

Apasen

# Home & Community Services

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

What life is like for people using this service:

People using the service and their relatives spoke positively about the kind and caring nature of staff who supported them and the positive relationships they had developed. People were treated with dignity and respect.

The provider ensured that language and cultural requirements were considered when carrying out assessments and allocating staff to work with people. People and their relatives highlighted how important this was for them when receiving their care and support.

People had regular care workers who knew how they liked to be supported. We saw staff responded to changes in people's needs and contacted the relevant health and social care professionals when required.

People told us they felt safe using the service and were confident with the knowledge and skills of the care workers that supported them, especially with moving and handling procedures and managing their medicines.

The provider monitored care workers visits and timekeeping as an electronic call monitoring system where staff logged in and out of their calls had been implemented since the last inspection. This had been discussed with people, their relatives and the staff team to explain why it was being used.

People and their relatives felt the care they received was personalised and that the provider listened to them and was flexible in accommodating their needs. Reviews were carried out if care workers reported any changes to people's health conditions.

People and their relatives knew who to contact if they needed to make a complaint and felt comfortable raising any issues or concerns. We received positive feedback about how any issues with the service had been dealt with. Health and social care professionals felt the provider was responsive and followed up any concerns accordingly.

The provider continued to promote an open and honest culture and people and their relatives were confident with the management of the service. Staff spoke positively about the support they received, the working environment and told us they felt valued in their role.

More information is in Detailed Findings below.

Rating at last inspection: Good (report published 24 June 2016).

About the service: Home and Community Services is a domiciliary care agency. It provides personal care to

people living in their own homes in the community. It provides a service to older adults and younger disabled adults and children. At the time of the inspection the service was supporting 380 people in the London Borough of Tower Hamlets.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor information and intelligence we receive about the service until we return to visit as per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

# Home & Community Services

## **Detailed findings**

### Background to this inspection

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

Inspection team: This consisted of two inspectors, three experts by experience and a Bengali interpreter. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. They were responsible for contacting people during the inspection to find out about their experiences of using the service. A Bengali interpreter was required because a large number of people using the service and their relatives could communicate more effectively in their native language.

Service and service type: Home and Community Services is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults and younger disabled adults and children. At the time of the inspection they were supporting 380 people in the London Borough of Tower Hamlets. Not everyone using Home and Community Services receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the provider 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection.

Inspection activity started on 4 December and ended on 21 December 2018. We visited the office location on 4, 5, 6 and 11 December to see the registered manager, office staff and to review care records and policies

and procedures. A Bengali interpreter made calls to people and their relatives on 7 December 2018.

What we did when preparing and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse. We reviewed their 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. We also spoke with the local authority commissioning and contract monitoring teams. We used all of this information to plan our inspection.

During the inspection, we called 110 people using the service and managed to speak with 27 of them. As not everybody we called was able to communicate over the phone, we spoke with 37 relatives. We also spoke with 22 staff members, which included the registered manager, the team manager, the training and development manager, the training and development coordinator, two care coordinators, a field care supervisor and 15 care workers.

We reviewed a range of records. This included 15 people's care plans, 15 staff recruitment files, staff training files, staff supervision records, audits and records related to the management of the service. We also looked at a variety of policies and procedures developed and implemented by the provider.

Following the site visit we contacted seven health and social care professionals who work with people using the service for their views and feedback and heard back from five of them.

# Is the service safe?

## Our findings

People were safe and protected from avoidable harm. No one we spoke with raised any concerns around any aspect of safety.

### Using medicines safely

- People and their relatives told us they were happy with the support they received in managing their medicines. One person said, "They deal with all of my medicines and I always get them when I should. They are very diligent." Many relatives we spoke with told us that they were responsible for supporting their family members with their medicines and this was recorded in people's care plans.
- Staff received appropriate training before they supported people with their medicines. We saw correspondence with the registered manager and a relative where care workers had started administering a person's medicines and confirmed that training had been completed. One of the care workers said, "We were told about the change and had to refresh our training before we could start. We follow the guidelines from the training at each visit."
- Where people's medicines were administered, information was recorded in their care plan and staff completed Medicines Administration Records (MARs). Where people were prompted with their medicines, care workers recorded this in people's daily log books. People's MARs were returned to the office to be checked every month. One care worker told us that they were also checked during home visits and spot checks to ensure they were being completed accurately.
- We saw there were some minor improvements needed as two people who were being prompted with their medicines did not have a list of their medicines recorded in their care plan. One person's MARs did not include the timing, frequency and the reason medicines were being taken, which was part of the provider's medicines policy. We spoke with the relative for this person who told us they were happy with the support they received. The registered manager acknowledged this and said they would update their records immediately.
- Staff we spoke with had a good understanding of the procedures they needed to follow. We saw correspondence that showed care workers were aware of their responsibilities and reported any concerns about people's medicines to the office. Due to the positive feedback we received we were reassured the minor shortfalls noted in people's records did not have a direct impact on the care and support that people received.

### Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been assessed and was reviewed if there were any changes. Risk assessments had been completed with guidance in place with remedial risk reduction steps. Staff we spoke with had a good understanding of how to support people and could explain to us how they reduced the risk of avoidable harm.
- Where people were at risk of pressure sores, there was guidance in place for care workers to follow and to report their concerns. We saw a care worker had reported concerns about one person's skin integrity and had liaised with the local authority and district nurse team about the concerns. Where people had mobility issues, moving and handling risk assessments were carried out which included any specialist equipment that was needed. Relatives told us that they felt safe with how staff supported their family members with

hoisting manoeuvres and care workers had practical training and shadowing opportunities in moving and handling. One relative said, "When new staff come, we question them about the hoist and we are happy with what they are doing." Another relative told us that an occupational therapist had worked closely with the care workers to show them how to use the hoist safely.

- Where two people's records had limited information about the moving and handling tasks required, we spoke with relatives who confirmed they had no concerns with these tasks. Care workers we spoke with confirmed they had received training and had guidelines in place on how to carry out the task. We spoke with an occupational therapist who told us that they were very confident in the moving and handling techniques of staff after providing training. The team manager acknowledged the limited information provided in some care records and said they would update them immediately.

### Safeguarding systems and processes

- The provider had robust safeguarding systems in place for both adults and children. Their safeguarding policy had definitions of abuse and guidance about the procedures to follow if staff had concerns. All the staff we spoke with were aware of their safeguarding responsibilities and had a good understanding about different kinds of abuse. Staff received safeguarding training which was refreshed annually. One care worker said, "The training on different kinds of abuse was good, we got to watch videos and see examples of how abuse can happen and what we need to do."
- People and their relatives told us that they felt safe using the service and had no concerns. Comments included, "I feel reassured we are in safe hands and we feel comfortable with them", "It is definitely safe. If we had to go out, we'd feel reassured leaving them with the carer" and "I have no concerns at all about the staff or how they work so yes, I am safe."
- Staff were reminded in group supervision and staff meetings about the importance of reporting any issues, failed visits or when support was declined and that non-reporting could escalate to safeguarding concerns. Care workers were confident that if they reported concerns they would be dealt with immediately.
- The registered manager had a safeguarding log in place which included what actions had been taken to investigate and deal with any concerns. A health and social care professional told us the provider responded well to safeguarding concerns and was reassured the appropriate action would be taken.

### Staffing levels

- At the time of the inspection, the provider had 311 active care workers to support people using the service. People and their relatives told us that they had regular care workers and they had no issues or concerns with their time keeping. Comments included, "I have no complaints at all. They are always on time and if they are ill or away, they are replaced", "They never seem to be in a hurry and always stay their full time. I have no concerns with their time keeping", "There are no missed calls and they arrive on time" and "My regular carer is usually on time but will always phone if she is running late because of traffic, which I understand." Where one person told us about a timekeeping issue with their weekend care worker, we saw the provider followed this up with the person and changed the care worker to make sure their preferred times could be met.
- The provider had started using an Electronic Call Monitoring system (ECM) since the last inspection where care workers logged in and out of their calls, either through the person's landline or through an app on a smartphone. The system was not fully live at the time of the inspection and they hoped it would be operational by the end of the year. We reviewed logging data for nine people and rotas for 11 care workers for the period of the week prior to the inspection. We saw that care workers were given sufficient time to travel between calls. None of the care workers we spoke with raised any concerns about getting to their calls on time. One care worker said, "I do have time between visits, 15 minutes or more and they are all close by and I walk. I did have a previous client where the distance was too far, even with travel time. I explained this and they changed it, it was helpful."
- People and their relatives told us the ECM system had been explained to them and were pleased their calls



could be monitored. One person said, "They have started logging in and out, which is good. If my carer logs in five minutes late, they always make that time up." Care workers told us this had been discussed during meetings and the procedures to follow had been explained, including how it protected both the person and the care worker. One care worker said, "It is really good, especially for those who live alone and might not be fully aware of the visit. It will help safeguard people, especially the more vulnerable in our community."

- The provider followed safer recruitment procedures to ensure staff were suitable to work with people who used the service. All appropriate checks for staff had been completed and there was evidence of photographic proof of identity and address, two references and documents confirming the right to work in the UK. Where no responses were received from referees, the provider sought additional references from applicants.

#### Learning lessons when things go wrong

- We saw correspondence that showed the provider used incidents as a learning opportunity and shared it across the organisation to improve practice. One care coordinator told us how they had learnt from an incident that was related to the transfer of care packages from other agencies and it had been discussed as a team and changed the way assessments were completed. They added, "I learnt from this and it highlighted what we needed to do. Once we had the recommendations we forwarded it across to the team."
- We saw one incident related to inaccurate recording in a person's daily logs. The provider acknowledged action needed to be taken and care workers were invited in for a meeting to discuss the concerns and remind them of their responsibilities. We saw this was discussed across the service with groups of care workers about the importance of writing the correct time in people's log books.

#### Preventing and controlling infection

- People's care records highlighted where personal protective equipment (PPE), such as gloves, aprons and shoe covers would be necessary when supporting people with personal care or preparing food. General risk assessments covered food hygiene and food preparation facilities. Guidelines were in place to prevent cross infection. One person's care plan recorded staff had to wash their hands before each task and dirty clothes and linen needed to be put into separate bags.
- One relative said, "They use gloves and aprons and always wash their hands. They look out to make sure they keep things clean for hygiene reasons." Care workers told us the PPE they needed was always available. Direct observations with staff recorded if safe infection control practices were followed and whether PPE was disposed of appropriately. Care workers were given a guidance book to carry with them which covered areas of infection control and guidelines, such as hand care and disposal of waste.

# Is the service effective?

## Our findings

People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best available evidence. People's outcomes were consistently good and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 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. We checked whether the service was working within the principles of the MCA.

- People were supported by staff that knew the principles of the MCA. Care plans were developed with people and we saw they had agreed with the content and signed to give their consent to receive care and support. With children and younger adults, we saw parents had been involved and signed to show their agreement. We also saw correspondence from the local authority that showed people's relatives were their representatives where they lacked capacity to make decisions about their care.
- Care workers we spoke with confirmed they had received training on the MCA and understood the importance that people and their families were involved and encouraged to make their own decisions. One care worker said, "We know that if people have dementia or any kind of memory problems, it is important to let them know what we are doing, give options and choices and help them make decisions about the clothes they wear or the food they'd like to eat."

Supporting people to eat and drink enough with choice in a balanced diet

- People and their relatives told us they were happy with the support they received and staff were aware of their preferences and needs. One person said, "I like my vegetables and they make sure I get my five a day. My meals are properly cooked because of my blood pressure. They even leave me a flask of coffee before they leave to save me getting up." One relative said, "The carers are very good with how they support at mealtimes, the interaction is brilliant by some staff."
- People's dietary needs and the level of support they needed was recorded in their care plans, including whether relatives provided support. Care workers we spoke with were aware of the support people needed, their preferences and any involvement from relatives. The care worker guide book had information about encouraging people to have regular meals and drinks and to be aware of dietary and cultural needs, including ensuring people always had a choice.
- Nutritional risks were highlighted in people's care records. We saw a direct observation record for a care worker showed that they supported a person at mealtimes whilst they remained in bed, but there were no guidelines recorded in the care plan for the care workers to follow. The team manager told us that the care workers worked closely with the person's relatives, verbal instructions had been given to the care workers and it had been discussed during supervision. We spoke with a relative who did not have any concerns with the support at mealtimes. The team manager said they would update the care plan accordingly.

Staff providing consistent, effective, timely care. Supporting healthier lives and access to healthcare services

- People were supported to maintain their health and we saw the provider worked closely with a range of health and social care professionals to ensure people received effective care and support. A health and social care professional told us that the office staff, including the management team, were very quick to raise any concerns about equipment, health concerns and if the length of the visit was enough to meet people's needs. They also told us that staff followed specific recommendations and kept them regularly updated.
- Care workers were aware of what to do if people's health changed. We saw care workers had reported concerns for one person when their health had deteriorated. We saw the community health team had been contacted and had carried out an assessment. Records from care worker meetings reminded care workers about reporting any bruises, cuts, changes to skin and any behaviour that might be out of character. We saw that if concerns were raised, field care supervisors carried out home visits to carry out assessments and updated the relevant health and social care professional. A field care supervisor said, "Apart from the visits, we also attend MDT meetings and training sessions with the occupational therapist so we can make sure our staff are aware of any changes to the support people receive."

Staff skills, knowledge and experience

- People and their relatives told us that care staff knew how to support them and were experienced in their roles. Comments included, "They are knowledgeable and have a good understanding. My [family member] is very happy with them and they take care of all of their needs", "The carers use a hoist for personal care and I'd say they are experts at it. They are very good, know how to do everything and make it safe" and "They know what they are doing and follow the instructions given. I really needed the help and it has made my life easier."
- Staff were knowledgeable about their role and records showed they completed an induction and programme of mandatory training when they started with the service, with training refreshed regularly. This programme was based around the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. Training topics included health and safety, moving and handling, medicines, safeguarding, dementia and malnutrition, which were refreshed annually. We also saw training related to people's more specific needs, such as autism awareness, learning disabilities and behaviours that challenged. All of the care workers we spoke with were positive about the content and quality of training they received and told us they were contacted when it was due to be refreshed.
- Staff received regular supervision and spoke positively about the support they received during these meetings. One care worker said, "We have it every three months and discuss client issues and if there is anything we can improve on. If I have any issues or feel uncomfortable with anything, they do listen to my concerns."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service began to provide care and support and was reviewed when people's needs changed.
- The provider supported staff to deliver care and support in line with best practice guidance. Where needed and identified at assessment the provider sourced specialist training to ensure staff could meet people's needs. Occupational therapists were contacted to provide training and guidance to enable staff to provide appropriate care that met their needs.

# Is the service caring?

## Our findings

The service involved and treated people with compassion, kindness, dignity and respect.

### Ensuring people are well treated and supported

- People and their relatives spoke positively about the caring attitudes and kind nature of staff that supported them. Comments included, "They are dedicated and understanding and they make them happy by how they interact and communicate", "Every one of the carers are brilliant. They care so much and very efficiently. We love every one of them" and "I'm very happy with her, she is very caring. It is really important when you're disabled to have someone that you're comfortable with and who is a friendly person."
- People also told us they felt staff had gone above and beyond their duties to help them. One relative said, "Sometimes we don't have food items, so they pop out for me as it is easier, which is really helpful for us." One person said, "He even checks my food cupboards to make sure I'm not running short. I can't imagine life without him."
- People had regular care workers which helped to develop positive relationships. One relative said, "They supported us for 15 years and would like to express my gratitude. It is reassuring to know they are here for us and they make a big difference to our life." Another relative said, "Because we have had the same carers for a long time, they are like family to us. They are willing, supportive, kind and caring."
- Relatives also highlighted that care workers provided emotional support when needed, and had a good understanding of responding to behaviour that challenged the service. One relative said, "My [family member] can get very upset and emotional, very quickly. When they see they are upset or uncomfortable about something, they do their best to comfort them and have a lot of patience." Another relative said, "If they see we are feeling sad, they will ask. It isn't their job but they know us well and we have built up trust and closeness."

### Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff respected their privacy and dignity and supported people to be as independent as they could be. Comments included, "When they are doing personal care, they always treat them with respect. It is good it's the same carers as they feel comfortable with them" and "I do my personal bits and they do the hard to reach areas. They are both very respectful."
- Care workers had a good understanding and explained how they respected people's privacy and dignity and promoted their independence. Care workers guide books provided information and guidance about personal care and to be mindful of the support they provided. Two people told us how they used to be supported with specific personal care tasks but with the support from staff, were now able to manage it themselves.
- People and their relatives also told us for cultural reasons, how important it was that they could request either a male or female care worker. One relative said, "The positive point is that as our carer is Bengali, they understand and respect the same culture and I'm happy about that."
- The provider was also aware about keeping people's personal information private and confidential. We saw an agenda item for team meetings that reminded staff about confidentiality and not to discuss any matters with other colleagues.

Supporting people to express their views and be involved in making decisions about their care

- We saw records and people and their relatives told us they were involved in making decisions about their care and support. One relative said, "We've always been fully involved. They come and explain everything and make it easy to understand. It is helpful. Another relative said, "I'm happy they listen to us. I suppose we can be a bit fussy about how it should be done, but on our observations, we don't have to interfere much or at all."
- Staff were able to communicate with people in their own language which supported them to be fully involved and understand the decisions made about their care. One relative said, "They came out to do an assessment and to discuss the service. They sent somebody who could communicate with us in Bengali."
- We saw staff had also communicated with health and social care professionals and other organisations on behalf of people using the service and their relatives due to language difficulties. One person said, "They also help me with my paperwork, translate letters and make appointments. A care worker said, "I communicate in Bengali with most of my clients. I've helped with letters, made many calls for them because they don't understand. It is important to help people in our community with this." As part of the provider's charitable organisation, they had their own advocacy service available for people using their services, which was available in English and Bengali.

# Is the service responsive?

## Our findings

People received personalised care that responded to their needs.

### Personalised care

- The provider met with people before they started work with them to discuss their care and support needs. Care plans were drafted which included an overview of people's health conditions and a summary of the care to be carried out. It also included other areas of support, including any social needs, outreach or respite care services. People and their relatives told us they were always involved in reviews to discuss their care needs. One relative said, "They came to my house and made a plan with me and did listen to me in relation to the care my [family member] needed." We saw one person's care plan had been reviewed twice in the last two weeks due to changes in their needs.
- Staff were knowledgeable about people's preferences and how people liked to be supported. One relative said, "They are very understanding of their needs and behaviours. My [family member] is unable to express themselves but they communicate well, understand them. They get to go out on the weekends, which makes them very happy." One care worker said, "I find the care plan has all the information I need. We work closely with family members and I can speak with other care workers who have supported the client. I had shadowing so it helped to understand what they like." Only one care worker we spoke with felt that care plans needed more detail, but confirmed they were able to contact the office if they needed more information.
- We saw the provider discussed people's care and support and tried to be flexible to accommodate people's needs. One younger person was supported to go to school and their relative told us their visits were based around this schedule. They said, "They are really good with this and liaise with me and family about it, it is very important with the timings of the school and they are aware of that." Another person was supported out in the community. Their relative told us they felt the provider listened to them and understood what was important to their family member. They added, "They understand they like to watch other people playing. They take them to the park, the market, the shopping centre. It gives me a break too." A health and social care professional said the provider helped to make their work easier by being flexible and trying to meet people's needs, especially some very complex care packages.
- People and their relatives told us the provider listened to their preferences regarding their religious and cultural needs and how they wanted to be supported. We received many comments about how important it was that the care workers were able to speak the same language and have an understanding of their culture. Comments included, "We have carers that come every Friday and they take [family member] to the mosque" and "We have a Bengali care worker who comes and cooks for us. The best thing is they are from the same village and they understand how we like our food and how it should be prepared. We don't even have to explain anything to her and the whole family love this." One person told us that they struggled to communicate and that their care worker was from the same area and had the same dialect. They added, "She is sympathetic and encourages me to talk, it is nice to have somebody to talk to. I've grown very fond of her." One care worker said, "The majority of people are part of the elderly community and I communicate with them in their own language. It makes it easier for both of us, we understand each other and I can respond better to what they want."
- The provider met the requirements for the Accessible Information Standards (AIS). The AIS makes sure

that people with a disability or sensory loss are given information in a way they can understand.

#### Improving care quality in response to complaints or concerns

- There was an accessible complaints procedure in place and was given to people in their service user guide. All of the people and their relatives told us they would feel comfortable making a complaint and were confident that any concerns would be dealt with. Comments included, "I have never had to make any complaints and I am very happy with the service" and "I have the number and know that if I have any problems, I can always call them."
- People and their relatives told us they were happy with how issues and concerns had been managed. One person said, "They take me seriously and deal with concerns immediately. They had to change a carer and the replacement is good." One relative told us the provider had made improvements after they had made a complaint. They added, "They are a lot better and resolved a number of issues, mainly regarding timekeeping. They've definitely improved and the carers arrive together and turn up on time."
- A complaints log was in place and we saw evidence that complaints were taken seriously to improve the service and an investigation record was completed if further follow up was required. The local authority confirmed the provider had addressed and responded to all issues that had been raised when they had carried out quality monitoring visits between October and November 2018.
- We also reviewed a sample of compliments that the provider had received from people using their service, relatives and health and social care professionals. One person commented in a letter, '[Care worker] is extremely good at her work, always on time, always works around my needs and nothing is ever too much for her. Her communication is perfect and I'd recommend her to anybody.'

#### End of life care and support

- At the time of the inspection the registered manager told us that they were not supporting anybody receiving end of life care. They explained that they had supported people in the past and would receive referrals if people needed this support. We saw that some of the staff files we reviewed had certificates in place for end of life training. The training and development coordinator also showed us that specialist training in end of life care awareness had been provided to staff on 6 November 2018.

# Is the service well-led?

## Our findings

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Leadership and management

- At the time of our inspection there was a registered manager in post. He had been formally registered with the Care Quality Commission (CQC) since December 2011 but had worked for the organisation for 19 years. He was present each day and assisted with the inspection, along with the team manager and office team.
- People using the service and their relatives spoke positively about how the service was managed and the support they received. Comments included, "I believe they are doing what they can, are 100% approachable, they listen and they care. They are an excellent service for us" and "The managers are really nice and friendly, they understand me and always listen. This service gives value to people with special needs, they are very good and I am very happy with what they do." We only received two negative comments which related to communication issues with the office.
- Health and social care professionals were confident in the management of the service. One health and social care professional told us they had prompt communication with the management team and felt they had good systems in place to oversee their service.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager was aware of their registration requirements regarding statutory notifications and they had submitted the necessary notifications for any incidents that occurred across the service. We did see that two safeguarding incidents had been notified to us after the investigations had been completed. We highlighted it was a regulatory requirement to notify us about these incidents without delay.
- Staff told us that they were regularly reminded about their responsibilities to ensure they were providing a good service. Comments included, "We have regular observations to make sure we are following the correct guidelines" and "Communication is great. I have weekly contact and they always get back to me with advice if needed." We saw team meetings regularly discussed the importance of key care worker tasks being completed and saw action was taken if there were concerns with staff performance.
- The provider was aware of the challenges they faced to consistently provide a service to meet people's needs. The service had increased in size since the last inspection and the provider was aware the organisation had to grow to meet the demand. The registered manager said it had been a hectic year dealing with transfers from other care agencies. They had recruited an out of hours operator to reduce the burden on office staff and were currently recruiting for another team manager. They added, "The staff team worked really hard, we are getting a good team in place and all is working well."

Provider plans and promotes person-centred, high-quality care and support and good outcomes for people

- People and their relatives highlighted the impact the support they received had on them and their families. Comments included, "I really needed this support and it has made my life easier, it is the best thing", "I'm so happy with the service, it has made a difference to my [family member's] life" and "It is nice to have the care and support. We couldn't do without it."



- All of the staff we spoke with told us they felt well supported in their role and there was a positive culture and an honest and open working environment. Comments included, "It is one of the best agencies that I've worked for. They always have time for us, listen to us and deal with any problems" and "They have a personal touch and look after us. There is an open culture, a caring environment and they appreciate the work we do."

#### Continuous learning and improving care

- The provider had systems in place to regularly monitor and assess the quality of service provision. A new quarterly audit checklist had recently been introduced with the aim of ensuring that all records and related correspondence to people's care were up to date and to see if any improvements could be made.
- Spot checks and direct observations, both announced and unannounced, were completed to check the quality of the service. Where concerns had been raised, we saw spot checks were carried out to monitor the service. One relative said, "They come on a regular basis to carry out checks, they were here last week to check how the service was going. They check if the service is safe, how their health has been and if their needs are met. We've never had any problems." The team manager explained that if they noticed any minor issues, they addressed it with the care workers immediately, however if it was more serious, they would be invited into the office for a meeting to discuss it further.
- The provider also carried out a schedule of telephone monitoring to get feedback about the service. We reviewed a sample of management and team meeting minutes and saw they regularly discussed any matters arising across the service and how to deal with any challenges they faced.

#### Working in partnership with others

- The provider worked in partnership with other agencies for the benefit of both people using the service and staff teams. The registered manager attended regular provider forums with other registered managers in the area to discuss current issues within the homecare sector and to share good practice. The service worked in partnership with a range of health and social care professionals.
- The provider had created links with the local community and could provide training and English classes to encourage people to enter the care sector.
- The provider had invited Skills for Care, the marketing director of the UK Homecare Association, the mayor and local MP's to their annual conference to highlight the work they did for people in the local community.

#### Engaging and involving people using the service, the public and staff

- The provider sought people's and their relative's views about the quality of service and their overall satisfaction. We looked at a sample of 53 feedback questionnaires that had been returned in January 2018. The majority of responses were positive and only three responses highlighted a negative aspect of the service.
- Staff told us they felt valued and were encouraged to develop their skills. One care worker said, "They are the only company that has pushed me to get my Care Certificate and have also offered me the opportunity to get an NVQ." A care coordinator said, "They identify our abilities and provide us with opportunities. It motivates us and makes me feel good that they can see what we could achieve." A number of care workers told us they had felt appreciated at a recent staff conference and awards evening. One care worker said, "They wanted to tell us how proud they were for all of our hard work. I'm really proud to work for them for all the charity work they do in the local community."