Choices Care Ltd

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Inspection report

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Date of inspection visit:
14 November 2017

Date of publication:
02 February 2018

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

This announced inspection took place on 14 November 2017. This was our first inspection of this service since they registered with us.

Choices Care Ltd is a domiciliary care agency which provides personal care to people who live in their own homes in Leicester. They support people with a range of needs, including health conditions and people living with dementia. At the time of our inspection there were 54 people using the service.

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

People received safe care. Staff had completed training to enable them to recognise signs and symptoms of abuse and felt confident in how to report concerns.

Potential risks people were exposed to had been identified and reviewed. Risk assessments included detailed information and guidance to support staff to follow measures to reduce the risk of harm.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

There were robust recruitment processes in place. These helped to ensure staff were suitable to provide care and support. There were enough staff available to meet people's needs as assessed in their care plans.

Systems were in place to ensure staff followed safe infection control procedures to prevent the risk of infection when providing care. People received their medicines safely as prescribed.

There were arrangements in place for the service to make sure that action was taken and lessons learned when accidents or incidents occurred, to improve safety across the service.

People's needs and choices were assessed and their care provided in line with their wishes, preferences and best practice. The care provided was effective and met people's needs.

Staff completed an induction process when they first stated working in the service and on-going development training and supervision. Training was reviewed and evaluated to ensure it was effective. This supported staff to gain the skills and knowledge they needed to provide care based on current practice.

People received enough to eat and drink and were supported to maintain their nutritional health if required. People were supported to access health appointments when required to make sure they maintained their

well-being.

Staff demonstrated their understanding of the Mental Capacity Act 2005 (MCA). They gained people's consent before providing care and respected people's right to decline their care.

People had developed positive relationships with staff, who were kind and caring and treated people, their homes and their relatives with respect. Staff understood people's individual needs and preferred means of communicating and this supported people to receive and share information about their care. People and relatives were signposted to agencies who were able to support them in making decisions about their care.

The care staff provided was focussed on each person as an individual. People and, where appropriate, their relatives, were encouraged to make decisions about how their care was provided. Care was provided in a way that supported people to maintain their independence as much as possible, whilst respecting their right to privacy and dignity.

Care plans provided staff with detailed information and guidance about people's likes, dislikes, preferences and guidance from any professionals involved in their care. People and their relatives were involved in planning all aspects of their care and support and were able to make changes to how their care was provided. Records were regularly reviewed to ensure care met people's current needs. This helped to provide staff with the information they needed to provide care that was personalised for each individual.

People, relatives and staff knew how to raise concerns and make a complaint if they needed to. Complaints had been investigated and action taken to resolve people's concerns. The registered manager used complaints to bring about improvements within the service.

The management and leadership within the service had a clear structure and the registered manager was knowledgeable about people's needs and key issues and challenges within the service. Staff felt supported and valued. Diversity was recognised, supported and celebrated within the service.

The registered manager and provider had systems in place to monitor the quality and ensure the values, aims and objectives of the service were met. This included audits of key aspects of the service. People and those important to them were supported to share their views about the quality of care they received. These were used to critically review the service and drive improvements to develop the service.

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

There were systems in place to protect people from the risk of abuse and staff were knowledgeable about their responsibilities. Risks were managed and reviewed regularly to keep people safe from harm or injury. Staff provided care and support in a positive way which protected people's human rights. People were supported to take their medicines safely. The provider was committed to reviewing and learning from accidents and incidents and implemented systems and processes to reduce the risk of them re-occurring.

Is the service effective?

Good

The service was effective.

People's needs were assessed and met by staff who were skilled and had completed the training they needed to provide effective care. Staff received regular supervision to support them to review their development needs. People were supported to maintain their health and well-being. Staff understood the principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to decline their care.

Is the service caring?

Good

The service was caring.

Staff understood the most appropriate methods to communicate and share information with people and were knowledgeable about the people they supported. People and relatives were involved in the planning of their care. Staff protected people's privacy, dignity and confidentiality and were respectful to people and their relatives.

Is the service responsive?

Good

The service was responsive.

People were supported to be involved in the planning of their care. People were provided with support and information to make decisions and choices about how their care was provided

and these were regularly reviewed. A complaints policy was in place and information readily available to raise concerns. People knew how to complain if they needed to.

Is the service well-led?

Good

The service was well-led.

There was clear leadership and management of the service which ensured staff received the support, knowledge and skills they needed to provide good care. People's views and incidents were analysed and used to drive improvements and develop the service. People and staff diversity was recognised, respected and promoted. Comprehensive audits were completed regularly at the service to review the quality of care provided.

Choices Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 14 November 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to meet with us.

The inspection was carried out by one inspector 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.

Before the inspection we looked at information we already had about the provider. Providers are required to notify us about specific events and incidents that occur in the service. We refer to these as notifications. We contacted commissioners, responsible for funding some of the people using the service, to gain their views on the care provided.

During this inspection we spoke with the registered manager, the care co-ordinator and six care staff. We visited four people in their homes and observed how care was provided. We also spoke by telephone with five people and six relatives. We sampled five people's care plans and care records to see if people were receiving the care they needed. We sampled five staff files including the recruitment process. We looked at some of the provider's quality assurance and audit records to see how they monitored the quality of the service and other records related to the day-to-day running of the service.

Good

Is the service safe?

Our findings

People who we spoke with told us they felt safe with the staff that supported them in their own homes. One person told us, "They [staff] make me feel safe and comfortable." Relatives spoke positively about the care their family member received. They told us they felt their family member was safe and they trusted the care staff. One relative described how staff knew their family member well and looked after them which gave them confidence to leave staff unsupervised to provide the care their family member needed.

When we spoke with staff about people's safety and how to recognise possible signs of abuse, these were clearly understood. Staff were confident about how they would report any allegations or actual abuse. Information in people's care plans included guidance on how people could identify if they were at risk from or experiencing abuse and people/agencies they could contact for support. This showed people were provided with the information and support they needed to raise safeguarding concerns and helped to ensure people were treated fairly when raising concerns.

We saw safeguarding (protecting people from abuse) information clearly displayed on the office walls which supported staff to understand abuse, how to report it and where they could take their concerns. Staff told us they were aware of this information and ensured people and relatives were also aware of it to support them to raise safeguarding concerns. The provider's safeguarding policy included indicators for each type of abuse and information for staff to follow in the event of them witnessing or suspecting abuse, including contact details of external agencies.

Staff were able to describe what they would look for if they suspected someone was at risk from abuse, such as a change in a person's behaviour, mood or any unexplained injuries. They were able to describe what action they would take to raise an alert to make sure people were kept safe. This included reporting to the registered manager, senior staff or the local safeguarding authority. One staff member told us, "We are observant for any signs of safeguarding. I am confident in the managers that they would respond to any concerns." Another staff member told us, "How I would respond depends on each situation but I would report concerns to the manager, make a note in records and review with the registered manager. I am aware that the people I support are very vulnerable." Staff told us they had completed training in safeguarding and this was confirmed in the records we saw. This helped staff to take swift and appropriate action when needed to keep people safe.

When safeguarding incidents had occurred, the registered manager discussed these with the appropriate local authorities and took action where necessary to keep people safe. For example, where a person was at risk because staff had not administered their medicines as prescribed, the manager immediately responded by implementing measures to reduce this risk which included re-training all staff in safe administration of medicines. This showed that the provider's systems and processes were effective in protecting people from the risk of abuse.

We found people were protected from the risks associated with their care because the provider followed appropriate guidance and procedures. Each person's care plan had an assessment of the risks the person

may be exposed to. Risk assessments included areas relating to the environment, for example access and potential hazards around people's homes, and risks to the individual. For instance, use of equipment, such as hoist and risks associated with people's health conditions.

Risk assessments were used to identify what action staff needed to take to reduce the risk whilst meting people's needs and promoting their independence. For example, where a person was assessed as at risk of falling, their risk assessment included any equipment that staff should use to reduce the risk. The risk assessment also identified any factors that staff needed to be aware of that may increase the risk for the person. For instance, if they were experiencing pain or fatigue, staff needed to be mindful that the person may not be able to do as much as they would when they were feeling well. We saw risk assessments had been regularly reviewed and updated as necessary. This meant current risks people faced were underpinned by up to date written guidelines.

Staff demonstrated they understood the risks people faced and were knowledgeable in what they needed to do to reduce potential risks. We observed staff supporting people to move around their homes safely by using equipment, such as hoists, in line with best practice. Staff engaged with people and asked if they were happy for staff to support the person before they did so. They provided reassurance during transfers and encouraged the person to do as much as possible for themselves.

Some people using the service could demonstrate behaviours that may challenge. Relatives told us staff were skilled at supporting their family members during these times and did not discriminate against them because of it. One relative told us, "[Name of family member] can be angry. She has good days and bad days. Staff are flexible. Sometimes I will say don't come as she won't let them do anything, but they come and check or stop by if they are passing. If she is really angry, you can't do anything but they [staff] try and reassure her, talk to her. They are not phased by it [behaviour]." We observed staff supporting a person whose behaviour could challenge. Staff were calm and did not rush the person when they became agitated. They provided reassurance and worked with the relative to identify the best approach, including returning after the next call. Staff decided to remove themselves to another area to enable the person to calm and attempted to support them again a while later, with support from the relative, which was successful. This guidance was included in the person's care plan which supported staff to respond in a consistent way.

People's human rights were considered in all aspects of their life and these needs were detailed in their care plans. For example, where one person regularly declined support with personal care, staff had identified that the person had mental capacity to make this decision. They had carried out an assessment which ensured the person was aware of the possible consequence of their decision to their health and well-being and provided guidance for staff on how best to support the person. This showed that people's choices and decisions were respected. Staff gave examples of how they provided care and support to meet the diverse needs of people including those related to cultural needs and physical disabilities. We saw that people's preferences and choices were acknowledged and respected and that staff had good knowledge of these.

People were supported by staff who had the right skills and knowledge to meet their individual needs. Staff were committed to providing the best levels of care for people. Relatives we spoke with told us their family member's were supported by a consistent team of staff. Comments included, "There is a basic team of carers, [Name of family member] has got to know them," and "[Name of family member] has regular carers who know where everything is," and "We have a lot of carers but it's the same group of carers and most of them know [name of family member] well." Relatives confirmed that if their family member required two members of staff to support them, two staff always turned up. We observed sufficient numbers of staff to meet people's needs as assessed in their care plan and rotas showed that staffing was consistent.

People were safeguarded against the risk of being cared for by unsuitable staff through the provider's recruitment procedures. Recruitment files we sampled contained evidence that the necessary employment checks had been completed before staff started to work at the service. These included application forms with a full history of employment, identification documents and a check with the Disclosure and Barring Service (DBS). The DBS carry out criminal record and barring checks on prospective staff who intend to work in care and support service to help employers to make safer recruitment decisions.

People were supported to manage their medicines safely. People who required support to take their medicines told us that staff prompted or supported them to take their medicines "on time." People's care plans included an assessment of the support they needed to manage their medicines. Information included when and how medicines were dispensed, where any topical medicines were to be applied and how medicines were stored in the person's home. Information also included details of the person's current medicines, any allergies they had and the levels of support the person needed to take their medicines. Wherever possible, these assessments had been signed by the person and/or their relatives to provide consent to this support.

Records showed medicine assessments were regularly reviewed and updated to reflect any changes to people's needs or prescribed medicines. For example, where one person had been assessed as being at risk through not taking their medicines as prescribed, staff had informed the family and agreed a method of storage which meant the person could only access medicines with staff. Staff provided supervision whilst the person took their medicines which meant the person was able to take their medicines safely.

We observed staff followed infection control procedures. We saw staff wore clean gloves and aprons when supporting people with their personal care and when preparing meals. Staff told us they had their own supply of protective equipment, such as gloves and aprons, and had access to supplies through the office which ensured they never ran out. Relatives who we spoke with told us staff always wore gloves and aprons when providing personal care and wrapped continence pads and disposed of them in bins they provided. We saw staff disposed of protective equipment safely in people's homes.

The provider understood their responsibilities to review concerns in relation to health and safety and near misses. Staff recorded all incidents and concerns and these were analysed and reviewed on a regular basis. For example, where staff had made errors in administering people's medicines, incidents had been reviewed and the provider had taken action to bring about improvements. This included action against staff members and a full review of staff training. This involved updating staff knowledge and skills and undertaking competency observations on staff to ensure they administered medicines safely. This demonstrated that the provider made improvements and looked at what lessons could be learned when things when wrong.

Good

Is the service effective?

Our findings

People and relatives we spoke with had confidence that staff had the skills and knowledge they needed. One relative told us, "They [staff] are trained at hoisting." Another relative told us, "They [staff] seem to know what they are doing, they provide guidance and advice to me on what to buy and what [name of family member] needs." Several people we spoke with told us that new staff worked alongside a more experienced staff member in their first visits.

People needs were assessed during an initial assessment prior to them using the service. The assessment covered people's physical and emotional needs, their wishes and preferences which enabled staff to meet diverse needs. Each person was supported to identify an outcome of their care, and this ranged from maintaining their independence to enabling them to remain at home with their relatives. Each assessment was comprehensive and reviewed shortly after the person began using the service. This enabled staff to assess if the care provided was meeting the person's needs and identify any changes the person wished to make to their care. Assessments and care plans were shared with other health and social care professionals who were involved in the person's care. This helped to assure people their care was provided in line with best practice.

Staff felt they had undertaken sufficient training to enable them to provide effective care. Comments from staff included, "I feel I have had enough training. If I want refresher training I just contact the office and they arrange it," and "My induction was very good. I am experienced in care but still completed all the basic training, such as manual handling. They showed us how to do it, such as using a hoist and slings. It was practical training. They have their own training room which helps," and "There is constant training available on a monthly cycle. I feel I have completed enough training and if I need to update my knowledge, I just join in a planned training session."

Staff were supported to complete an induction programme which included initial essential training, such as safeguarding, manual handling and medicines and a period of shadowing and competency checks. Records showed staff had completed appropriate training and attended courses that gave them the skills to meet people's needs.

The registered manager told us they had completed a review of training as they found that some external training companies were not providing the training staff needed. The registered manager and senior staff had completed qualifications to enable them to undertake some key training with staff. They told us this provided staff with opportunities to develop specific interests and to enabled them to tailor make training to embed the service values within staff working practices. Records showed staff were supported to work through training modules on-line and the registered manager told us this had proved successful as training could be provided in a number of languages. They told us this supported more effective learning for staff where English was not their first language.

The registered manager was in the process of supporting staff to complete the Care Certificate. This is a set of nationally recognised standards which supports staff working in care and support to develop the skills,

knowledge and behaviours needed in their roles.

Staff told us they felt well supported in their roles. The registered manager and care co-ordinator met with staff regularly to undertake spot-checks on staff competency and formal supervision. Staff told us this helped them to develop in their role and identify where they needed to make changes to ensure they provided people with effective care.

Most relatives told us that they prepared meals for their family member or left meals for staff to heat and serve. We saw staff served meals in the way people preferred. For example, one person was served a meal in line with their cultural preferences. Staff were sensitive to the person's needs. Once they had served the meal, they left the room to afford the person privacy. Staff told us, "[Name] likes to eat meals in private. We make sure it is served on the tray and [name] chooses how much they would like served." Staff washed and cleared away cooking utensils and ensured people had access to fluids during each visit.

Where people needed staff support to maintain a healthy balanced diet, there was sufficient guidance in people's care plans. For example, where one person required staff to support them with meals, their choices and preferences were clearly detailed in the care plan, together with instructions for staff to leave sufficient snacks and fluids in between calls.

Where required, people were supported to maintain good health. One person told us, "They [staff] are always there if I have a (health) appointment. If I have a medical appointment, they will come with me." A relative explained that staff always alerted him if they noticed any changes if his family member's skin condition as they were at risk of developing pressure areas. This helped him to access specialist health advice in a timely manner.

People's care plans included guidance about people's health needs and this information helped staff to provide effective care. For example, one person had undergone extensive surgery and as a result staff had to mindful when supporting the person to mobilise and report any changes in their skin condition to their relative. Another person experienced pain and staff were instructed to remind the person to wear prescribed supports to help them manage the pain. Where people were able to and needed to, people were supported to use emergency call systems. This enabled people to summon medical assistance quickly in the event they were alone and experienced a health emergency.

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 any particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff demonstrated a good understanding of the requirements of the MCA and sought people's consent to care and support before providing it. For example, when supporting a person to mobilise around their home, staff advised the person of what they needed to do and checked they were happy for staff to help them before providing support. Where people declined their care, we saw staff respected their decision and tried different approaches to gain the person's consent. Staff told us sometimes the approaches worked but other times people continued to decline care. At these times, staff respected the person choice, recorded the outcome and informed relatives. If the person regularly declined care, staff informed the registered manager who reviewed the care plan, involving other health professionals where necessary to assess if the person was able to make the decision in their best interests.

Care plans included decisions people were able to make on a day-to-day basis and the support they needed to make more complex decisions. Where relatives had Lasting Power of Attorney (LPA) to legally make decisions about their family member's health and welfare in their best interests, care plans included a copy of the LPA authorisation. This helped to ensure people were supported to make choices and decisions about their care.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us staff were kind and caring. Comments about staff included, "They are friendly, very caring," and "Brilliant. Kind and cheerful. We have a good laugh together," and "They have the personal touch," and "I consider them as friends. I don't have to watch them. I can leave them to it." A relative told us, "I was dubious [about staff] at first but they have surpassed my expectations. They came and put [name of family member] at ease quickly. There is no embarrassment."

Staff understood the best communication methods for people and were knowledgeable about the people they supported. For example, one person and their relatives were not able to communicate in English. We saw that a staff member was able to communicate with them in their preferred language. This supported not only the person but also their relatives, who were also carers, to be involved in their care. The staff member visited the person regularly and was able to support the sharing of information between the service and staff. This helped to ensure the person and, where appropriate, their family members were supported to express themselves, share their views and make decisions about the care provided.

Staff demonstrated a person-centred approach when providing care and support. they were knowledgeable about people's needs, preferences and interests. For instance, they were able to discuss past interests and key events, such as how they met their spouse. Staff talked with people and we saw shared humour. This encouraged a relaxed and informal atmosphere for people in their own homes.

People were treated as individuals and supported to make decisions and choices about the way they wanted things to be done. For example, what they wanted to wear and which room or chair they wanted to be in. We saw that staff provided compassionate care, provided reassurance and encouragement and were respectful to the person, their relatives and the person's home. This approach reflected the provider's values of providing person centred care.

People's care plans reflected people's needs and wishes and had been developed through consultation with the person and their relatives. For example, for one person it was important for staff to support them to observe their religious holidays and prayer times. For another person, it was important to them that staff followed up medical appointments to help them manage their health condition. Staff demonstrated they knew people's needs and wishes and spent time at each visit ensuring they had supported the person with everything they needed before they left. Staff told us they had enough time to provide care and we saw visits were planned and included travel time between each visit. This meant staff had the time they needed to provide personalised care.

Care plans included contact details of a range of agencies, including health and social care agencies, specialist organisations such as Age UK and advocacy services. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard. This provided people and their relatives with information about independent agencies who could offer support or advice if needed.

Staff knew how to provide care in a dignified way and closed doors and curtains to maintain people's privacy. This was confirmed by people and relatives we spoke with. One person told us, "They [staff] treat me with respect. They are not patronising." A relative told us, "They [staff] are always friendly but respect [name] dignity in every way." Staff discussed any personal information quietly so others could not overhear them. Staff ensured people's dignity was maintained whilst supporting people with personal care needs, for instance, adjusting a person's clothing during and after using a hoist. Staff completed care records and stored these in the person's home in line with their requests. Care records were stored securely in the office. All staff had signed confidentiality agreements and understood that information was to be shared with relevant people only.

Staff supported people to do as much as possible for themselves. Care plans provided guidance for staff on how to support people for each tasks, such as washing and dressing, including tasks where the person did not require staff support. For example, one person required staff support to check the temperature of their bath water and to support them to transfer into the bath. Their care plan clearly stated they did not require support once in the bath. We saw that staff provided people with care that enabled them to do what they could for themselves and only provided support when they needed or were asked to.

Relatives who we spoke with told us staff supported their family member to be independent. One relative told us, "They [staff] always try to get [name] walking. They give [name] exercise, otherwise [name] would be sitting all day." Another relative described how their family member was trying to regain their ability to stand up more independently by the use of a walking frame. They described how staff were supporting [name] with this to enable them to regain some independence.

Good

Is the service responsive?

Our findings

People and relatives felt the service was responsive to their needs and that care was provided in line with their wishes and preferences. One person told us, "If you have to make a change they [staff] are fine with that." A relative told us, "I asked if they could come later and they agreed. They always fit in with your plans."

People received care from a consistent team of staff who knew people well and were familiar with their needs. This helped to ensure people received care in line with their wishes and preferences.

The assessment and care planning process considered people's values, beliefs, hobbies and interests along with their goals and wishes for the future. People and, where appropriate, their relatives were involved in developing their care plans which were detailed and personalised. They included a summary of the person's life history, significant events, what and who was important to them. Each care plan contained step by step guidance for staff to follow. For example, where people needed support with their personal care, how they liked support to be provided, routines and what they liked around them was detailed. This supported staff to provide personalised care.

People and their relatives were involved in reviews of their care to ensure the care provided met their current needs. Reviews were undertaken regularly or in response to a change in a person's needs. Records showed where people had requested changes, for instance to their visits, these were listened to and implemented.

Wherever possible, people were supported to use technology to support their every day living. For example, one person had requested that the office only communicate with them through electronic mail as they disliked telephone calls. This was clearly recorded in their care plan and records showed staff respected this wish. This helped to ensure staff were able to communicate effectively with the person.

Although most people received support from their relatives to pursue hobbies and interests, staff were aware of people who were at risk of social isolation. For example, one person had a visit where staff spent time with the person talking and discussing current affairs. For other people at risk, their care plans clearly reminded staff to spend time engaging in conversation with people as they may be the only contact the person has. Staff demonstrated they were aware of this and also engaged with relatives who were carers for their family members. This helped to reduce the risk of social isolation for both people and their relatives.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information they are given. For example, one person who lived with a sensory impairment was provided with information by text messages. This was recorded in the person's care plan. People and relatives were provided with information in a choice of formats, included easy read.

People and relatives we spoke with knew how to report any concerns. One person told us, "I can ring the office or speak to someone from social services." Another person said, "They [staff] say I can ring the staff or

the office any time I need to (if I have a concern)." One person gave an example where they had not been happy with a member of staff and had complained to the office. As a result, the staff member had not been sent again. A relative told us they had raised an issue when a staff member had been late for a visit. They told us they had spoken with a senior staff member and asked them to raise it in the office on their behalf. They told us they found this was effective as issues were addressed.

We looked at complaints records. These showed that procedures were in place and were followed if a complaint was made. The complaints policy was available in the office and a summary with the information people received when they started to use the service. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed.

The registered manager was able to explain how they had used complaints to bring about improvements within the service. This included changes to how care was provided to individual people and invoking disciplinary proceedings where staff conduct or performance fell short of expectations.

Good

Is the service well-led?

Our findings

People and relatives were generally positive about the management and leadership of the service. Two people told us the manager called them to ask if everything was going okay and had been to see them to check up on the care. One relative told us, "She [manager] does spot things. She noticed [name of family member] was not sitting on her compression cushion and said she must sit on it to prevent sores." Another relative said, "The manager came on shift originally. That was a plus sign." Another relative told us senior staff came out to do spot-checks on care staff to ensure they were doing what was required of them.

Two relatives who we spoke with told us the service had recently improved in terms of reliability. They felt the service had started as very good but staff left which had an impact on reliability. They experienced, "Erratic timing of calls" and late calls. Both relatives told us that things had stabilised now and the care staff provided was of a high standard. One relative told us, "You can set your watch by them [staff] in the mornings."

The service had a registered manager in post. They were supported by a care co-ordinator and administration staff in the office and senior care staff. There was a clear leadership structure in place that was both supportive and encouraged others to be included in decision making and information sharing.

Staff told us the registered manager and senior staff had an open approach and were very supportive and easy to talk to. Comments included, "They [managers] are very supportive. If there is anything going on with us personally, they will look at support mechanisms. If there is something on your mind, we have the freedom to share our views and comment. We are not pressured or scared. We don't have to wait to raise issues," and "We are given time to care. Managers ensure that staff don't cut corners; they are strict about our responsibilities. The service is well-led as they have made improvements and keep doing so," and " The staff team are friendly and the [registered] manager is the boss, however our voices are listened to and heard. They [managers] are very supportive of me and my needs."

Staff were supported to share their views through staff meetings. We looked at records relating to meeting in September and October 2017 and saw a range of issues were discussed, such as improving working practices, sharing information and reviewing training.

Staff told us they received regular supervision and feedback about their work. This included announced and unannounced spot-checks on their working practices. Staff told us they were clear in the areas where they were competent and received support in areas in which they needed to develop. Staff demonstrated a good awareness of the visions and values of the organisation as these were embedded in induction, training and on-going development. The registered manager arranged awards ceremony where excellent practice was recognised and celebrated. They also nominated staff for national care awards. This helped staff to feel valued and appreciated.

The registered manager and staff told us the staff team worked well together. The staff team was diverse and this was recognised and promoted in all aspects of the service. For example, staff provided cover for

each other so that they could celebrate key festivals within their cultures. These were also recognised and celebrated by the service. Where staff had restrictions in tasks they could do due to their cultural beliefs, such as the handling of certain foodstuffs, this was respected and calls planned to ensure this would not have an impact on people. The registered manager spoke about a culture where all staff were treated equally and this was confirmed by staff who we spoke with.

The quality of care was regularly monitored. Audits were carried out and included care records, health and safety and medication. These helped to highlight areas where the service was performing well and the areas which required development. Where standards fell short of expectations, these were investigated and actions taken to bring about improvement. For example, an audit in October 2017 identified that care plans were taking too long to develop and staff training required review. We saw the registered manager had responded to these findings. They had reviewed and changed how training was provided as they felt the training was not always effective and did not reflect the values of the service. This had resulted in more diverse training which enabled staff to learn in their first language. Evaluations showed staff understood and retained information more effectively and applied this in practice. This demonstrated that the registered manager used improvements to drive developments in the service.

Surveys were sent out to people and relatives to gain their views of the service. Comments shared during surveys sent out in 2017 included, "Carers are very nice, helpful and supportive. I am involved in my plan and I would recommend the service," and "The care package is running well and I am happy with the care staff. They genuinely care and make an effort to communicate well," and "I am happy that you send carers that can speak our language."

The registered manager demonstrated they were clear and understood their responsibilities and what was expected of them regarding their legal obligation to notify us about certain events. Appropriate notifications had been made about significant events within the service. The registered manager kept themselves up to date on best practice by linking with a number of organisations, locally and nationally. They were clear on the challenges and limitations of the service and had developed a strategy to develop the service whilst ensuring people continued to receive good care.