Excelcare (Home Care Division) Limited

Excelcare (Home Care) Limited Tower Hamlets Office

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?	Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 5, 6 and 7 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the people we needed to speak with would be available. We told the registered manager we would be returning over the next two days. At the last comprehensive inspection in August 2014, with the inspection report being published in January 2015, the service was rated as 'Good'.

Excelcare (Home Care) Limited Tower Hamlets Office is a domiciliary care agency which provides personal care and support to people in their own homes. At the time of our visit the service was supporting 335 people, but only providing personal care to 255 people in the London Borough of Tower Hamlets. This also included a children's contract in the London Borough of Lewisham, where they supported 35 children, with four that received personal care.

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

The service promoted an open and honest culture and staff spoke highly of the atmosphere at the service and the support they received from management. Staff were confident they could raise issues or concerns at any time, knowing they would be listened to and acted upon.

The registered manager was aware of the challenges they faced and was proactive in looking for ways to deal with them. There were effective quality assurance systems in place to monitor the quality of the service provided and understand the experiences of people who used the service. The registered manager was fully aware of their registration requirements regarding notifiable incidents and learning from incidents was shared across the whole service.

People who required support with their medicines received them safely and all staff had completed training in the safe administration of medicines, which was refreshed annually. The registered manager had been proactive in following up concerns that had been raised within the borough and discussions were in process about improving practice.

People using the service and their relatives told us they felt safe using the service and staff had a good understanding of how to identify and report any concerns. Staff were confident that any concerns would be investigated and dealt with and the provider ensured people understood how they would protect them from avoidable harm.

Risks to people were identified during an initial assessment. Guidance was in place to enable staff to support people safely and records were updated when people's needs changed.

The provider had a robust staff recruitment process and staff underwent the necessary checks to ensure they were suitable to work with people using the service. People had regular care workers to ensure they received consistent levels of care.

Care workers received an induction training programme to support them in meeting people's needs effectively and shadowed more experienced staff before they started to deliver personal care independently. Staff received regular supervision and told us they felt supported and were happy with the supervision they received.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). The provider was aware of what to do and who to contact if they had concerns that people lacked capacity to make certain decisions. Care workers respected people's decisions and gained people's consent before they carried out care tasks.

People's nutritional needs and preferences were recorded in their care plans and staff were aware of the level of support required. Care workers told us they notified the office if they had any concerns about people's health and we saw evidence of this in people's care records. We also saw people were supported to maintain their health and well-being through access to health and social care professionals, such as GPs, occupational therapists and district nurses.

Staff treated people in a way that respected their privacy and dignity and promoted their independence. There was evidence that language and cultural requirements were considered when allocating care workers to people using the service.

People and their relatives told us care workers were kind and compassionate and knew how to provide the care and support they required. Regular care workers knew the people they supported and showed concerns for people's health and welfare.

People were involved in planning how they were cared for and supported. An initial assessment was completed from which care plans and risk assessments were developed. Care was personalised to meet people's individual needs and preferences and was reviewed if there were any significant changes.

People using the service and their relatives knew how to make a complaint and were able to share their views and opinions about the service they received. There were monitoring systems in place to allow people using the service and their relatives the opportunity to feedback about the care and treatment they received. Extra surveys had been carried out when the number of people using the service increased during a local authority restructure in April 2017.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	**Good**
Is the service effective? The service remains safe.	**Good**
Is the service caring? The service remains safe.	**Good**
Is the service responsive? The service remains safe.	**Good**
Is the service well-led? The service was still outstanding.	**Outstanding** ☆

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Detailed findings

Background to this inspection

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

The inspection took place on 5, 6 and 7 September 2017 and was announced. We gave the provider 48 hours' notice of our inspection as we needed to be sure that the people we needed to speak with would be available.

The inspection team consisted of three inspectors and three experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The experts by experience had experience in the care and support of older people who use regulated services, including people living with dementia.

Before the inspection we reviewed the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to the CQC and the report for the last inspection that took place on the 5 August 2014, which showed the service was rated as 'Good'. We contacted the local authority for the borough they were registered in and used their comments to support our planning of the inspection. The provider also submitted a provider information return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 34 people using the service, 14 relatives and 19 staff members. This

included the registered manager, four care coordinators, two community care coordinators and 12 care workers. We looked at 14 people's care plans, 12 staff recruitment files, staff training files, staff supervision records and audits and records related to the management of the service.

Following the inspection we spoke with three health and social care professionals who had worked with people using the service for their views.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe when receiving care. Comments included, "I feel so much more safer at home as I know they are coming in to see me", "I have the same carers which makes me feel safe" and "I'm delighted with my care worker and feel totally and utterly safe with them." Relatives were confident that their family members were well looked after and were happy with how the registered manager had responded to any concerns. One relative told us, "My [family member] does feel safe and is very happy in the carer's presence." Another relative said, "My [family member] has complete trust with their care worker."

The staff files that we looked through were consistent and showed that the provider had robust recruitment procedures in place. All Disclosure and Barring Service (DBS) checks for staff had been completed in the last three years. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. The provider had a DBS matrix in place to ensure that checks were undertaken every three years. There was evidence of photographic proof of identity, right to work records and proof of address, along with two verified references. Interview questionnaires and notes were also available which showed that the provider had assessed the suitability of staff they employed.

There were sufficient care workers employed to meet people's needs. At the time of our inspection the provider had a pool of 320 care workers employed in the service. This was because in April 2017, the local authority had transferred over approximately 123 packages of care as part of their home care restructure, which also included 42 care workers who were TUPE transferred over as part of the contract to ensure people received consistent care. TUPE is the Transfer of Undertakings (Protection of Employment) Regulations. They preserve employees' terms and conditions when a business or undertaking, or part of one, is transferred to a new employer. People who used the service and their relatives told us that the continuity of care was good, along with time keeping and that most had a regular team of care workers. One person said, "They are excellent, never late at all. I have no complaints about that." One relative told us that they were happy that their regular care worker from a previous agency had transferred to Excelcare. They added, "[Family member] was so pleased about this as they know each other so well. Many carers transferred so we have a team of carers that know my [family member] well and that is reassuring." Another relative said, "If there is a change we always get updated. I'm happy with how everything is dealt with as it's a consistent service."

Care workers told us their rotas were scheduled to allow time to get to calls. Comments included, "They are all in the same area and are good at giving travel time. There is no problem in being late" and "I get plenty of travel time to get to my calls, it is no problem at all." The office team were responsible for covering the out of hours' service and were available 24 hours a day, seven days a week. Care workers told us they were happy with the support provided and that calls would be answered. One care worker said, "Everything is great with the out of hours team. When they are on call they respond straight away and are always available for us." Electronic call monitoring (ECM) was not being used at the time of the inspection but was waiting to go live with authorisation from the local authority. All information was in the process of being transferred onto the ECM system and the registered manager hoped the system would be ready by the end of October 2017.

Staff had received appropriate training in safeguarding and staff we spoke with were able to explain what kinds of abuse people could be at risk of, potential signs of abuse and what they would do if they thought somebody was at risk. This topic was covered during the induction programme and then refreshed annually. Care workers spoke positively about the support they received and were encouraged to raise any concerns they had. Comments included, "[Registered manager] takes everything seriously and deals with everything. She responds quickly and follows all the procedures" and "They are really strict with us to make sure that we record and report everything and are always telling us this." We saw records that showed safeguarding concerns were raised with the local authority when issues had been brought to the attention of the provider, and were monitored by head office for outcomes and what action had been taken. The provider had produced easy read guides for people on how to keep safe from abuse that included information about what staff were allowed to do in relation to supporting people with their money. One person said, "I give my list and money and I get the change back and it's all written in the book. It's a good system." The registered manager said they hoped that this would minimise the risk of any potential financial abuse.

There were appropriate medicines policies and procedures in place to ensure people received their medicines safely. People's care plans included medicines risk assessments which recorded who was responsible for people's medicines and the level of support each person required. For example, for one person who had a poor insight into their medicines and would be at risk of not taking them, it highlighted that full assistance was required. We reviewed a sample of medicine administration record (MAR) charts for seven people as they were returned to the office on a monthly basis to be checked for any gaps or issues with recording. All MAR charts had been filled out correctly and there were no gaps on the records we reviewed. We saw where people were supported with creams and other medicines such as eye drops, specific information including the name, where it needed to be applied and when was recorded in people's care records. For one person, their MAR chart showed they were supported to use a paraffin cream but the person was also a smoker. The registered manager showed us that this information had been sent out to all staff to raise awareness of the possible risks and how to support the person safely. People who needed to have their tablets crushed had agreement from their GP to confirm that this method of administration could be carried out, along with instructions for care workers to follow.

Staff completed medicines training which needed to be refreshed on a yearly basis. If this had not been updated care workers could not be allocated to people who required support with their medicines. One care worker said, "We have to review it every year and it is really helpful." Care workers we spoke with knew they had to call the office if they had any concerns and a care coordinator told us that once they received this information, it would be followed up with the relevant health and social care professional. We saw examples in people's daily logs where care workers had raised concerns with the office about people's medicines. One person said, "I always get into a muddle taking my medicines but now the carer helps me. I feel so much better having somebody help me every day."

There were procedures in place to identify and manage risks associated with people's health conditions. Initial assessments were carried out by a community care coordinator or a member of the management team to identify any potential risks associated with providing people's care and support. Their assessment covered areas of risk which included people's mobility, continence, personal care, skin care, communication, nutrition, medicines and managing finances. They also carried out an internal and external environment assessment on the person's home to ensure their premises were suitable for care to be carried out, which included a fire risk assessment. For example, for one person we saw that the provider had followed up with the person's relatives to make sure that a fire alarm was fitted as the person was a smoker.

Once completed, risks that had been identified for the person and the care worker were highlighted and action that needed to be taken was recorded, including information about the level of support that was

required. It included practical guidance for care workers about how to manage risks to people. For example, one person had limited mobility and required support from two care workers during transfers. There was detailed information on how to reposition the person and provide their personal care. This person needed a mobile hoist to carry out their transfers. There was evidence in place that they had verified the safety of the equipment and that it was new and in good condition. We saw that risks to people who were supported outside in the community were identified with information for care workers about the triggers for certain types of challenging behaviour and how it could be managed safely. For another person, there were procedures in place for when to call the police if the person was not at home, which had been discussed with a relative. Risk assessments were updated annually or sooner if there were any significant changes to a person's needs. We saw records that showed a person had a review after three weeks as their health needs had deteriorated soon after their initial assessment.

Good

Is the service effective?

Our findings

People told us their care workers understood their needs and health conditions and had the right skills to support them. Comments included, "Most definitely, in fact, my care worker is wonderful. They are skilled and well trained", The staff know what they are doing, I'm very happy" and "The staff pick up if I'm struggling and offer the help I need." Relatives spoke positively about the staff and one said, "[Care worker] understands his/her needs which is very important. I can't fault them for how they've helped me out." Another relative told us how their family member had a number of complex health conditions and that staff knew how to support them. A third relative told us that when they raised an issue about the level of training their care workers had, the registered manager arranged some further training and was satisfied with the response.

Staff had to complete an induction training programme when they first started employment with the service. This training programme was for five days and covered the 15 standards of the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. Mandatory training included moving and handling, fire safety, medicines and safeguarding adults, which also covered principles of the Mental Capacity Act 2005 (MCA). The second week of the induction covered a range of local policies and procedures which included failed and missed visits, reporting and recording and accidents and incidents. One care worker said, "It was fantastic. Even though I had no experience, the training was really good and everything was explained to us." The registered manager told us that care workers who were TUPE transferred from other agencies received a one day induction and were then monitored to assess their level of competency.

Mandatory training was in the form of classroom based sessions with practical examples, role plays and scenarios carried out to assess staff competency, which was refreshed annually. Staff also had access to online training programmes which covered topics such as infection control, basic first aid, health and safety, dementia, equality and diversity and nutrition and hydration. This training was reviewed every three years. The registered manager showed us their staff training matrix which covered all modules and identified when training had been completed. Completed training dates were entered onto their system and care workers could not be allocated to calls if training had expired. Staff we spoke with throughout the inspection spoke positively of the training they received and how it improved their understanding of their role. Comments included, "The training is fantastic. Without it I wouldn't be able to do my job. I'm always told when it is going to expire and we have to attend" and "We have refresher training which is good as it refreshes our mind and adds to our experience."

Once the induction training programme had been completed, care workers were allocated for shadowing and given a rota for who they would be working with. One care worker said, "I had over a week of shadowing before I started." The registered manager had a supervision matrix to monitor supervisions throughout the year. Supervision was held every three months in the form of one to one meetings, group supervision, spot checks and observations and records were held on all staff files reviewed. A separate record was held for group supervisions where records showed up to 16 care workers had attended, with agendas confirming all staff had covered the same topic. Issues discussed included time keeping, rotas, communication and

financial transaction sheets, medicines support from the office, training and missed visits. One care worker said, "The supervision is really good and everything is dealt with quickly if we bring issues up." The registered manager acknowledged they were behind on appraisals as this was due to the recent number of staff that had been transferred over from other agencies but was working to get them completed by the end of the year.

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.

All staff had a good understanding of the principles of the MCA. Where people had capacity to make their own decisions, care plans had been signed by the person to show their agreement with the information recorded. The provider carried out their own capacity assessments and they would be used for reviews if concerns about people's capacity were raised. For one person there was a detailed capacity assessment carried out in relation to medicines, to state they had fluctuating capacity in this area. It was agreed for staff to have full responsibility for day to day administration with their medicines which the person had consented to. The registered manager was aware of the need for documentation to be in place if representatives were signing on behalf of people to ensure consent to care had been sought. We saw they had requested a copy of the lasting power of attorney (LPA) for one person and that the issues of relatives signing on behalf of people had been discussed at a recent staff meeting in June 2017. Staff understood the need for consent and were aware of what to do if the people they were supporting became unable to make decisions for themselves. One care worker said, "We always ask for permission and help as much as we can. If we feel they are slowly losing their capacity we report it to the office and they will come to do a reassessment so we know how to manage it."

Some people required care workers to support them with meal preparation and during mealtimes. This information was recorded in people's care plans along with the level of staff support needed and if anybody had any specific dietary needs. One person said, "Breakfast can be whatever I'd like, hot or cold. They always ask me and are always happy to prepare it." It was highlighted if people were diabetic, had any food allergies or needed any further support. We saw information for one person who was a diabetic and that relatives prepared main meals and the care worker was responsible for heating up meals and providing snacks and drinks. We saw their preferred foods had been recorded and information in their daily logs showed they were left with fresh fruit, biscuits and a glass of orange juice. Another person was at risk of choking during mealtimes and there were guidelines in place from a speech and language therapist (SALT) on how to support them safely. It also included the specific diet and that drinks needed to be mixed with a thickener to reduce the risk of choking. We spoke with a care worker who was able to give detailed information about supporting this person. They said, "I have to make soft food and support them by using a spoon. I make sure they are in the correct position in bed and we also have advice from the SALT."

We saw records and correspondence that showed people were supported to maintain their health and receive healthcare support if their needs changed. For one person, we saw the occupational therapist had been contacted when care workers had raised concerns about safe moving and handling procedures when their health condition had changed. We saw examples that when people had falls at home without their care worker present, appropriate action was taken. For one person, after the incident had been reported, the local authority were notified and a referral was made to the falls team. For another person where care workers had raised concerns about their levels of confusion and memory, contact had been made with the memory clinic. People we spoke with were confident that if they were unwell their care workers would take

the appropriate action. Care workers said they helped people manage their health and wellbeing and would always contact the office if they had any concerns about people's healthcare needs during a visit. One care worker said, "If we find that people can't manage, we tell the office and they speak with social services. Every time I raise an issue, they always respond and action is taken."

Good

Is the service caring?

Our findings

All the people we spoke with told us they were well supported by the service and thought the staff were kind, caring and respectful to them and their home environment. Comments from people included, "They are fantastic, it is a joy to see them", "If I were the Queen of England, I couldn't ask for better carers", "I have a special bond with my care worker, she is so lovely and gentle" and "The staff are very caring and can't do enough for me." Relatives were also positive about the staff and felt comforted by the care shown to their family members. One relative told us about a situation where the care worker had to stay late. They added, "I know they wouldn't have left them anyway, but the manner in which they accommodated it was kind and reassuring." Another relative said, "I couldn't wish for a better person to look after my [family member]. His patience is incredible, he's absolutely fabulous." One health and social care professional commented on the support that care workers had provided and that they were very caring for how they looked after a person.

People told us that staff respected their privacy and dignity and always tried to encourage their independence. We received a number of positive comments about how respectful care workers were when they worked with people in their own homes. One person said, "They always respect me and my home." Another person said, "My carer encourages me to do what I can when she is helping me to wash and her being there gives me confidence." We saw people's care plans highlighted what areas they needed support with and where people were independent to carry out their own tasks, especially during personal care. We saw examples in people's daily logs that care workers had followed these instructions and allowed people to be as independent as possible. One care worker was able to explain in detail how they did this. They added, "We always respect people's wishes. We have an understanding with each other that I only wash certain parts of their body, they manage the parts that they can do and I cover the areas to respect their privacy." Another care worker told us how important it was that they communicated with the person in their own language during personal care. They added, "I always chat with them and let them know what I'm doing. As it is in their language they can understand what is going on." We saw from their most recent satisfaction survey which was carried out in June 2017 that 61 out of 63 respondents felt their privacy and dignity was always maintained.

We saw that people had regular care workers which allowed them to develop caring relationships and understand how they liked to be treated. The provider's system allowed care workers to be allocated to people and if concerns were raised, they would be able to make sure they were not allocated to them again to avoid causing anybody any distress. A care coordinator told us how they allocated staff to people. They said, "We need to make sure the care worker is fit for the client so we look at preferences, the training they've had, their language, the location, the gender and also if somebody might prefer someone similar to their own age." People spoke positively about their regular care workers, along with care workers who covered their shifts. One relative said, "I've never had a problem with the care agency and even the cover carers are all very nice and polite."

Care workers knew the people they were working with and were able to communicate with them in their own language. One relative said, "If there are any issues they let us know and they are able to speak the same language, for which I have to thank them for providing these wonderful care workers." One care

worker said, "I've worked with one person for over 13 years and I've seen them grow up. We have a great relationship and I feel part of the family." Staff were able to tell us about the people they supported and showed that they had an understanding of not only their health needs, but also about them as a person. One person said, "He knows I'm a football supporter so we can talk about that." We also saw records in one person's daily logs where care workers had recorded that the person was feeling anxious, so staff made sure they had a chat with them to try to reduce their anxiety, and left a reminder for other care workers to check on them during upcoming visits.

We saw records that showed people using the service and their relatives were involved in making decisions about their care and support. A community care coordinator told us they always made sure, where appropriate, a relative or health and social care professional was present with the person to ensure they had the support they required during an initial assessment or review. We saw examples that when people's care needs changed, they had been kept updated, including their relatives. One relative told us that their family member was transferred to the provider due to the local authority restructure. They said, "When we changed agencies they came out and went over everything again with us and what we would need. I felt it was very thorough." We saw that care plans had recorded information about what people wanted to do if they were unwell and who needed to be informed. For example, one person wanted staff to call for an ambulance if their health deteriorated and notify their next of kin.

During the inspection we did not review any records of people who needed access to advocacy services. Advocates are trained professionals who support, enable and empower people to speak up. However, one care coordinator told us they had been involved in assessments where they were able to communicate in people's own language. They had interpreted for the community care coordinator to get as much information as possible at the time of the assessment.

Good

Is the service responsive?

Our findings

The majority of people using the service and their relatives told us they felt their care was personalised, staff listened to them and that they were able to contribute towards their assessment. One person said, "I used to have one long call, but now it's been split into three shorter calls and is much better." Another person said, "The care plan was really good and I was involved in all of the planning." A relative told us that they were actively involved in the care and support of their family member. They added, "It is definitely tailored towards his/her needs and when there was a change, it was identified and communicated with me, along with social services." A health and social care professional commented positively on the support they had received with a complex care package and said that the provider and staff had worked well to encourage the best outcome for that person. We did receive some comments that new staff were not always introduced to people or that they were not always updated if changes to care workers had been made.

When the provider received a referral from the local authority, they were responsible for carrying out their own assessment to see what care and support people needed and whether they would be able to meet their needs. They would then discuss people's preferences for visit times and care workers and start to set up their care folder. A community care coordinator told us that they aimed to complete an initial assessment within 24 hours and would meet people in their homes or whilst they were still in hospital, to understand all their needs before being discharged. Each person had an individual care folder which included an initial assessment from the local authority with an overview of people's care and support needs, along with their own care plan, risk assessments and other documents related to the care and support they received. The provider was in the process of implementing new software where people's care records would be electronic and could be accessed by staff on a device to enter the care and support tasks that had been carried out. As soon as this was done, it would show up on the system so the provider would be able to monitor the visit. Relatives and health and social care professionals, with permission, would also be able to have access to this information to see what care had taken place. It was in the process of being implemented and was scheduled to be piloted for 70 people from the end of October and beginning of November 2017.

Care plans were detailed and contained a profile of the person, their next of kin and other health and social care professionals involved in their welfare. Care plans recorded the time of visits people received and highlighted what care and support was to be carried out. It identified the areas of support needed which included people's medicines, nutrition and hydration, personal care, emotional wellbeing, mobility and people's level of communication. Care plans were outcome focussed and person centred, which highlighted people's preferences about how they wanted to be cared for. It recorded what made people happy and what was important to them. For example, we saw the care plan for one person who was supported in the community and it included a list of activities and interests they liked, including local areas of interest. There was also detailed guidance in place on effective ways of communicating with the person. Another person's favourite television programme was recorded and a reminder for staff to put this on during or before they finished their visit.

There was evidence that the provider listened to people's preferences with regard to how they wanted staff to support them with their cultural or religious needs. One person highlighted that it was important for them

to pray five times a day. This was recorded in their records and samples of their daily logs confirmed they were supported with this. Another person was supported with food that met their cultural needs and only wanted to be supported by a male care worker who could speak their language, which was provided. One relative said, "They asked about preferences and have taken into account our cultural needs. They were able to identify this was important to us and options were given to meet these needs, which I thought was very good." One care worker said, "I can communicate with my client and we understand each other. I take them to the mosque every week as this is important to them." People had their needs reviewed annually but if there were any significant changes to people's needs, this was brought forward and records within people's files confirmed this.

We reviewed a sample of daily log records for people as they were returned to the office on a monthly basis to be checked. Care workers recorded what care and support they had carried out which included support with personal care, if medicines or creams were administered, support with food and drink and whether they had any concerns. There was guidance within the logs to remind care workers to record everything, be aware of the vocabulary used, always remember to sign in and out and notify the office if they had any concerns. From the samples we viewed we saw that they reflected the care that had been agreed in people's care plans. One care worker said, "We always get to see the care plan but speak with the client or their family about what they want. If we need anything further we can call the office and they always get back to us."

People using the service and their relatives said they knew they could call the office if they had any concerns and would feel comfortable doing so. One person said, "If there are any concerns I would call the office and complaints are dealt with." Another person told us that when they had raised some concerns, they felt that they were listened to and their concerns were taken seriously. One relative said, "Anything that I've brought up has always been listened to and taken on board and if I've had any issues, they've always been dealt with." Where people and their relatives brought up issues during the inspection, we discussed this with the registered manager who reacted positively about them and made contact with people to get further information to resolve the problem. The registered manager also kept us updated after the inspection on the actions they had taken.

There was an accessible complaints procedure in place and a copy was given to people in their welcome pack when they started using the service. They had also produced an easy read version to make sure everybody knew how to make a complaint. The registered manager told us that complaints could also be received through a central hotline, if people did not feel comfortable raising them with the office, and we saw examples of how this was passed on to be dealt with. The provider's complaints procedure was a three-stage process which gave the option for minor issues to be resolved immediately whereas if people were not happy with the response at the first stage, they could escalate it to a second stage to be dealt with at a more formal level. If people were still unhappy they were signposted to the local ombudsman. We reviewed the complaints folder which had a log of all complaints and whether they were pending or had been resolved. Monthly trends were highlighted and discussed in group supervisions. We saw that the provider acknowledged when mistakes had been made and apologised, giving people and their relatives confirmation that they could contact them at any time if they wished to discuss the matter further.

We also reviewed their compliments folder and saw there had been 13 since January 2017, with a mix of people who used the service, their relatives and health and social care professionals. One relative commented that the care worker they had was so kind and caring and did not know how they would have coped without their support.

Outstanding ☆

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Care Quality Commission (CQC) since 2011 but had been the manager for the service for over 12 years. She was present each day and assisted with the inspection, along with the office team.

The majority of people using the service and their relatives spoke positively about how the service was managed and the support they received. Comments included, "The whole service is really good", "They are an amazing company and I'm extremely happy", "I like it that they come out and see what the carers are doing" and "At Christmas they sent a card and a box of chocolates. It made me feel very special that someone really cared." One relative told us that they did not know what they would do without the support they received. They added, "The manager and the whole team are all fantastic and all so lovely and supportive with what they do for us." Another relative told us that despite an issue they had raised recently, they felt they had a good relationship with the office and was pleased with the levels of communication. Where we received a few negative comments, they related to communication of changes and the suitability of replacement or cover care workers. We spoke to the registered manager about this who followed up on all the feedback received.

All of the care workers we spoke with told us they felt well supported in their roles and we received many positive comments from all staff about the management of the service. Even though none of the staff we spoke with had any concerns they all said they were confident that any concerns would be dealt with straight away. Comments included, "I feel comfortable working for this company for over 15 years. I have a good relationship with the manager and am really happy here", "I've never felt as if I'm alone. If I have a problem, they are always there at any time", They deal with issues right away and I definitely have confidence in management" and "They are very open to listening to us and dealing with issues we have." The office team also spoke positively about the support they received from the registered manager and deputy manager. Comments included, "The manager is fantastic. If I explain a problem I get an immediate action and she will follow things up herself" and "It's magnificent support, everything is perfect." One member of staff told us about the positive environment they worked in, which we observed throughout the inspection. They said, "We have a really good team spirit and work as a team very well."

The registered manager was aware of the challenges which faced the service and had been proactive to find ways to overcome them. They had raised a number of concerns relating to issues with people's medicines across the borough. They highlighted that it must be an issue for all providers and were leading a medicines project with the Clinical Commissioning Group (CCG) medicines management team. The aim was to have a borough wide MAR chart which could be printed by all pharmacies to reduce the workload and improve the accuracy of current records available. The registered manager had also arranged meetings with the CCG to discuss their concerns about pressure they had received from hospital discharge teams to take on urgent referrals. Despite this, they had refused a number of care packages if they were unable to carry out their own initial assessment beforehand.

The registered manager told us that they had been well supported by senior management during the transfer process when they took on a large number of care packages in April 2017, completing daily and weekly reports to highlight the change in service provision. They had drafted an action plan for this period to ensure staffing levels increased to meet capacity and training resources were available for new care workers who had been transferred over. We saw that the provider had brought in a deputy manager to support the registered manager during this period and senior care workers carried out unannounced spot checks. The registered manager was aware of issues about the next stage of the transfer process but was extremely confident in the support provided from senior management. They had presented to senior management their proposal for the future of home care and had been successful in their request for new software. We saw their presentation which highlighted the benefits of having it in place. We spoke with the local authority who told us that they were confident that the provider would be able to manage the increase in packages and had no concerns about the service.

The provider had a comprehensive range of internal auditing and monitoring processes in place to assess and monitor the quality of service provided. There were monthly team meetings where a number of aspects about the service were discussed. We looked at a sample of the previous three meetings' minutes and topics included staffing, care plan reviews, the recent transfer of packages and the new software about to be implemented. There was also a weekly on call report sent to the whole team to check that all issues had been followed up. There were a range of memos regularly circulated to all care workers which reminded them about reporting and recording, advice on completing medicines records and reviewing a range of relevant policies and procedures. Quality monitoring forms in care files showed that people were contacted every three to six months with a high level of positive responses. For one person where an issue had been brought up, we saw that quality assurance calls had taken place to follow up and monitor the service. Care workers received regular spot checks, both announced and unannounced to check on the level of service being provided. Care workers we spoke with confirmed this and said they had opportunities to discuss findings from these visits.

Specific audits of people's daily log records, medicine administration records (MAR) and financial records were completed on monthly basis to check for quality of recording and if any issues had arisen. We saw these checks had picked up on issues and that action had been taken. The registered manager also carried out a monthly audit which covered care plans, staff files, training and supervision records. The registered manager received a daily report from the head office monitoring team which covered safeguarding cases, accidents and incidents and statutory notifications. They said, "With this in place, I can check to see if the relevant CQC notification has been submitted if a safeguarding concern has been received." Head office followed this up with weekly meetings by the heads of services and any outstanding items, including complaints, were recorded on a tracker form and sent to the registered manager to show the progress of the action taken. These were also followed up by head office during internal quality visits to ensure all actions were being completed.

The provider was also responsible for submitting a quarterly quality assurance contract monitoring report to ensure their services were in line with the requirements of the local authority and to look at joint ways of improving the service. This report gave an overview of the service and covered a number of areas which included spot checks, accidents and incidents, home visits and failed or missed visits. We saw the provider kept the local authority updated with any interruption to people's service, if visits were cancelled or the person was not home when care workers visited. We saw that findings from their monitoring visits had been followed up and shared with the staff team to let them know where improvements could be made. The registered manager was aware of their responsibilities in terms of submitting statutory notifications to CQC informing us of any incidents that had taken place. They also understood the importance of notifying other bodies about issues where appropriate, such as the local authority and other health and social care

professionals. For one safeguarding incident, we saw that learning had taken place and a case study had been discussed during a group supervision with care workers, with a review of procedures into how people's finances were managed.

We saw the results of their most recent annual satisfaction survey, which was completed in June 2017. The registered manager told us that they had carried out their annual survey in January 2017, but due to taking on a large number of care packages from the local authority, felt it was important to carry out another one to get the views of people who had transferred across. The survey covered 10 questions which addressed areas such as staff training, privacy and dignity, communication, choice and overall satisfaction of the service. There were 63 respondents from 390 surveys sent out and the majority of feedback was all positive, with 61 people being very satisfied with the service they received. Where negative feedback was received, people were contacted to follow up on concerns and we saw action taken from the responses received. For example, we saw issues about communication had been discussed in care worker meetings and staff had received supervision to review policies and procedures. An annual employee survey had also been completed in January 2017 but the response rate was less than 10%. We saw that care workers meetings were held to discuss the findings and the provider had listened to staff and increased the number of phone lines in the office to improve availability.