Care Line Homecare Limited

# Careline Berwick

## Inspection report

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Date of inspection visit:
05 July 2016
06 July 2016

Date of publication:
19 August 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Requires Improvement |
| 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

Careline Berwick is a domiciliary care agency providing care and support to people in their own homes. It is registered to deliver personal care. At the time of the inspection the registered manager told us they supported around 200 people over the wider rural area of north Northumberland, including Berwick, Belford, Wooler, Seahouses and surrounding villages.

The last inspection of this service took place in February 2015 where the provider was found to be in breach of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the safe management of medicines and the maintenance of effective records. At this inspection we found improvements had been made and the provider was no longer in breach of the aforementioned Regulations.

This inspection took place on 5 and 6 July 2016 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

At 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 since July 2015. 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 told us they felt safe when being supported by staff and looked forward to them visiting. Staff told us they had received training in relation to safeguarding adults and records confirmed this. Appropriate processes were in place to recruit staff and to carry out checks to ensure they were suitably experienced to support people with their personal care needs. People told us staff could be sometimes late or unfamiliar staff called to support them. Staff told us covering calls in rural areas could sometimes be difficult. Supervisory staff said they worked additional hours to cover care work when care staff were not available. The provider told us they monitored the hours worked by care staff and supervisory staff. We have made a recommendation about staffing. The provider had an on-call out of hours system, manned by senior staff and care staff said managers could always be contacted for advice.

At the previous inspection we identified some shortfalls with the safe handling of medicines. At this inspection we noted there had been changes to how medicines were managed and improved systems were in place to ensure this was done safely.

People told us they felt staff had the right skills to support them. Staff told us they received training, although the majority was undertaken using workbooks. Some staff felt additional shadowing of experienced staff would be helpful, particularly for staff who had not previously worked in care. We have made a recommendation about training. Staff told us they received regular supervision and appraisals and

records supported this. The manager confirmed no one being cared for by the service was subject to any orders from the Court of Protection under the Mental Capacity Act (2005). Specific questions were asked at assessment around any formal Power of Attorneys in place.

People were supported to maintain their well-being, as staff worked co-operatively with district nurses. Staff said they would raise matters with general practitioners or contact the office, if they were worried about people. People told us they were supported by care staff to access regular meals and drinks.

People told us that care staff were exceptionally caring and they looked forward to them calling. They said staff were supportive and flexible and would undertake additional duties for them. They felt involved in determining their care and said staff respected both their privacy and dignity.

At the previous inspection we found care plans sometimes lacked detail or did not reflect the type and range of care that was being provided. At this inspection we noted care planning documentation had been revised and the quality of care plans had improved. We had also previously noted travelling time was not always factored into staff's appointments times and this could lead to late calls. At this inspection staff told us that travelling between appointments was still an issue and could lead to late arrival at appointments or unfamiliar staff having to cover some care visits. People confirmed this was the situation. The regional director said she would monitor this. The provider had in place a complaints procedure and dealt appropriately with any concerns raised. People told us they had few, if any, complaints and any issues raised were dealt with.

The provider had in place systems to manage the service on a day to day basis and monitor quality. Staff told us the registered manager and local managers and supervisors were very supportive and approachable. They told us the manager was very people-focussed. Senior staff undertook regular spots checks on care workers to ensure they were providing appropriate levels of care. People told us they were contacted and asked for their views on the service and discuss any concerns. The most recent quality survey had indicated a high level of satisfaction with the individual care received. Staff told us there were regular meetings. Records were up to date and stored securely.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

Not all aspects of the service were safe.

People told us care staff were sometimes late or unfamiliar staff called. Staff told us they worked additional hours on top of their main roles to cover care appointments. People felt safe when supported by staff with care needs. Risk assessments were in place regarding the delivery of care in people's own homes.

Proper recruitment systems were in place to ensure staff were suitably experienced and qualified to support care.

New systems were in place to ensure medicines were managed safely and effectively. People told us staff wore protective equipment to limit the risk of infection.

### Is the service effective?

**Good**

The service was effective.

People told us they felt staff had the right skills to support their care. Staff confirmed they had access to training but this relied heavily on work books. Staff who had not worked in care previously felt more shadowing time would be helpful. Staff received regular supervision and appraisals.

The provider told us that no one receiving care or support had any restrictions on their liberty through the Court or Protection in line with the Mental Capacity Act 2005 (MCA). Specific questions relating to Power of Attorney were asked during assessments.

Consent was obtained both formally and during the delivery of care. People told us they were supported to access sufficient food and drink.

### Is the service caring?

**Good**

The service was caring.

People told us they were very happy with the care they received and were well supported by staff. They looked forward to care workers visiting them and many viewed them as friends.

People said staff supported them with dignity and respect. Information was available about the service and people confirmed they were contacted by the office when necessary.

## Is the service responsive?

Good

The service were responsive.

Assessments of people's needs had been undertaken and care plans were in place. The details contained within people's care plans had improved since the previous inspection. Staff continued to highlight travel time between appointments as an issue, which could lead to late visits

People told us they valued the contact they had with care staff.

Complaints were logged and dealt with using the provider's complaints process. The majority of people told us they had few complaints about the direct care they received.

## Is the service well-led?

Good

The service was well led.

The registered manager and regional manager undertook a range of checks to ensure people's care and delivery systems were effectively monitored. Spot checks were regularly undertaken and people asked for their views on the care they received.

Staff talked positively and enthusiastically about the support they received from the registered manager and the local supervisory team.

There were regular staff meetings and the registered manager said these were now area based to improve communication. Daily records kept in people's homes were of good quality and people were happy with the entries made about their care.

# Careline Berwick

**Detailed findings**

## Background to this inspection

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

This inspection took place on 5 and 6 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one adult social care inspector.

A Provider Information Return (PIR) was not requested prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Following the previous inspection the provider sent us an action plan detailing the action they would be taking to improve the service at the home. They said these improvements would be completed by July 2015. We carried out this inspection to check that the actions they had detailed had been put in place and improvements made. We also checked the provider was continuing to meet other aspects of the Health and Social Care Act 2008 Regulations. We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group. We used their comments to support our planning of the inspection.

We also visited four people in their own homes to obtain their views on the care and support they received. We spoke with one person's relative. We spoke with the registered manager, regional director, two co-ordinators, two line managers, a duty manager, two supervisors, three care staff and an administrative worker. The registered manager and office based staff showed and explained electronic recording systems used by the service.

We reviewed a range of documents and records including; eight care records for people who used the service, four records of staff employed at the service, scheduling rotas, complaints records, accidents and

incident records. We also looked at records of meetings, training and a range of other quality audits and management records.

Requires Improvement

# Is the service safe?

## Our findings

At the previous inspection in February 2015 we found a breach of regulations in respect of the safe management of medicines. We found that instructions relating to how people should be supported with medicines were not always clear and were not always being followed correctly.

At this inspection we found that systems around the safe handling of medicines had improved. The manager told us the service had now implemented a number of medicines lead roles, fulfilled by supervisors and senior staff in the service. These leads had the responsibility for visiting people's homes on a regular basis and rewriting or updating the lists of current medication. The manager said that this was done weekly in some cases and could be done almost immediately if new or temporary medicines were added to a person's list. We looked at people's medicine admiration records (MAR). The lists of medicines were clearly written and each item had been signed by the medicines lead to say they had transcribed it correctly. With the exception of a minor item for one entry we noted the lists of medicines to be correct, clear and concise.

The manager also showed us new assessment and recording documentation for medicines. New assessment documentation contained a risk assessment and an indication of the level of support people required to take their medicines safely. We noted that medicines records were reviewed when they were returned to the office for storage. We saw that any gaps in the MARS or unclear entries were highlighted. We note there were few missing signatures; although where they had been highlighted it was not always clear from the audit what action had been taken to follow any concerns up with the care worker. The manager said she would follow this up.

People we visited in their homes told us they were happy with the support they received from staff with their medicines. They said staff helped them carefully and ensured that they took them correctly. They confirmed a supervisor attended their home to write up the lists of medicines they took. Most people's medicines were kept in a dosette system (monitored dose dispensing system). A monitored dose dispensing system is where a pharmacy repackages medicines for individuals under each day of the week to make it easier for them to see which medicines they need to take. We checked a number of medicines and saw they tallied with the MARs and that medicines given were up to date. Staff confirmed they had received training in the safe handling of medicines and records confirmed this. Staff and records also confirmed that staff received supervision and monitoring visits around the safe administration of medicines. This meant the provider had taken steps to improve the management of medicines that had been previously highlighted as a breach of regulations and that people were now supported to take their medicines appropriately.

People we spoke with told us they had not experienced any recent missed appointments. They told us that care workers were sometimes late, or another care worker came in their place, but the office usually informed them if this was going to happen. The manager told us there had been nine missed appointments in the previous six months, usually as a result of short term sickness. One had been due to a care worker misreading a rota. The manager said missed calls were kept to a minimum by allocating other staff to undertake care, although staff said this sometimes meant calls could be later than planned. One person told us they had several different care workers to support them and they found this difficult at times. All the

people we spoke with told us they felt that care staff were always busy; although they always completed the tasks they asked them to undertake and said they stayed for the allotted time. One person told us, "They always seem to be pushed. If I've been seen to and everything is alright, I tell them to go. I say, 'You can catch up with a bit of time' and send them off."

Staff we spoke with told us they did not feel there were always enough staff. The manager and supervisory staff told us the most difficult areas to staff were the rural areas. Supervisory staff said they were often expected to carry out care visits on top of their supervisory responsibilities. One supervisor told us that in previous weeks they had worked their normal supervisory role and undertaken an additional 32 hours care work to support care delivery. Some staff told us they had given up supervisory roles because of the pressure they felt under and the affects it had on family life. Staff told us they received calls to undertake additional shifts or work on their days off, but none felt pressured to do so. Staff also told us the registered manager would also complete care visits. The manager told us she had covered recent care shifts.

The manager told us there were approximately 95 care staff currently employed by the service to support around 200 people. She said she was permanently recruiting staff and had adverts on recruitment websites, in the local press and in the job centre. She had also instigated a 'recruit a friend' system. Overwhelmingly staff we spoke to told us that one of the barriers to recruitment was the continued use of zero hours contracts. They said staff sometimes left because other jobs offered regular hours. The manager said summer was a particular problem when seasonal contracts were available at local holiday parks. She also said the recruitment pool for staff was smaller in such a rural area. Some staff told us they had volunteered to support colleagues in rural areas, but did not always automatically get recompensed for travel to these areas.

We spoke to the regional director about the staffing issues. She agreed that recruitment in the Berwick area could be difficult. She reiterated the measures being taken by the manager locally. She told us that nationally the provider had a communications team to support recruitment through the use of social media, but there was no particular approach for the Berwick area. She told us it was possible for the service to be supported by care workers from other areas. She continued that no staff should ever feel under pressure to take on additional care duties and she would look into the matter. She subsequently sent us information stating that there was regular monitoring of average working hours for care staff and monitoring of additional hours worked by supervisory staff. This indicated a range of additional hours had been worked by some supervisory staff.

This meant there was an unclear picture as to staffing and staff recruitment. Staff indicated they were working additional hours, which was at odds with recorded information. People who used the service told us they did receive late calls on occasions because staff were frequently busy.
We recommend the provider continues to monitor closely the hours worked by all staff and considers a corporate approach to recruitment to ensure local staffing meets people's needs.

At the previous inspection the service had in place systems to ensure people were supported safely and staff understood about the need to actively safeguard vulnerable people from abuse. We saw that these systems remained in place and the manager had taken action to report and deal with any potential safeguarding incidents appropriately. People told us they felt safe with the care staff who visited them. Comments included, "I feel safe. I feel that I can trust them all"; "I feel safe with all of them. There was one I felt uncomfortable with, but they only came the once. They always lock the door when they leave" and "Put it this way; they treat me as if I'm one of their family." This meant people felt safe when receiving care and systems were in place to ensure people were protected from potential abuse.

People's care files contained risk assessments related to their needs. There were risk assessments regarding medicines and how staff supported people in their own homes, including checking risks associated with lone working. This meant risk potentially involved in the delivery of care had been considered and action taken to limit this.

At the previous inspection we had noted that appropriate recruitment processes were followed prior to employing care staff. Records showed staff had been through an applications and interview process, had supplied recent references and were subject to Disclosure and Barring Service (DBS) checks. Recent employed staff we spoke with confirmed the process had been rigorous and they had not been able to work until all checks had been completed. The manager told us the service had recruited ten additional staff in the last six months and had a number of others awaiting DBS clearance. This meant the provider continued to follow safe recruitment practices.

The manager demonstrated that she recorded and incidents and accidents. We noted there had been no recent events involving people who used the service and all the accidents records related to minor events involving staff. This meant processes to record and monitor such incidents were in place.

Staff told us they had ready access to person protective equipment (PPE) and some staff called at the office to collect supplies whilst we were there. People we spoke with confirmed staff wore PPE when carrying out personal care in their homes. This meant people were protected from the risk of cross infection during the delivery of care.

Good

# Is the service effective?

## Our findings

People told us they felt well cared for when staff visited them and said that staff had the right skills to support them. One person told us, "The girls all know what to do. Some girls know exactly what to do." Another person told us, "They know what to do and they know my ways, so I just let them get on with it."

Staff we spoke with told us they had received a range of training and had recently attended annual refresher training. Staff said they were contacted and required to attend for updating training. Some staff highlighted that the majority of training was undertaken using workbooks that they were taken through by a trainer. The provider had a range of workbooks covering areas such as dementia, first aid awareness, introduction to caring and person centred care. Staff said this type of training did not always cover the practical aspects in good detail and they would welcome a more practical approach, especially those staff who had not worked in care before. Other staff said they were increasingly supporting people living with dementia and would welcome more in depth information about this. One staff member suggested the trainer simply gave staff the answers which they felt did not promote learning.

The manager told us there was a possibility of extending shadowing if staff did not feel confident. A supervisor told us she would also schedule a new care worker to work "double" appointments for a period, with a more experienced care worker, to help build their confidence. Staff told us that where they needed specialist skills, such as dealing with a PEG feeding system, this was provided by the local district nursing or specialist nursing service. A PEG (percutaneous endoscopic gastrostomy) is a tube that goes directly into a person's stomach where they cannot eat by mouth, or can only take a limited amount of food orally.

The manager told us the service was supported by a trainer who came to the service from Newcastle once a month. She said this could sometimes restrict supporting new staff and lacked flexibility for the service. Staff told us they would welcome having a trainer in the service, who could provide more immediate or targeted training. The manager told us there had been a proposal to have a local trainer, but this had fallen through. This meant that whilst there was regular training available, the type of training provided did not always meet the needs to staff to ensure they had the appropriate practical skills to deliver care to all people who used the service .

Staff told us, and records showed they had regular supervisions and annual appraisals. Appraisals considered how well staff were working, any goals they wished to achieve and future training needs. Staff told us they could also raise personal issues, if they wished. In addition to office based supervision staff were also subject to observation and supervision visits in the community, when supervisors conducted reviews of care delivery as part of the services' "spot check" system.

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.

The Manager was not aware of any person who had any restriction or orders placed on them by the Court of Protection. The Court of Protection is a court established under the MCA and makes decisions on financial or welfare matters for people who can't make decisions at the time they need to be made, because they may lack capacity to do so. We saw that since the last inspection the provider's assessment documentation had been revised. It now included a specific question regarding Power of Attorney and whether any friends or relatives could legally act on behalf of an individual in making decisions about their care. This meant the service ensured people's rights were protected.

Staff understood about supporting people to make choices and people told us they were able to make decisions about their care and direct staff on a day to day basis. Care records also contained consent documents that people had signed to say they were in agreement with the care assessments or care plans developed. Where people had been unable to sign, a note had been made that they had given their verbal consent. People told us staff sought permission before carrying out care tasks, to ensure they were happy with the support they were receiving. This meant people's consent was sought throughout the delivery of care.

People told us staff supported them to maintain their health and wellbeing. They told us that staff supported them to make appointments with their general practitioner or local hospital. They also confirmed that staff worked in co-operation with other community professionals such as district nurses or specialist practitioners. Staff told us they would report any concerns to the main office if they were worried about a person's health, so that contact could be made with an appropriate service. This meant that people were supported to maintain their health and wellbeing.

People said that, where necessary, staff helped them with meals and often prepared meals for them or made sandwiches that they could eat later in the day. They also said staff ensured they had access to drinks. One person told us, "The first thing they do when they come in is say, 'Do you want a cup of tea?' and always make me one." One relative told us their family member required support with eating meals because of swallowing difficulties. They told us, "They are very careful and very competent with feeds." This meant that people were supported to meet their nutritional needs.

Good

# Is the service caring?

## Our findings

People told us that staff were very caring and they were happy with the support they received. Comments from people included, "They are lovely girls. They make me feel at ease"; "I've no complaints about any of them; I get on fine with all of them" and "We are on the same wavelength. We "work" one another (banter with each other), call one another names and have some fun. They are down to earth lasses, know their job and are caring." One person told us about a male carer who they enjoyed visiting them, "(Name of care worker) is a case (bit of fun). I get on fine with him. He will fuss around like an old woman."

Staff told us they were committed to providing the best care they could. They said they viewed people they cared for as being like their extended family. Comments from staff included, "I just love helping people and making a difference to someone's life" and "I love it; like helping people. I like making them smile and having a chat."

People told us they were involved in determining their care. They said they had been asked what they wanted from the service when support was first provided. They confirmed that supervisors either visited them or rang them to check that the care they received met their needs. One person told us, "A supervisor came and had a chat. They sat down and asked what I wanted." People also told us they could ask staff to do additional or alternative things during their care appointments. One person told us, "They ask what you want doing. You can ask them to do something different, that's okay." Care records showed that people had signed assessments and care review forms to say they were happy with care proposals. This meant people were supported to be actively involved in determining their care needs.

People told us they had enough information about the care they were to receive and that communication between them and the service was generally good. They said that if there were any changes to their carers or staff were running late they would be contacted by the office staff. They also told us they received a weekly duty rota, which showed which staff had been allocated that week and confirming the time calls would be made. One person told us, "I get a rota each week. I like to know who is coming." Information about the service was contained in people's care folders held in their homes.

Staff were aware of the need to maintain confidentiality and that they were dealing with sensitive information, such as people's personal details or security, through the use of key codes. The manager told us that information for on-call staff was being transferred on to a tablet computer system, rather than the current paper system in use. This would allow information to be stored more securely and electronic records could be password-protected. This meant the service was aware of its responsibility in maintaining confidential information.

People told us that staff respected their privacy and dignity when delivering care. They said that staff usually knocked before entering the home, even if they were using a key safe system. They told us that staff tried to make help with washing and personal care as easy as possible and minimised any embarrassment. Comments included, "They keep my dignity when it comes to showering. They try and make it easy for me" and "They try and make me feel at ease and take away some of the embarrassment. I trust them." This

meant that staff supported people respectfully and in a way that maintained their dignity.

Good

# Is the service responsive?

## Our findings

People told us the care they received was appropriate for their needs and that staff were responsive to their care requirements. Comments included, "I mostly get regular carers. They get to know what I like and what I don't like"; "They do little extras for me like put the bins out or water the plants"; (Name of care worker) has been a regular carer for a while now and does everything for me. They run the house and know my likes and dislikes"; "They know my little dog and make sure he has clean water. They'll change the water without asking; they just get on with it" and "The girls know. They can just anticipate my needs now."

At the previous inspection in February 2015 we had highlighted that staff did not always have travelling time between appointments and this could sometimes lead to staff being late. At this inspection staff told us travel between appointments could still be an issue and they continued to sometimes "pinch a few minutes here and there." Staff said limited travel time added to the pressure of attending appointments. People told us staff were sometimes late due to traffic and finishing off other appointments. One person told us, "They turn up on time, to the best of their ability, but don't get a lot of time between calls. One left here at 7.30 and was supposed to over at (name of location) at 7.30."

Staff told us, "People pay for their own care, so you stay because that's right. Sometimes you have to lose your own time, but that is only fair. Most of the girls work over their time"; "I sometimes start my round 15 minutes early so that I have time to get to everyone on time" and "Even if you are just driving across town that can take six or seven minutes, but could be 12 or 15 minutes if it is busy." One staff member told us they sometimes rearranged the rota to try and make it easier to meet appointments, although never changed visits that involved medicines.

A supervisor told us that if a care worker was running late then another care worker or a member of the office staff would carry out the next visit, allowing the care worker time to catch up. When asked what would make their jobs better, all the care staff said that having travelling time added to their rotas would be an improvement. They said the registered manager was supportive and tried to assist where possible, but felt it was company policy that was preventing change. One staff member commented, "It's no fault of the people here, it lies with those higher up."

The manager showed us the scheduling system for appointments and said they tried to continue to group visits together to help staff, but this was not always possible. She said that in rural areas staff were given time between appointments because of the distances involved but in more urban areas this was not always the case. Staff also told us they did not get paid for travel time. We spoke with the regional director about travel time. She said that staff were provided with travel time between appointments in rural areas but was unsure what the situation was in the town areas of the patch. She said she would look into the situation. This meant that whilst staff attended appointments and people told us their care was delivered satisfactorily, care staff were sometimes late or people were attended to by unfamiliar staff because regular staff were delayed.

At the previous inspection we had found a breach of regulations in that care records did not always contain

sufficient information for staff to follow and deliver care appropriately. At the time the manager and regional manager told us the provider was changing and updating care planning documents to improve detail.

At this inspection we found new assessment and care planning documentation had been introduced. The new records covered a range of areas including: personal information and space for information about people's personal history, risk assessments, including a review of mobility and falls risks, nutrition and skin care requirements and medicine requirements. Care plans also contained a list of goals that people wished to achieve, such as maintaining their personal hygiene, supporting choice and maintaining their health. Staff actions included ensuring people were regularly asked about pain and assisting people to plan meals. This meant the provider had taken action to address the previous breach in regulations.

Plans also detailed the number of calls people would receive each day, the time of these calls and details of what actions staff should take at each visit. For example, one person's care plan indicated that staff should support them to have a shower and stated that they liked the water temperature between the setting of five and six and had a special brush that staff should use to clean their nails. Another care plan stated that a person did not like a shower immediately after eating and staff should allow 25 minutes before offering support with personal care. One person's care plan for their final evening visit included the instructions, "Make me a hot drink and pour me a dram (small whisky)." The majority of staff we spoke with told us they felt the new care plans contained sufficient information for them to deliver care to people. One care worker suggested that some care plans could be more detailed, especially when visiting people they did not know, but also stated that most people were able to tell staff what their needs were or what they wanted doing.

People told us that supervisory staff visited them or rang them to review care. We saw that care plans had been revised and updated. For example, one person's plan had been reviewed to include an additional weekend call. We noted that reviews often involved a full review of all care documents and, whilst old documentation was stored at the rear of files, it was not always clear that a review had taken place. We highlighted this to the manager in our feedback. This meant people had detailed care plans in place and these were reviewed and revised as their needs changed.

People told us that staff did not routinely support them in activities. However, they said that care staff were flexible and would attend at different times to ensure they were ready of appointments or hospital visits. People said the service was also flexible and appointments could be cancelled, even at short notice, if they were visiting family. This meant the service supported people to maintain personal activities and contact with family.

Staff were aware of the risks posed by social isolation and that they were often the only person an individual would see on any particular day. They said that despite being stretched they endeavoured to spend time with people. One staff member told us how a person had taught them to poach an egg "properly". They told us, "I've learnt something today. They help me as much as I help them." Another staff member said, "I always try to have a chat with them and make them smile." People told us they valued the visits and enjoyed chatting to staff. One person told us, "I look forward to seeing them; I can't get out. I like to know all about their families; I always ask after them. They are like friends. We just talk."

The provider had in place a complaints policy and information about how to raise a complaint was available in the care files maintained in people's homes. The manager maintained a complaints file, to log any complaints or concerns. We saw there had been four complaints logged since the start of 2016, with one being transferred appropriately as a safeguarding issue. There was information in the file about action taken by the manager and contact they had had with various parties to resolve the matters. Information about the outcome of the concerns was sometimes limited and the manager acknowledged that time had been a

factor in fully completing the records. The majority of people told us they had not raised any complaints or concerns, but were aware they could contact the office if they did wish to discuss any matters. One relative told us they had previously raised an issue with the service, but this had been dealt with appropriately and to their full satisfaction. This meant the provider responded to complaints and concerns raised with them.

Good

# 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 since July 2015. She was present at, and assisted with, the inspection. Our records showed a previous manager was still registered for the service, but this person had stepped down sometime previously. As they still worked for the service we have requested they take steps to deregister with the Commission.

Staff told us they were well supported by the local management team and the registered manager. Comments included, "I've no problems with management; I get on with all of them. I will go and speak with (registered manager). She will help you; always try to help you and get things sorted"; (Registered manager) is good. She will always listen and sort things out"; "I don't know (registered manager) well but she is approachable. My immediate manager is (name) and she is very approachable. Even if you ring her at 10.00pm she will help. It might be through gritted teeth, but she never shows it"; "(Registered manager) is fab; very approachable. She will listen to me. She gets a lot put on her shoulders"; "(Registered manager) is very caring and very supportive. I don't know how she does it but she knows nearly every service user. She always knows what is best and overall is a very competent manager" and "(Registered manager) is very good. She is very client focussed. She would leave her own duties to respond to a client's needs. She is a hearts and minds person; very good to work for and very supportive to everyone." This demonstrated that staff felt supported by the registered manager and local management.

The manager and regional manager carried out a range of audits and checks on the service. The regional manager had recently carried out a checking visit on the service and highlighted a number of issues that required addressing, such as adding additional or updating existing information in one person's care plan. The manager also showed us a wider corporate action plan that she was working through. She told us she had not got as far as she would have liked with these actions because she had recently been on leave. Other staff told us that the manager had also been supporting care shifts. The service was also subject to a review of compliance against certain criteria through the provider's quality monitoring. We saw that the service had improved in recent months with a compliance rating from March 2016 of 70.2% which had risen in 82.6% in May 2016.

The regional director told us the service was also part of a wider quality assurance system, where lessons learned in one service were incorporated into service delivery in other areas. A file of lessons learned was available which detailed any issues or items raised from other inspections or case reviews. Additionally, people and staff confirmed that supervisors undertook regular checking visits to ensure care staff carried out work to an appropriate standard. We saw copies of audits documents that commented on staff approaches, effective hygiene and ensured that staff followed the actions described in the care plans. People also confirmed that office staff occasionally rang them up to solicit their views of care and we saw records of these conversations in people's files.

The manager showed us the results of the most recent service user questionnaire / quality survey, but said a new questionnaire was about to be sent out. Responses to the survey where overwhelmingly positive with

71 surveys having been returned. 49% of people said they had 'definitely' been involved in care planning whilst 40% said they had 'somewhat' been involved. 79% said their privacy was always respected and 84% said they were always treated with dignity. 56% said the trusted care workers 'entirely' and a further 35 % said they trusted them 'a lot.' Only 6% of respondents said they were unhappy with the response they received from office staff. 88% of people who responded said they were either 'satisfied' or 'very satisfied' with the service. Where people had made individual comments and they had identified themselves then an action had been taken and noted. For example, where someone had indicated they were unclear about something then telephone contact had been made with the individual to clarify matters. This meant the provider had in place a range of systems and processes to monitor and improve the quality of the service.

Staff told us that despite the concerns over staffing and travel times they were generally happy in their roles and enjoyed supporting people. They said there was a good staff team and they would help each other out. One staff member referred to their particular team as "a little family" and said they all supported each other and covered holidays and absences. Comments from staff included, "I get a lot of satisfaction through helping people. I totally love my job. I wish I had done it years ago"; "I just love it. I'm just happy to be helping people and making a difference to someone's life"; "The best bit is getting out and doing calls. Knowing that the clients are happy and well looked after" and "I want to be in a job that I can enjoy. I love it. I like helping people."

The manager and staff confirmed that there were regular staff meetings. The manager told us that as part of these meetings she would pick a theme, such as safe management of medication or safe moving and handling and use the opportunity to recap on practices and approaches. She also told us that she had now divided staff meetings into geographical areas rather than having one single large meeting. She felt the smaller meetings allowed staff to be more involved in meetings. Staff told us they could raise any concerns or issues if they wished and that the manager would respond to them. This meant staff had opportunity to contribute to the running of the service and raise issues with the manager.

Daily records held in people homes were detailed and generally of good quality. These detailed the time care staff arrived and left and the actions staff had taken to support people. Information on how to complete good care records was on display in the services' training room and staff had followed this well. Three people told us they had read the entries that staff had made in the care file and felt they were an accurate reflection of what they had done. Completed records were returned to the provider's offices where they were audited and then stored securely. This meant records relating to the delivery of the service were accurate and up to date.