The Caring Circle Ltd

# The Caring Circle

## Inspection report

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## Ratings

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

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

# Summary of findings

## Overall summary

The Caring Circle is a domiciliary care agency registered to provide personal care to people in their own homes. At the time of this inspection the service supported 56 people with personal care and employed 24 care staff. The service is located in Solihull in the West Midlands and provides long and short term care packages.

This was the first inspection of the service following their registration with us in January 2017.

The office visit took place on 26 April 2018 and was announced. We told the provider before the visit we were coming so they could arrange to be there and arrange for staff to be available to talk with us about the service.

A requirement of the provider's registration is that they have a registered manager. 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 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.

There were enough staff to provide the care and support people required. Most people we spoke with received care from staff they knew and who arrived around the time expected. However, some people had experienced late calls and received care from inconsistent care staff. The local authority contract monitoring team had received similar concerns about late call times and had asked the provider to improve this. In response the registered manager had revised people's call schedules and implemented 'care champions', care staff who had responsibility to monitor certain care packages. The registered manager confirmed this had improved people's experiences in regard to continuity of staff as well as their overall satisfaction of using the service.

People felt safe using the service and received care which protected them from avoidable harm and abuse. Staff had completed safeguarding training and understood how to keep people safe from abuse. Risks to people's safety were identified and measures were in place to help reduce these risks. People who required assistance to take their medicines were supported by staff who were trained to do this safely. The suitability of staff was checked during recruitment procedures to make sure they were safe to work with people who used the service.

People told us they received care from staff that were friendly and caring, and who treated them with dignity and respect. All the people we spoke with said care staff stayed long enough to provide the care they required. Staff we spoke with knew the people they visited well, and spoke about people in a caring and considerate manner. When needed, arrangements were in place to support people to have enough to eat and drink and remain in good health.

People's right to make their own decisions about their care were supported by managers and staff who understood the principles of the Mental Capacity Act. Staff asked people's permission before they assisted them with any care and respected decisions people made about their care and support.

People had an assessment completed at the start of their service to make sure staff could meet their care and support needs. Staff received an induction when they started working for the service and completed training that provided them with the skills and knowledge to support people's needs.

People were provided with care and support which was individual to them. Care plans provided information for staff about people's individual care needs and plans were regularly reviewed and updated when needs changed.

Staff understood their roles and responsibilities and had regular supervision and observations of their practice to make sure they carried these out safely. Staff were very happy in their work and said they received excellent support from the management team if they needed support or advice. There was an 'out of hours' on call system which ensured support and advice was always available for staff when the office was closed.

People knew how to complain, and information about making a complaint was available for people. The registered manager used feedback from people to assist them in making improvements to the service.

The management team worked well together and were committed to providing a high quality service to people. There were effective and responsive processes for assessing and monitoring the quality of the service, and the registered manager demonstrated a commitment to continually review and improve the service people 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.

Staff understood their responsibility to keep people safe and to report any suspected abuse. Staff understood the risks identified with people's care and knew how to support people safely. People felt safe with staff, and there were enough staff to provide the support people required. The provider checked the suitability of staff before they were able to work in people's homes. People who required support received their medicines as prescribed.

### Is the service effective?

Good

The service was effective.

Staff completed an induction and training to ensure they had the knowledge and skills to deliver safe and effective care to people. The registered manager understood the principles of the Mental Capacity Act 2005 and staff respected decisions people made about their care. Where required, staff made sure people had enough to eat and drink and referred people to healthcare professionals if needed.

### Is the service caring?

Good

The service was caring.

People received care and support from staff who they considered kind and caring. Staff understood people's individual needs, respected people's privacy and supported people to maintain independence. The registered manager and staff provided a person centred service where key principles were dignity, respect, and kindness. These values were reflected in the day-to-day practice of the service.

### Is the service responsive?

Good

The service was responsive.

People's care needs were assessed and their preferences had been taken into consideration when planning their care. Care plans provided staff with the information they needed to provide

care safely and effectively. People's care and support needs were reviewed regularly and staff were kept up to date about changes in people's care. People knew how to complain if they needed to.

## Is the service well-led?

Good

The service was well led.

People were mainly satisfied with the care they received and were able to share their opinion about the service provided. Care staff received the support and supervision they needed to carry out their roles and felt confident to raise any concerns with the management team. The management team were committed to provide a quality service and there were processes to regularly review the quality of service people received.

# The Caring Circle

**Detailed findings**

## Background to this inspection

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

The Caring Circle is a domiciliary care agency. It is registered to provide personal care to people living in their own homes.

This comprehensive inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience made telephone calls to people prior to the office visit.

The office visit took place on 26 April 2018 and was announced. We told the provider we were coming so they could arrange to be there and arrange for care staff to be available to talk with us about the service.

The provider had not been asked to complete a Provider Information Return (PIR) before this inspection. This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gave the provider the opportunity to discuss these areas with us during our office visit.

Prior to the office visit we reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority commissioners to find out their views of the service provided. Commissioners are people who contract care and support services paid for by the local authority. They had visited the service in November 2017 and shared the provider's action plan with us. We discussed the action plan and the improvements made with the registered manager during our inspection visit.

The provider sent a list of people who used the service to us; this was so we could contact people by phone to ask them their views of the service. We spoke with 11 people by phone, seven people who used the

service and four relatives. We used this information to help us make a judgement about the service.

During our inspection visit we spoke with the registered manager who is also the providers nominated individual, (this is the person who makes decisions about the service), a care co-ordinator, a care champion and two care staff. We reviewed five people's care records to see how their care and support was planned and delivered. We looked at three staff recruitment files, staff training records, records of complaints and records associated with the provider's quality checking systems.

Good

# Is the service safe?

## Our findings

We asked people if they felt safe using the service and with the staff who visited them. People told us they did. One person told us, "Yes, They come into check on me and make sure I am all right, usually it's just once a day but sometimes it's in the evenings", this person added, "They are really good people."

Staff had received training in how to keep people safe and protect them from avoidable harm and abuse. They understood how to recognise signs of abuse and understood their responsibilities to report concerns to the management team straight away. One care worker said, "[Registered manager] would deal with it very quickly." Care staff told us they would not hesitate to 'go higher' if they thought their concerns had not been addressed. Staff told us, the local authority safeguarding phone numbers were displayed in the office if staff needed them. The registered manager understood their role and responsibilities in reporting and dealing with safeguarding concerns to make sure people remained safe.

Plans and assessments were completed to provide staff with guidance about how to reduce risks to the care people required. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and risks in the person's home. For example, where people required help to move around, risk assessments detailed how they should be moved, the number of staff required to assist the person and the type of equipment to be used. Plans also informed staff to explain and reassure the person whilst providing assistance.

We asked staff how they knew about the risks associated with people's care and the actions they needed to take to minimise potential risks. They told us all the information they needed was recorded in the care records kept in people's homes. One care worker commented, "Our initial assessments are very, very thorough so we get all the information we need." Another explained if a person's needs changed they received a telephone call from the office. They said, "It's really good because you know about things before you do a call so you are prepared and then you double check by reading the updated assessment."

Where people were at risk of skin damage, due to poor mobility, care plans instructed staff to check people's skin during personal care and to apply prescribed creams when appropriate. Care plans contained body maps to record any marks or pressure areas and to show where to apply creams. Staff said they would let the district nurse or the office know if there were any changes. The registered manager had introduced a record of skin checks. They told us, "Staff are very good at reporting any red marks to the office." Records of calls staff made to people confirmed checks on people's skin were made as instructed.

Some people we spoke with said they or their relative used equipment such as a hoist to help them move around, and said staff knew how to move them safely. The registered manager was qualified to provide moving and handling training to staff, and provided care staff with regular training updates to keep their skills up to date. The registered manager said they had a good relationship with the district nurses and the specialist risk team, and could request assessments and moving and handling equipment promptly without having to wait for a GP referral.

We asked people if the care staff were always on time. People had different experiences, three people had experienced late calls.. One person told us, "The people themselves are great the problem is the time keeping. In the last few weeks they've mostly been turning up late, but we want continuity with the staff." Another said the care they received was "Absolutely professional, but what we want are regular times and regular faces." Other people had no concerns about call times or continuity, for example, "I am happy with my care…yes they arrive on time."

The registered manager and co-ordinators assured us there were enough care staff to allocate all the calls people required. The registered manager had recently identified that due to unplanned sickness by certain staff it had been difficult to provide consistency of staff and call times. They said the care staff concerned no longer worked for the service and they had recently rescheduled all the calls and were now confident they could provide consistent care staff at regular times.

All care workers we spoke with said there were enough staff to allocate all the planned calls people required. One care worker told us, "Staffing levels are good now. We had some problems with staff not being committed but these staff have gone. We now have a great team who pull together and put the clients first."

The registered manager told us, "I would expect care staff to phone the person if they were going to be late and provide an approximate arrival time, to put people's minds at rest." Most people said they were informed if their care worker was going to be late.

Everyone we spoke with said staff stayed long enough to do everything they needed to before they left.

The provider had an out of hour's on-call system to support staff when the office was closed. Staff said there was always someone available if they had any concerns or worries.

The provider's recruitment policy and procedures minimised risks to people's safety. The provider ensured, as far as possible, only staff of suitable character were employed. Prior to care staff starting work at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Care staff confirmed they were not able to start working at the service until all pre-employment checks had been received by the registered manager. One care worker told us, "I was allowed to do some training but nothing else until all my checks were back." Another said, "I could go out and start my induction training but I couldn't do any calls on my own until by DBS and references from my last job came through."

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines, or their relatives helped them with this. Where people were supported by staff, medication assessments clearly recorded the level of support the person required to take their medicines safely.

People told us their medicines were administered as prescribed. Comments from people included, "They make sure I take my tablets, I've got a diary they write it all down, it's all in there." And, "It's not in their programme but they always give me a reminder." Another said "I have blister packs and they give me that," they went on to say care staff made sure they took their medicines on time and regularly.

Staff had received training to enable them to administer medicines safely. One care worker explained medicine training was delivered as part of the provider's induction for all staff. Staff understanding of the medication training was assessed at the end of the training. However, there was no competency assessment completed before staff assisted people with medicines to ensure they had retained their learning and

carried out the process in line with the provider's policy and good practice guidelines. The registered manager assured us a competency assessment would be introduced.

Although staff competency wasn't checked prior to assisting people with medicines their medication practice was checked by senior staff during spot checks. Staff said, "You don't know when they are coming which I think is good because they can really see how you are working." They added, "You get feedback straight away so if you are doing something wrong it can be nipped in the bud."

Staff recorded in people's records when medicines had been given and signed a medicine administration record (MAR) to confirm this. MARs were checked on spot checks and by senior staff during care calls to people. The registered manager said that MARs were returned to the office monthly with people's daily records, and a random sample of MAR was selected for auditing. We reviewed three people's MARs. We found unexplained gaps on one record. We looked at the corresponding daily records for the dates medicines had not been signed for, which showed staff had recorded they had given medicines on these dates. The registered manager said she would be taking immediate action to address this with care staff and would improve the checking procedure.

Staff understood their responsibilities in relation to infection control and hygiene and had completed training in the prevention and control of infection. Discussion with care staff demonstrated they understood how to reduce the risk of infection. One said, "You use your gloves and then make sure you dispose of them correctly." During our inspection we saw care staff called into the office to collect PPE (Personal Protective Equipment) such as single use gloves and aprons. One said, "There is always plenty of stock so you never worry about running out." We saw one care worker who had very long acrylic nails which could pose an infection control risk or damage people's skin during personal care routines. We discussed this with the registered manager who told us they had a dress code and staff knew this was not acceptable, and would address this with the staff member concerned as a priority.

The provider had a system to record and monitor any accidents and incidents that occurred. There had been no accidents or incidents since the service started.

Good

# Is the service effective?

## Our findings

We looked at five people's care records. An assessment of people's care and support needs had been carried out prior to people using the service to ensure the person's needs could be met by staff. This included their physical, mental and social needs. People confirmed they were involved in the assessment process and felt their care support reflected their needs.

Care plans had been developed from people's assessments. Plans included identified risks and informed staff what care and support people required and how they liked this carried out. People told us care staff knew what care and support they needed to meet their needs and maintain their welfare. One person told us, "They look after me really well."

We asked people if they thought care staff were skilled and competent to meet their needs. Most people told us they were, for example one person told us care staff were trained to meet her moving and handing needs and they always sent two staff to use a hoist. A relative told us they occasionally used the service for their family member who had specific needs. They told us, "His two carers have a really good knowledge of Asperger's. We have two regular carers because this works for [name]." They went on to say, "An introduction was set up prior to us booking any respite that way [name] could get to know them." Some people told us they had to show staff what to do. For example "One or two of them have come here without much training, they've had to rely on me to show them the routines, his speech is not great but they do listen to him."

Care staff told us they completed a range of training to make sure they had the right skills to meet the needs of people who used the service. Newly recruited staff undertook induction training when they first started to work for the service and completed the Care Certificate. (The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours).

Care staff spoke positively about their induction which included working alongside experienced staff. One told us, "The good thing is if you are not confident you can ask to spend more time shadowing (working alongside). There is no pressure. They [management] want you to be 100% confident before you go out on your own." Another told us their induction had been 'really informative."

Following induction care staff received on-going training to enable them to keep their knowledge and skills up to date. One described the quality and variety of training they received as "Very, very good." Care staff told us if they supported people with specific health needs, they received training to support them to deliver care effectively. One care worker told us they had recently completed training in supporting people living with dementia.

The registered manager kept a record of staff training, the dates it was completed and when refresher training was due. Training records showed staff completed training which the provider considered mandatory for care workers. This included training in supporting people to move safely, safeguarding vulnerable adults, medication and equality and diversity. Records showed training was up to date.

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.

We checked whether the service was working within the principles of the MCA. The registered manager understood their responsibilities under the MCA. They told us all the people they supported were able to make daily decisions about their care, or had relatives who could make decisions in their best interests. To keep up to date with current good practice the registered manager had recently completed updated training in MCA with Solihull local authority and had further DoLS training booked for May 2018.

Care staff received training to help them understand the MCA, and knew they should assume people had the capacity to make their own decisions. One staff member told us people had the right to make decisions even if the decision was thought, by others, to be unsafe. Another told us they would speak with the registered manager if they had doubts about a person's capacity to make decisions. Discussion with care staff demonstrated a good understating of the principles of the MCA, including the importance of obtaining people's consent. One commented, "I would never do anything in a client's [person's] home without their permission."

Care plans contained comprehensive mental capacity assessments that clearly detailed the support people needed to make certain decisions.

People who required assistance with meals and drinks were supported to have sufficient to eat and drink. Most people we spoke with were able to prepare their own food or had relatives who helped them do this. Where people required staff to assist them with meal preparation, this was recorded in their care plan. People who had assistance from staff to prepare their meals indicated they were satisfied with the service they received.

People and relatives told us they arranged their own health appointments, but said staff would support them with this if they needed assistance. Care staff told us they liaised with a range of health and social care professionals including, district nurses, social workers, community mental health teams, occupational therapists and doctors on behalf of people to arrange appointments or seek advice when needed.

Good

# Is the service caring?

## Our findings

People told us staff had a good understanding of how to treat people well and that this was reflected in their practice. Comments included, "They are very polite and lovely people." "They're respectful and polite," and "There is no trouble at all with them, they're always polite."

Staff understood the importance of maintaining people's privacy and dignity. For example, by ensuring doors and curtains were closed when assisting people with personal care. The registered manager was a trainer in 'Dignity in Care' and was also a Dignity Champion (someone who promotes dignity). They delivered dignity training to staff and told us they made sure people who used the service and staff felt valued. They also made sure wording in support plans and daily records was respectful and dignified.

Senior staff who carried out observations of care staff in people's homes told us, as part of their observations they watched how staff communicated with people and if they were respectful. During the visit they would ask the person if they were satisfied with how the call was carried out, and if they were happy with their care worker.

Care staff told us they usually provided support to the same people to enable continuity of care, and to build up relationships and trust. Care staff we spoke with were familiar with people's preferences and how their support should be delivered. One person who used the service told us, "[Care worker] is really good he knows what to do and gets straight to it."

Care staff told us what being 'caring' meant for them. One said, "Making sure they, [people] live a happy life. It's building relationships and trust. Being someone they can rely on who they know cares." Another told us, "Looking after people as if they were part of your own family and making them feel valued and loved." From discussions with care staff it was clear they were fond of people they visited. One care worker told us, "I feel like I have adopted lots of grandparents. It's wonderful."

All care staff we spoke with said they were allocated sufficient time to carry out their calls, without having to rush and had flexibility to stay longer if required. One told us if they felt a person need more time to complete their calls they would speak to the registered manager. They added, "[Registered manager] talks to the social worker and sort things."

People told us the care they received promoted their independence. One person told us, "[Care worker} comes in and we have a chat …she encourages me to do things …she builds up my confidence ….we get on really well. This person went on to say, "I find [care worker] really helpful, even my social worker has noticed how I've come out of my shell."

Care staff encouraged people to be as independent as possible. One described how they helped a person to fit their hearing aid without assistance. They said, "[Person] can't see that well so I made sure [name] knows to feel for the black bit at the top so she can put it in if I'm not there." Care plans reminded staff to encourage people to do things for themselves, for example, "Staff to apply toothpaste to [name] toothbrush

so he can brush his teeth prompting as much independence as possible."

Care staff understood their responsibility to promote and respect people's equality, diversity and human rights. A care worker told us about one person they visited and how it was important not to enter the person's home in their outdoor shoes or to touch the person's prayer book unless it had the plastic cover on. They said, "Doing this would be disrespectful." They added, "It's really important to understand what is important to each client [person]. It's in the care plan but we also learn by talking and listening to people and building relationships."

Care plans we viewed were personalised and the initial assessment included people's cultural and religious requirements. There was also a 'what is important to me' document. The registered manager told us, "One person said attending church was important to them so we arranged the Sunday call earlier than in the week so they can attend church."

The registered manager told us how the service went 'above and beyond' to offer people a quality service. For example, "We have a fish and chip Friday where for anyone who would like this we will bring it for them." And, "We accompany people to hospital or optician appointments if they wish and visit people when they are in hospital. We send birthday cards and get well cards so people know we are thinking about them."

The registered manager went on to say, "We also send birthday cards to staff, and have started a 'carer of the month' scheme where anyone can nominate a care worker." They told us the member of staff chosen as 'carer of the month' had their name displayed in the office and received a monetary bonus. We spoke with a care worker who had been awarded 'carer of the month,' they told us, "Its lovely and a real motivator. Everyone can see your certificate on the office wall and it makes you feel so proud."

The service had received several compliments and thank you cards from people or their relatives. As well as a domiciliary care service the agency provided a short term re-enablement service for people coming out of hospital. A person who had used the service had written to say, "Thank you all very much; nothing was too much trouble for any of you."

The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We looked to see how this standard was being met. Information about the service was available and accessible to people. People were provided with a home folder that contained information about the service and how it operates. Information provided to people also included the telephone numbers for the office, and how to make a complaint. The registered manager told us the information was available in large print if people required this, but would consider having other formats such as audio for people with visual impairments.

People's records held in the office which contained personal information were secured and kept confidential. Discussion with care workers demonstrated they understood the importance of maintaining people's confidentiality.

Good

# Is the service responsive?

## Our findings

Prior to receiving a service from The Caring Circle people had an assessment completed to find out their preferences, care and support needs and how they wanted to be supported. People's care and support was then planned with them when they started using the service. People we spoke with said they had a care plan in their home for staff to follow.

A copy of the person's care plan was kept at the office. We reviewed five people's care plans. Care plans were focused on the person and included, their choices, likes and preferences. Plans provided guidance for staff about everything they needed to do on each visit and how people liked their care provided. For example one plan informed staff, [Name] can become confused at times and care staff need to take their time when communicating with [name]. [Name] enjoys talking with staff and reminiscing. Staff spoken with knew about this person's history and could talk to them about their past.

Care plans reminded staff, to check people's skin integrity and to wear protective clothing during care tasks. Records of calls completed by care workers confirmed these instructions had been followed.

Staff told us that care plans were up to date and easy to follow. One care worker told us, "Care plans are very easy to read and give us all the detail needed especially if it is the first time you have been on a call." They gave the example of reading a care plan and learning they needed to put the top on a bottle but not tighten it because the person had difficulty with their grip. Care plans we viewed had been reviewed and updated as needed.

Most people told us they had regular care staff who they were able to get to know. Although some people said their service had not been as consistent recently, for example, "They are very good, but at the moment there are different faces and familiar faces but I do know most of them now." The registered manager told us that consistency of care staff had not been as regular as they would have liked due to staff leaving and new staff starting. They were confident that following rescheduling all the calls, people were now visited by a small team of regular staff.

To address the concerns some people had experienced about their call times and inconsistent staff, the registered manager had introduced 'care champions'. This was to provide support for more complex packages. The registered manager said, "It's a way of letting people know we do care. It's not just about scheduling work. It's about getting everything right." A care champion explained they worked closely with people, relatives and care workers. They said, "I make sure the client and relatives are happy with everything and I can make sure any changes are made straightway if needed." They added, "It is working really well." During our phone calls to people we had spoken to one person who had concerns about the consistency of care to their family member. This person had recently been allocated a 'care champion'. Since this was implemented the registered manager told us the relative had contacted the office to let them know, this was working well and had improved the service their family member received.

We looked at the daily records, time sheets and call schedules for four people. These showed calls had been,

consistently made at the times agreed by a small team of care workers.

We looked at how complaints were managed by the provider. People we spoke with said they, or their relative would phone the office if they had any concerns. The registered manager told us there had received no formal complaints, but had received concerns and 'niggles' from people which had been resolved. The registered manager advised they would develop a log so that all complaints and concerns would be recorded in one place, so they could be monitored for trends and patterns and it would be easier to review the action taken.

Good

# Is the service well-led?

## Our findings

There was a registered manager in post who understood the responsibilities and the requirements of their registration. The management team consisted of, the registered manager and two care co-ordinators. Care staff felt supported by the management team and described the registered manager as approachable and accessible. One told us, "I can't fault the management support. Any issues are sorted out straight away."

The registered manager looked for ways to continually improve the service provided. They told us, "Things do go wrong in domiciliary care but if they go wrong let's fix it."

Following a monitoring visit by the local authority in response to late/missed calls, the registered manager completed an action plan to address the improvements required. They regularly reviewed the progress with the action taken and submitted an updated plan to the local authority in March 2018 that showed all actions had been completed. The local authority shared the action plan with us and we discussed the actions taken with the registered manager during our inspection visit.

The registered manager told us they had made the following improvements to the service;

Reviewing and updating people's care plans. All care plans had been reviewed, each person had a personalised plan of care with detailed guidance for care staff about what they needed to complete on each call.

They had introduced the role of 'care champion' to work closely with specific people to provide additional monitoring and continuity for people. The registered manager and co-ordinator told us since implementing care champions the relative of a person who had been dissatisfied with the consistency of the service had contacted the office to say they were now 'absolutely delighted' with the service now provided.

At the time of our inspection consistency of calls people received was monitored through staff timesheets, daily logs and invoices. The registered manager told us they were introducing a system for staff to electronically log in an out of people's homes. This system would allow care staff to access people's care plans on a secure phone system and record the tasks they had completed. The system will not allow staff to log out until all the required tasks have been completed. The registered manager was hoping to have this in place by end of May 2018.

They had implemented customer satisfaction phone calls to people, and to staff, to make sure everything was working well. As well as a 'This is me' document, which contained information that would be useful if people they needed to go into hospital. This included information about people's communication skills, their mental capacity, and mobility.

Care staff told us they felt valued by the registered manager. One care worker told us this was because the registered manager ensured they shared any feedback received from people, relatives or professionals. They

said, "It's nice to hear that families have said something nice. It makes you feel like you are doing the right thing."

The registered manager held individual and team meetings with care staff. Staff had regular supervision (individual) meetings to make sure they understood their role and spot checks to make sure they put this into practice safely. Staff said following spot checks they received feedback about their practice, both positive and negative so they could improve their performance. Staff told us they valued these meetings and saw them as an opportunity to discuss any concerns and opportunities that led to their own and the services development. One staff member told us, "It's good to get together to talk things through. You can speak out easily and honestly."

Records on staff files showed spot checks and individual meetings were regularly held, but there no overall record of when 'spot checks' had been completed and which staff had been checked. The registered manager said they would devise a record for this.

People confirmed staff had spot checks on their practice during care calls. One person told us they would prefer staff not to have spot checks in their home. We discussed this with the registered manager who told us people were asked to sign a consent form to agree for spot checks to be carried out. They said they would re issue the consent forms to make sure people were still in agreement for these to take place.

There was an 'on call' system for evenings and nights so that staff working out of office hours always had access to support and advice. One staff member told us, "I have never had a problem with the on-call they answer straight away and are always there when you need them."

Care staff described communication with and from the management team as very good. The registered manager used innovative ways to communicate with care staff. For example, care staff told us they also used a group 'what's app' (online application where staff communicated with each other) which ensured they received and shared information in a timely way.

The provider had procedures to monitor the effectiveness and quality of the service. The registered manager undertook regular checks of the quality of the service. This included checking people's daily records returned to the office matched their care plans and that people's medicines administration records (MARs) were completed in full, to confirm people received their medicines as prescribed. We found the process for auditing MARs was not always robust. The registered manager assured us this would be improved.

Care staff called into the office on a Friday to collect their timesheets. Staff in the office said this gave them opportunity to talk with each member of staff and find out if there were any concerns and their rotas were working well.

People's views were gathered in different ways which included quality assurance surveys, phone calls, care plan review meetings, and during spot checks on care staff while working in people's homes. During a recent survey to people the registered manager had identified people were not always aware of the complaints procedure. They told us the complaints procedure was now discussed with people at the start of the service when they issued their service user guide that informs people about the service and what to expect.

We asked the registered manager about the challenges and achievements for the service. They said these had been "Starting from nothing and getting it right, it was a lot of hard work. I am very proud of the staff I have as they do go the extra mile. For example if someone says they had a bad night and isn't ready to get up, they will arrange to call back at the end of their shift to get them up."

The registered manager worked in partnership with other health and social care professionals to support people, including commissioners and health and social care professionals. The registered manager kept up to date with good practice through local authority provider forums and through Skills for Care and CQC websites. They were also members with the UK Home Care Association who provided links to legislative changes, and had a consultant for guidance and advice.