

Mrs Emma Lumsden

ApproCare

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected this service on 09 and 10 August 2016. The inspection was announced.

ApproCare is an independent domiciliary care agency which provides personal care and support for adults in their own homes. The agency provides care for people in the local Isle of Sheppey area together with Sittingbourne and Medway. At the time of our inspection they were supporting approximately 51 people who received support with personal care tasks.

The service did not require a registered manager because the person in control of the day to day running was the registered provider. 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 and their relatives gave us positive feedback about the service they received.

Most people received good quality care and support. One person had not received care which met their assessed needs. This meant they developed an infection and had been in discomfort for longer than necessary.

Although the provider had a good understanding of the day to day running of the service there were no formal audits and checks taking place to ensure the service was effectively monitored and improved. The provider had made informal checks of the service but these had not been recorded. We made a recommendation about this.

Risks to people's safety had been assessed and recorded. Some risk assessments lacked detail on measures to reduce risks. We made a recommendation about this.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. There were suitable numbers of staff on shift to meet people's needs.

Medicines were appropriately managed and administered. Medicines records were clear.

Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) were in place which included steps that staff should take to comply with legal requirements. Staff were clear about how they supported people to be independent and make choices.

Staff had received training about protecting people from abuse and showed a good understanding of what their roles and responsibilities were in preventing abuse.

Staff had received regular support and supervision from their line manager. There were suitable numbers of staff on shift to meet people's needs.

People's information was treated confidentially. People's paper records were stored securely in locked filing cabinets.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner.

People's care plans detailed what staff needed to do for a person. The care plans included information about their life history and were person centred.

People had choices of food at each meal time which met their likes, needs and expectations. People were supported to be as independent as possible.

Relatives told us that staff were kind, caring and communicated well with them.

People and their relatives had been involved with planning their own care. Staff treated people with dignity and respect.

People were given information about how to complain and how to make compliments. Complaints had been dealt with appropriately.

People's views and experiences were sought through review meetings and through surveys.

People told us that the service was well run. Staff were positive about the support they received from the provider. They felt they could raise concerns and they would be listened to.

Communication between staff within the service was good. They were made aware of significant events and any changes in people's behaviour.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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.

Effective recruitment procedures were in place. There were sufficient staff on duty to ensure that people received care and support.

People were protected from abuse or the risk of abuse. The provider and staff were aware of their roles and responsibilities in relation to safeguarding people.

Risks to people's safety and welfare were well managed to make sure they were protected from harm, however action taken to reduce risks was not always evident.

People's medicines were well managed, records were clear and concise. Medicines records were checked regularly.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

One person had not received suitable care to meet their needs in relation to catheter care.

People received medical assistance from healthcare professionals when they needed it.

People had appropriate support when required to ensure their nutrition and hydration needs were well met.

Staff had received training and support relevant to their roles. Staff had a good understanding of the Mental Capacity Act and how to support people to make decisions.

Is the service caring?

Good ●

The service was caring.

The staff were kind, friendly and caring.

People and their relatives had been involved in planning their

own care.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were person centred. Care plans detailed people's important information such as their life history and personal history.

A complaints policy and procedure was in place, this was detailed in each person's folder they received when their care package started, and people knew how to complain.

People had been asked their views and opinions about the service they received.

Is the service well-led?

Good ●

The service was well led.

Systems to monitor the quality of the service were not adequately in place, we made a recommendation about this. The service was well run and was well organised. Policies and procedures were in place.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

The provider was aware of their responsibilities to notify CQC about important events and these had been reported to CQC in a timely manner.

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Detailed findings

Background to this inspection

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

The inspection took place on the 9 and 10 August 2016, it was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of two inspectors, one of whom made calls to staff. An Expert by Experience made telephone calls to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses domiciliary care.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications we had received and previous inspection reports. A notification is information about important events which the service is required to send us by law.

We telephoned two people to ask them about their views and experiences of receiving care. We spoke with six relatives on the telephone. We sent surveys to people, relatives, professionals and staff. We received survey responses from 14 people, 12 staff, one relative and two professionals. We spoke with six staff during the inspection, which included the provider. We telephoned one staff member to interview them.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority care managers and commissioners.

We looked at nine people's personal records, care plans and medicines charts, risk assessments, staff rotas, staff schedules, six staff recruitment records, meeting minutes, policies and procedures.

We asked the registered manager to send us additional information after the inspection. We asked for a

copy of the training matrix. This was received during the inspection.

We last inspected the service on the 15 May 2014 the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

Our findings

People told us they had regular staff that provided their care and support. People that we surveyed all told us they felt safe from abuse or harm. A relative told us, "My dad is really looked after by the carers. I think he is very safe in their hands". Another relative said, "Everyone that comes round is really nice and I trust them. I've never had a problem but I would phone [provider] if I had any problems".

Relatives we surveyed all told us that their family members were safe from abuse or harm. One relative had commented 'Arrival Times are always subject to problems on earlier calls and traffic congestion. Always get a phone call if there are unexpected delays'. All of the staff we surveyed told us they knew what to do if people were at risk of abuse and harm. Community professionals fed back they had confidence that people were safe from harm.

People were protected from abuse and mistreatment. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure for Kent and Medway. These policies provide guidance to staff and to managers about their responsibilities for reporting abuse. The provider understood their responsibilities and knew to report safeguarding concerns to the local authority. Safeguarding concerns had been reported appropriately. Staff understood the various types of abuse to look out for and knew who to report any concerns to in order to ensure people were protected from harm. One staff member said, "Safeguarding will most definitely be acted on" and gave an example of reporting safeguarding concerns in relation to a person they had worked with.

Potential risks to people and staff had been assessed and recorded. The risk assessment covered any risks which were involved in providing people with the support they required within their home. Environmental risks involved within peoples internal and external environment of their home, risks relating to manual handling and falls. The risk assessments included a rating of green (low risk) amber (medium risk) and red (high risk) and stated if certain aspects were applicable to the person. We noted that action required to reduce the risk to people had not always been included. For example, one person's risk assessment reported that staff were at medium risk due to infection control concerns. The action required was not recorded. People's risk assessments included information about fire exits and smoke alarms, however staff responsibilities and people's abilities to evacuate if there was a fire had not been included. This meant it was not always clear what action staff should take to reduce risks.

We recommend that the provider reviews risk to ensure people and staff are protected from harm.

Staff were provided with appropriate equipment to carry out their roles safely. For example they were issued with gloves, aprons, first aid boxes, uniform, pens and identity badges when they started. Staff confirmed that they could access more equipment when required. There was a stock of personal protective equipment (PPE) kept in the office and records evidenced that staff received stocks of these regularly. The provider explained that when risks associated with unlit access to people's homes were identified staff were issued with torches.

The provider followed safe recruitment practice and procedures. We looked at six staff files. All of which contained a full employment history and all gaps were explained. All staff files showed that the provider had gained two references before staff were able to start employment. The provider had carried out Disclosure and Barring Service (DBS) checks prior to employment and there was evidence in all files of staff's identity and the right to work in the UK. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Robust recruitment procedures were followed to make sure that only suitable staff were employed.

There were suitable numbers of staff on shift to meet people's needs. The staffing schedule for each person showed that consistent staff were allocated to work with people; this meant people knew who was coming to their home to provide them support. People told us staff mainly arrived on time. Comments included, "sometimes they are a little bit late. Nine times out of ten they will call us" and "At most they are ten minutes late so nothing to really worry about it happens". Relatives told us, "They will let her know if she is going to be late or if there is going to be a change"; "They have to keep a log with the time they come in and leave and they keep record of what they do, what her mood is like, what medication she has taken and the food, drinks she's taken" and "They are always on time. If they are late it's never more than five minutes, they are very good".

Medicines were managed safely. The majority of people managed their medicines themselves or with support from relatives. However some people had staff support to take the medicines out of the packaging they were in. Staff applied prescribed creams and lotions. Medicines records were clear and contained no gaps. Staff were trained in the administration of medicines. One staff member told us if they found a person had not taken their medicines as prescribed they would "make a record and report it to office. Seal and label meds in an envelope and put them away". The staff member confirmed that the GP would be contacted for advice and guidance. Checks were made of staff administering medicines during a general spot check. This was not a competency assessment. We spoke with the provider about this and they had already identified that staff competency checks needed to be introduced. They were in the process of developing a competency tool.

Is the service effective?

Our findings

People told us that staff were good at their jobs and had the necessary skills. Comments included, "They ask me what I want and I tell them" and "They talk to me and make sure everything is okay with me. Some days I don't want to have a shower and they respect that". People we surveyed told us 93% of staff arrived on time and 93% of staff stay the agreed length of time. People also said they would all recommend the service to other people. One person had written 'Care and support workers arrive on time if not held up by traffic and extra care at previous call, then they let me know of hold up'.

Relatives we surveyed all told us that they would recommend the service to other members of their family and that the staff supported their family members to be independent. One hundred percent of relatives said that staff completed all their tasks before leaving and had the correct skills and knowledge to meet their family member's needs. All of the relatives we surveyed said that staff arrived on time and stayed the agreed amount of time.

One person's care records detailed that staff needed to monitor the person's urine output as they were at high risk of developing urine infections as they had a catheter fitted. The staff recorded the person's urine output on a form. The completed forms showed that staff logged when the person's urine was showing signs of infection, such as becoming dark, cloudy or smelly. On 05 April 2016 the staff had reported the urine output and described the urine as 'Dark very strong? [meaning query if the catheter is] Leaking'. Staff had recorded the following day that the catheter was 'empty' and 'bypassing'. We checked the daily records, staff had clearly recorded that the person's catheter was leaking in the morning. The daily records and communication log did not detail that staff had taken action when they needed to. The daily records for 06 April 2016 evidenced that the person had been awake all night as their catheter had been leaking. Staff had recorded that the district nurses visited on the 06 April 2016 at the end of the care visit. This meant that the delay in contacting the nursing services to pass on the concerns had caused the person to become distressed and uncomfortable and they had a delay in receiving antibiotic medicine they needed.

This failure to meet the person's needs was a breach of Regulation 9 (1)(a)(b)(3)(a)(b)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care records evidence that people received medical assistance from healthcare professionals when they needed it. Staff contacted the office to inform the management team when any changes in people's health had been noted. Records evidenced that the service had responded to people's changing needs as they had contacted the GP to request visits, made referrals to mental health services, contacted pharmacies, paramedics, Occupational Therapists (OT's) and district nurses when necessary. During the inspection staff rang in to advise that they had contacted the emergency services because they were concerned about people, staff had stayed with people when necessary until the ambulance services turned up. Staff gave examples of the action they would take if they were concerned about a person's health such as if someone was not acting in their usual manner or that they were showing signs that the person had experienced a stroke. One relative said, "Since we have been with this agency my father health has been improving and he is happier. I think they are doing a wonderful job".

All of the staff we surveyed told us they were told about people's choices, needs and preferences. They all said they had received training in order to meet people's needs, this included Mental Capacity Act (2005) training.

Staff had good knowledge and understanding of their role and how to support people effectively. Staff had received training and guidance relevant to their roles. The staff training records showed that essential training such as first aid, moving and handling, medication and safeguarding had been undertaken. Some staff had attended specialised training to enable them to support people's health needs. This included training in supporting people with PEG feeds (this is where people received food and fluid through a tube into their stomach). The offices had a training room with equipment so that staff could practice using moving and handling equipment and using catheters and stoma bags. Senior staff and those responsible for supervising staff had undertaken training in risk assessment, supervision and training staff. Only one out of 27 staff had attended diabetes training. The provider told us that this was relatively new training that they had provided for staff and they planned to roll this out to all staff.

The management team carried out a spot check on staff whilst they were working with people. This enabled the management team to check that the staff member had turned up on time, wearing their uniform and identity badge and they were providing care and support in line with the person's care plan and wishes. One new member of staff said, "I have had a Spot check, the senior worked with me, but I have not had any supervision yet". Staff received support and guidance from the management team out of hours when needed through the use of the out of hours on call service. Staff were also monitored through the use of the call monitoring system. Staff logged in and out of people's homes using their mobile phones to swipe a code which sent a message and report through to the office. The system alerted the office if staff had arrived at a person's home late. The provider used the call monitoring data and timesheets to complete staff payroll and to prepare invoices. We identified a concern with the call monitoring data for the week of our inspection as it had showed that a few staff members had signed in to their next care visit before they had left the last call which meant their times overlapped. We reported this to the provider who explained they would monitor the staff and carry out an unannounced spot check, contact people to check to see if staff were staying the required amount of time and check with the company providing the software to see if there is a problem.

Some people received support to prepare and cook meals and drinks to meet their nutritional and hydration needs. People and their relatives gave us positive feedback about the support they received. Comments included, "Sometimes he asks them to make a cup of tea and they do it"; "They prepare a hot drink for her, they take it in from the kitchen to the lounge. She can make a sandwich herself and I do the main meals and she can get a cold drink by herself"; "She always has a lot to drink. She loves milk and she drinks at least a litre of that a day. She needs encouragement and they always offer her a lot of choice. If there something she wants that I don't have in the fridge like ice cream they will let me know so I can get it. There is always some petty cash in the house and they will go to the shop and buy it. They record everything and have receipts"; "I buy bottled water and make sure he drinks a bottle a day. He likes his food and I'm sure he is eating enough" and "I cook most of the food and my dad will eat everything I give him. He also has plenty to drink". One staff member explained they "Don't believe in microwave meals, it doesn't take long to make a meal from scratch" they described how they supported people to make nutritious meals to meet their needs.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Mental Capacity Act 2005 (MCA) training had been attended by 25 out of 27 staff. Staff evidenced that they had a good understanding of the MCA. Staff told us that they talked with people about their care to ensure that they knew what they

were doing and to seek consent. One staff member explained that they "Always give people options for example on person is able to pick her own clothes and chose her meals, I never assume she wants orange juice, it's all about choices". Another staff member said, "I always ask permission, if they can't speak verbally I get to know them, I get to know body language, I can see when they are not happy". This meant that consent was sought in line with legislation and guidance. Care plans evidenced that people were involved in their care and consent was sought. People had signed documentation. People told us they were offered choices. One person said, "I think they listen to me when I am talking about the stuff I like. I really do think they are the best". Relatives also told us that their family members were given choices and asked for consent. One relative said, "As they [staff] have been there quite a while they have gotten to know her [person] really well and they don't force her. They do record that as well, for example, we offered this and she said yes or no however she felt on the day".

Is the service caring?

Our findings

People told us that staff were kind and caring and treated them with dignity and respect. One person said, "Very friendly and caring and I get on with them really well". Another person said, "I'm always really looking forward to them coming around, they cheer me up". All of the people we surveyed told us they were happy with their care and support and staff treated them all with dignity and respect and were caring and kind. Seventy nine percent of people we surveyed said they were introduced to staff before they provided support. One person had written, 'I would like to add that this is the best care agency that I have been under. All of the carers are professional, extremely caring, provide me with the upmost support, respect my dignity, encourage me to be as independent as I can. The office staff and managerial staff are exactly the same and they bend over backwards to help and support their clients. A brilliant care agency, I would never want to be with anyone else'.

All of the relatives we surveyed told us they were happy with their care and support their family member received and staff treated their family member with dignity and respect and were caring and kind. All the relatives we surveyed said their family members were introduced to staff before they provided support. Relatives we spoke with said, "Very friendly and very caring, really nice"; "Very approachable, caring, friendly. They are very chatty"; "I really like them. They are all very caring and will do anything for him"; "The few times I have met them they all seem really nice and more importantly my father really likes them" and "They are always smiling, very friendly".

Staff were aware of the need to respect choices and involve people in making decisions where possible. A staff member told us they gave people choices, asked people what they would like and spoke with them. Staff gave people prompts and praise to ensure people were in control and encouraged people to make decisions.

Staff maintained people's privacy and dignity. Staff explained that they would close doors and curtains when providing personal care to people. Staff explained how they chatted to people whilst providing care which made people feel valued. One staff member said, "All of the staff explained that they covered people with towels whilst they were assisting them with their personal care to protect their privacy and dignity. One person said, "They always cover me up and hand me a flannel to wash my private bits".

People told us they found the staff treated them with dignity and respected their privacy. Relatives gave examples of staff waiting outside the bathroom. Relatives told us, "They [staff] take him [person] into the bathroom and it's just him and them. They ask him if he wants to have a shave and if he wants to go to the toilet they will come outside [of the bathroom]. He always looks forward to them coming around"; "They [staff] knock the door when they enter and they wait for her [person] to go to the door as she takes her time"; "When he is having a shower they shut the door. They will close the curtain if he is getting dressed in the bedroom. So yes they do a good job at this too" and "Whenever I am at home I've noticed they knock once and wait for us to answer. They always shut the door in the shower and make sure he's alright".

People's care plans clearly listed the care and support tasks that they needed. Daily records evidenced that

care had been provided in accordance with the care plan. People's care and support had been carried out as per their wishes. For example, if care plans stated they had four care visits per day, four care visits were recorded and detailed.

People told us that staff supported them to maintain their independence. One person said, "The social call helps me to be independent. One staff member said they, "Prompt people to do things for themselves". Another staff member said they "Try and promote as much independence as possible" and another said they "Encourage them [people] to do things they can do for themselves". Relatives told us that staff supported their family members to be as independent as possible. Comments included, "They don't do everything for her, they will help her. They run the water and give her the flannel" and "They always make sure to ask him if he wants to do something first on his own. They will help him if he is struggling".

Staff knew the people they supported well. The rota's evidenced that people had consistent staff providing their support. For example, people had a core group of staff that visited them in their homes to provide their care and support. Staff had a genuine interest in the people they supported.

People valued the friendship and laughter and general banter they had with staff. One person said, "We interact well and often have a laugh and joke while they are here". People told us that the staff were polite when they spoke to them. They said, "They always speak politely and courteously to me"; "They very gentle, they help to put on my shoes. They sit and chat with me, that nice and polite"; "They are all fine; they often have a laugh and joke with me. They are all polite" and "Very gentle and caring with me. Speak to me as a friend. Very polite".

People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office to make sure they were accessible to staff. Files held on the computer system were only accessible to staff that had the password. The provider had a backup server and IT support to ensure that files could be accessed and recovered in the event of IT failure.

Is the service responsive?

Our findings

People told us they had access to their care plans and documents and knew how to complain. Eighty six percent of people we surveyed told us that they were involved in decision making about their care and support needs. Seventy nine percent of people knew who to complain to if they needed to and 85% of people felt that the service responded well to complaints.

All the relatives we surveyed told us that they were involved with making decisions about their family members care and support and that staff and service responded well to complaints.

All but one member of staff told us that when they started to provide support to people there was always a care plan and risk assessments in place and they had all the information they needed to provide care and support. People's care plans detailed their life history and important information about them. Such as medical history, important family members, favourite sports and activities, places they had lived and important people in their lives. The care plans provided clear detail to staff about what they had to do for a person. People and relatives had signed their care plans and consent forms to state they agreed with the packages of care.

Relatives explained that their family member's care needs were reviewed regularly. People and relatives explained that staff knew them and their family member really well. They valued the care and support. One relative told us, "Once a year we have a big barbeque and all the carers are invited. I regard them as part of the family". Relatives said, "They do review. It wasn't that long ago but I can't remember the day. They let both of us know when they will do. They are quite thorough with it and they always ask if anything has changed"; "I think it's every three months and it's quite regular"; "We have one every so often. I think the last review was last month" and "I always try and be here for the review. It happens around every three to four months. I get a call when they are ready to do it".

Staff had a good understanding of their roles and responsibilities with regards to complaints. The provider had a complaints and compliments procedure. The complaints procedure was clearly detailed to people within the 'client handbook', which each person received when they started to use the service. The complaints policy dated April 2016 was available in the office. This showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. This included the Local Government Ombudsman (LGO) and the Care Quality Commission.

Complaints records showed that issues had been fully investigated and responded to by the provider within appropriate timescales, people and their relatives had received an apology when one was required. The management team took appropriate action when required and provided feedback to staff during meetings and supervisions in order to ensure lessons were learnt. One person talked about a situation which they had reported, this demonstrated that the management team had taken appropriate action to deal with their complaint. They added, "We have had a few incidents that have been dealt with. They were dealt with when I phoned the office direct".

Compliments had been received by the service; these were displayed on the wall of the office. These records contained letters, emails and cards from people, relatives and others. One compliment read, 'Sincere thanks to you all for the valued help and kind attention we receive from your friendly team'. Another read, 'I have to say [staff member] has been absolutely amazing with both of them especially dad as he has been challenging at times' and a third read 'A very big thank you to all at ApproCare for looking after mum with kindness and patience'.

People were kept well informed about the service. The provider sent out a newsletter on a regular basis. We viewed the Spring 2016 newsletter which detailed types of support and care offered, bank holiday dates, infection control reminders about staff using gloves and aprons, requests for people to log if staff were late for the care visit by more than 15 minutes. The newsletter also reminded people about the complaints procedure and gave important information such as contact numbers. There was a fun section at the back which included recipes, word searches, crosswords, birthdays and message of congratulations.

People and their relatives were encouraged to provide feedback about the service. Surveys were sent out annually. We viewed a number of these summary completed surveys which had been sent out in May 2016. They showed that there was 100% satisfaction with the service. Comments within the completed surveys included; 'I feel I can ask any question of the carers about my dad and get a straightforward answer'; 'I am very happy with the service provided by ApproCare for my father'; 'Very reliable always'; 'I am extremely happy with the care provided for my mum, the friendliness and professionalism of the carers gives me much peace of mind'; 'Good rapport willing to help'; 'Always very good especially [staff member]' and 'All of the care workers are of the highest standard'.

Is the service well-led?

Our findings

People told us the service was well managed. They knew who was in the management team and confirmed that someone from the management team visited them in their homes to check on the care and support they had received. Comments included, "I answer a couple of questions when they have a review but they don't ask anything any other time" and "I know how they work and if I have a problem that I need to raise and I haven't got a problem in raising it". Ninety three percent of people we surveyed told us that they knew who to contact in the service if they needed to and 93% of people said they were asked for their views about the service and that information from the service was clear and easy to understand.

All the relatives we surveyed told us they knew who to contact in the service if they needed to and they were asked for their views about the service. Relatives told us that the provider was friendly and approachable and gave examples of the provider visiting them and their family member at home, or having coffee with the provider at the office. One relative said, "[provider] is approachable and very good".

The provider had an audit policy which detailed that they would carry out audits annually, monthly, quarterly, randomly and weekly. The provider told us that they checked care records when they were returned to the office as well as medicines records and time sheets. However, there was no evidence that monitoring systems were in place as there were no records of these audits. It was clear from the feedback from staff, people, and relatives and from our observations that the service was organised and was well run.

We recommend that the provider establishes audits and records to evidence that they are adequately monitoring and improving the service.

Policies and procedures were in place to support the staff to carry out their roles effectively. Records relating to people's care and the management of the service were stored securely. People's care files and personal information had been stored in locked cabinets in the office and people had a copy in each of homes for staff to follow on a day to day basis.

The provider was in day to day control of the service and had a good understanding of peoples support needs, staffing and any concerns. Staff told us the management team were friendly, approachable and communication was good. Staff said, "I feel supported by [provider] and team. I get the support I need. Feel confident to question and that {provider] would deal with concerns correctly" and "I can talk to [provider] about things, have confidence that it would be dealt with properly. Kept up to date with what's going on". Staff received a newsletter to keep them updated about the service. The winter 2015 newsletter gave information to staff about new and departing staff, reminders about rotas and people's care and visit times, bank holiday dates for the coming year, record keeping reminders, sickness reporting reminders.

Staff meeting records evidenced that provider met with the management team and office staff on a regular basis. The records showed that staff had discussed a range of subjects and felt confident to ask questions and make requests. The staff were confident about the support they get from the management team, this included out of hours support during evenings and weekends. One staff member said, "I am finding staff and

the manager very supportive, and am not worried about asking if I am not sure". Staff told us they felt free to raise any concerns and make suggestions at any time to the registered manager and knew they would be listened to. Staff told us that they were aware of the whistleblowing policy and that they could contact other organisations such as the Care Quality Commission (CQC) and the local authority if they needed to blow the whistle about concerns.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The management team knew that they should notify CQC about important events such as deaths and serious injuries and safeguarding concerns. They had reported these appropriately.

The values of the service were to promote and enhance independence by promoting involvement and ensuring care was person centred. Information people, their relatives and staff gave us demonstrated that staff embedded these values into their work. One staff member said they, "Promote independence and provide person centred care". Staff were proud of the support they provided and gave examples of going the extra mile to support people who were at the end of their life. The provider told us, "I'm most proud of making a difference to people's lives, I'm a natural born carer. I like going into some ones house and making a difference to their lives. I also like watching a staff member new to care, I watch them grow, develop and blossom".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People who use services were not always provided with care that met their assessed needs. Regulation 9 (1)(a)(b)(3)(a)(b)(i)