

The structure of the care plans was clear and easy to access information. The care plans were

comprehensive and person centred, and contained details regarding the person's background and life history, interests and social life, any existing support network, spiritual needs and recorded details of people who were involved in care planning such as family members and other relevant professionals.

Whilst visiting people in their own homes we checked the care file information that was stored in the house. Care files all contained individual support plans and risk assessments including those for moving and handling and lone working arrangements. There were fully completed medication administration records (MARs), consent forms for medication, a current medication list, a body parts map that was used to identify where creams needed to be applied (where applicable) or if there was an incident that caused a mark to the body, and a service user guide from the agency.

The manager also visited people in their own homes to deliver care and to identify their views and experiences which was confirmed by people we spoke with who were receiving a service at the time of the inspection.

There were systems in place to record what care had been provided during each call or visit. Care plans contained a document, which was completed by staff at each visit. This included information on when personal care or other form of support had been provided. People told us that these forms were completed at every visit. We looked at these records and saw that entries were detailed.

Support plans were developed using the information from assessments and detailed people's needs including mobility, how they wanted their support to be delivered, personal care needs, hobbies, medicines and important information about them.

We looked at how responsive the service was to people's changing needs. We found that for one person the service had identified a potential new falls risk following surgery provided to their spouse who lived with them at their own home and this was a new falls risk for both the person using the service and their spouse who supported them, especially during the night when staff were not present. After discussing the situation with the person and their spouse new equipment was ordered urgently that reduced the risk of a fall and suggestions were made regarding the physical home environment. As a result the person was able to maintain their independence during the night in a safe manner.

Another person who was living with dementia and in a sheltered housing complex had been identified as not pressing their careline alert button or panic cord which were within reach when they had an unwitnessed fall whilst in their own home. The manager contacted the person's doctor and requested they contact the falls team. The falls team visited and assessed the person at home and a walking frame was prescribed along with a series of exercises and instruction was given for Your Care Solutions staff to monitor when the person was walking and provide advice on how to do this safely. As a result of this intervention there had been no further falls.

This demonstrated that the service was responsive to people's changing needs and acted promptly to address any new areas of concern.

We asked people of they were supported to undertake any activities as part of the assessed package of care. One person told us the carers were not involved in their activities at home; they just assisted with personal care. They said, "I like doing code breakers/puzzles/crosswords, I watch television, or read a book, I don't go out much, as I am not very mobile. The manager is aware of everything, and always checks on me, when she visits." They said that their family members had been involved in everything with the manager.

Another person stated that the carers were not involved with their activities although they did go out from their own home. They said they were involved in developing their care plan and a senior carer attended daily with whom they could discuss anything. They also confirmed that the manager visited every fortnight and that sometimes the manager provided care, they said, "The manager is helpful; over and above the call of duty."

The service had a range of policies and procedures in place to cover all aspects of care provision. Staff confirmed they had read policies and procedures and that they were aware of the provider's requirements in respect of data protection and confidentiality.

Good

Is the service well-led?

Our findings

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.

Up to date registered manager's certificates were on display in the office premises in addition to an appropriate certificate of employers' liability insurance. The registered manager was also the nominated individual because the service was a small domiciliary service.

We asked people if they knew who the manager was and everyone we spoke with confirmed they did. One person said that they knew that [manager name] was the registered manager and also said that they could talk to the manager who was very approachable. They confirmed that the manager had sent them a form to fill in, "three weeks ago" and also said, "We have had no problems, so no changes are needed."

A second person told us, "I can speak to [manager name] about anything; I trust them." They stated that the manager was approachable and listened to them. They said that if they called the office and the manager was unavailable at that time, they always called back promptly or visited them at home. They said, "There's no need to fill out a survey, as I'm always in contact with [manager name], and sometimes [manager name] provides my care." They also stated they had given feedback a long time ago, and changes were made as a result. This demonstrated that the manager listened to people who used the service and acted on their comments.

A third person stated they could talk to [manager name] at any time. They said, "[Manager name] does listen to me. I received a survey about two to three months ago, but I didn't need to feedback because I always have contact with [manager name.]"

A relative told us, "I was involved in the initial care planning, and I'm happy with the current care plan. I can talk to [manager name] about [my relative's] care and I see [manager name] occasionally, every few weeks."

Staff told us they felt they were able to put their views across to the manager and felt they were listened to. They told us they enjoyed working at the service and said they felt valued and thought the staff team worked well together.

One staff member said, "I definitely feel supported by my manager and I get all the support I need from them." A second staff member told us, "The manager is very helpful with all of us [staff team] and is always available day or night." A third staff member commented, "The manager is lovely and very helpful with any problems you may have. Their door is always open and I can always get hold of them even when they are not in the office; I definitely enjoy working for this company."

The service had an infrastructure in place to seek the views of people using the service and their relatives

through the provision of a satisfaction surveys. The manager informed us that they were currently reviewing the contents of the existing questionnaires as they felt that some of the questions were potentially too ambiguous. We saw they had contacted other organisations for advice and support with this development, including Age Concern and Quality Compliance Systems (QCS). This demonstrated the manager had sought the advice and support of relevant 'others' in order to improve the quality of service provision.

We looked at the results of the most recent questionnaires/surveys and noted comments received where consistently positive and complimentary about the service. Additional comments received in the returned surveys/questionnaires included: 'We are satisfied in every way with the service received;' 'A first class service provided to my parents in their own home. The service was able to tailor a package of care to the very different needs of mum and dad and I had complete reassurance in the fact the service was able to respond quickly and effectively to my parent's needs with care attention and compassion – the level of care enabled my parents to continue living in their home together until passing and I cannot thank them enough;' 'We have been looked after by your staff for 27 weeks and during this time we have been extremely pleased with your efficiency and bedside manner. [Staff name] has looked after [person name] with great cheerfulness and forged a rapport with [person name] that was second to none.'

The service had an infrastructure of auditing in place to monitor the quality of service delivery. These included audits of people's care files, medication audits, accident/incident audits, complaints. The manager undertook quality assurance visits to people in their own homes in order to monitor staff care practice, and carried out spot checks of staff practice which staff confirmed was the case.

The spot checks included time and attendance records, care plans, medicines records, and discussions with the people who used the service regarding the quality of care they had received. We saw that comprehensive records of these spot checks were kept and information was cascaded to the relevant care staff member concerned in order to identify good practice or areas for improvement. Any problems observed or incorrect procedures were noted and discussed with all staff at a regular staff meeting held each week on Friday in the office premises.

Staff told us they attended these meetings which they found helpful and confirmed they were also required to read four policies each week so that they were always aware of any updates or changes to procedures.

Memos were also issued to staff each week as part of the process of keeping staff informed. These had previously included information on health and safety, infection control, staff appraisals, policies and procedures, staff rotas. Each memo also had a standard set of information including, clients in hospital/respite/residential home/terminated services, any deaths, new clients, new staff, complaints/compliments, communication sheets and notes of the previous staff meeting.

We found the service had policies and procedures in place, which covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment, complaints, equality and diversity, moving and handling and infection control. These policies were all up to date and at the time of the inspection were being reviewed in order to ensure their suitability.

Discussions with the registered manager showed that they understood their responsibility in respect of submitting statutory notifications to the Commission.

Where the service used any hoisting equipment, for example for transferring people, we saw that the service worked in partnership with the equipment suppliers to ensure it was safe before being used and to ensure the regular maintenance of the equipment.