

Mrs Lynda Margery Dunlop

Family Care Solutions

Inspection report

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16 July 2018

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

Family Care Solutions is a domiciliary care service providing support for people living in their own homes who may need support with daily living tasks such as personal care. The service provides support primarily to older adults but also provides support to people with other needs. At the time of the inspection Family Care Solutions was delivering care packages to two children.

The provider of Family Care Solutions is a registered individual and this person was part of the management team. 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.

Not everyone using Family Care Solutions receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection the service was supporting 55 people with a regulated activity.

The inspection took place on the 9, 10 and 16 July 2018 and was announced to ensure that somebody would be available in the office to help us during the inspection.

The service was previously inspected in June 2016 and at that time was rated good overall. The service was rated as being good in the four domains of effective, caring, responsive and well-led and rated as Requires Improvement in the Safe domain. This was because we found the provider to be in breach of Regulation 12 safe care and treatment, as the provider was not taking reasonably practicable steps to reduce risks in relation to moving and handling. The provider was also found to be in breach of Regulation 19 as safe systems of recruitment were not being effectively operated.

Following the last inspection, we asked the provider to complete an action plan to show how they would ensure they met the regulations. The action plan detailed the arrangements made to ensure the service was compliant with Regulation 12 through providing moving and handling training on an ongoing basis for all staff. The action plan also detailed how the provider would meet Regulation 19 through the introduction of candidate evaluation forms and pre-employment checks. At this inspection we found the service was no longer in breach of these Regulations.

Care records contained clear detailed information and risk assessments in relation to moving and handling and there were policies in place to underpin the training required for staff. This included annual manual handling refresher training.

Systems to support the safe recruitment of staff were in place. We saw references and Disclosure and Barring Service (DBS) checks were being completed before a member of staff began working for the service. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people

are protected from the risk of being supported by unsuitable staff.

The service was continually recruiting and was aware that this would enable greater consistency for people. This would ensure that people were supported by staff who knew them and their care needs well.

There were policies and procedures in place to safeguard people from harm. Staff were trained to identify different types of abuse and respond to safeguarding concerns.

Assessments of people were undertaken and used to develop peoples' care plans and risk assessments. Individual risk assessments were in place and documented actions for staff to reduce identified risk and promote peoples' safety. Generic safety risk assessments in relation to the other aspects, such as laundry and clinical waste, were also in place. Care plans and risk assessments were reviewed regularly, and amended when there were changes in people's needs. People told us they were involved in reviews of their care needs.

We saw records that demonstrated staff received training, supervision and spot checks. However, we could not be certain that supervision and spot checks were undertaken consistently. Staff told us that they had the training and support they needed to do their role.

There were policies for infection control, health and safety and food hygiene and we saw that staff received training in these areas. Staff told us they had access to personal protective equipment (PPE) such as disposable gloves and aprons and people told us that staff generally wore PPE when providing personal care. This meant that people were protected from the risk of illness through good infection control practices.

We looked at how medicines were recorded and administered to people requiring support with this task. We found that people were supported safely to take their medicine. We spoke with the service about best practice guidance during the inspection.

We saw that care records considered issues of dignity, respect and consent and there were policies in place to underpin these practices. People told us that staff were respectful and maintained their privacy and dignity and that consent was requested.

People who were supported with food and drink had care records that were detailed about how this support was to be provided. Monitoring charts for food and fluid intake were used when appropriate to ensure people identified at risk of dehydration and malnutrition were receiving adequate amounts to eat and drink. People were supported to buy food from suitable sources, which fitted with their preferences and religious beliefs.

There was a complaints procedure in place and concerns and complaints were recorded. We could see that the registered individual addressed these with people. However not everybody we spoke with was clear how to complain.

The service had systems for governance in place.

The service had good links to other agencies and worked closely with people and services to enable them to deliver a tailored package of care.

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 has improved from Requires Improvement to Good.

There were processes in place to support the safe recruitment of staff. All staff had checks carried out prior to commencing employment and policies underpinned this process.

We saw people had detailed care records in relation to moving and handling which included the assessment of risk.

Staff received training in moving and handling.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Staff felt supported by management team.

We saw the processes were in place to monitor and ensure the safety and quality of the service.

The service had good links with the community and worked closely with other services

Family Care Solutions

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.

Inspection site visit activity started on 9 July and ended on 16 July. This included a visit to the office, home visits to people using the service, and telephone interviews with people using the service, relatives and staff. The service was given 48 hours' notice of the inspection. This was to ensure that somebody would be available in the office to answer any questions during the inspection. The inspection team included two adult social care 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 service. The expert-by-experience had personal experience of caring for older adults and adults with learning disabilities.

We visited the office location on to see the manager and office staff; and to review care records and policies and procedures. The expert-by-experience undertook telephone calls to people using the service and their families and an adult social care inspector completed telephone interview with staff.

Before the inspection we reviewed the information that we held about the service and registered individual. This included any notifications and safeguarding information that the registered individual had told us about. Statutory notifications are information that the registered individual is legally required to tell us about and included significant events such as accidents, injuries and safeguarding notifications. We also looked at information provided through the 'share your experience' portal available on the Care Quality Commission (CQC) website.

We liaised with the local authorities, other local commissioners of service, other agencies that the service had informed us they worked with and Healthwatch. Healthwatch is an independent organisation which collects people's views about health and social care services. None of the services we contacted shared any concerns about Family care solutions.

The registered individual had completed 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 looked at the action plan that the registered individual had provided following the last inspection in 2016.

During the inspection we reviewed a variety of documents. These included examining five peoples care records, four staff recruitment files and information relating to supervisions, training and competency checks and file audits. We looked at the service's policies, procedures and documents and other audits and checks completed by the service.

20 members of staff were employed at the time of the inspection. We spoke with the registered individual and other members of the management team including the two care co-ordinators when visiting the office. We spoke with three members of staff on day one, including the two senior carers, and spoke to a further two members of staff on the telephone on day three. We visited two people in their home and spoke with them about their experience of care. While we were there we also checked the records held within the person's home with their permission. The expert by experience spoke with two people using the service and six relatives.

Is the service safe?

Our findings

We spoke to four people who use the service and six relatives of people who use the service. They all told us they felt that the service was safe, they said "Absolutely, no question at all."

At the last inspection we found the provider to be in breach of Regulation 12 safe care and treatment. This was because we found that reasonably practicable steps to reduce risks in relation to moving and handling were not being taken, because staff had not received practical training in moving and handling to ensure they had the skills required to hoist people safely. At this inspection the provider was no longer in breach of this regulation. We found training certificates to evidence that staff had received training and the staff we spoke with told us "yes I've had moving and handling [training]."

We saw that in the five care files we examined there were detailed records in relation to moving and handling, including detailed risk assessments completed by the local occupation therapy team. The registered individual told us that they request moving and handling assessments from the occupational therapy team prior to commencing care and support packages with people. This ensures that people have had appropriate assessments of their moving and handling needs and staff can be clear about how this is done safely. Staff told us that the occupational therapist showed them how to use the hoisting equipment with new people.

At the last inspection we found a breach of the Health and Social Care Act (HSCA) 2008 (regulated activities) Regulations 2014 Regulation 19. This was because one member of staff had gaps in their employment history and there were no records to evidence that this had been explored with the staff member. At the last inspection we also found that one staff member had begun shadowing staff prior to references being received and records of staff interviews were not being held as part of staff personnel records.

At this inspection we found there was no longer a breach of this regulation. We looked at four staff recruitment files including three members of staff who had recently begun working for the service. We saw that application forms, health assessments, interview records, references and information from the Disclosure and Barring Service (DBS) were held with the file. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of being supported by unsuitable staff. We saw no evidence that members of staff had begun working for Family Care Solutions prior to these checks being completed. Staff confirmed that they had completed an application form, attended for interview and had references and DBS checks prior to commencing employment. One staff member told us the recruitment process was "brilliant, it really was."

We found that greater attention to detail could be made to ensure that information in relation to all staffs' previous employment history in care setting was considered and followed up as part of the recruitment process. This was because we found that in one staff members application the reference given from a previous care employer was not documents within the employment history. We found that proof of staff identification was being obtained but that this was not always being kept within staffs' personnel files.

These findings were discussed and addressed during the inspection.

We saw the service had policies in relation to safeguarding people and whistleblowing. This ensured that people were kept safe from abuse and good care practice was promoted. The service had multi-agency guidance from the local authority regarding how to undertake a safeguarding investigation. Safeguarding referrals had been made and outcomes from the investigation recorded along with any actions to be taken. Staff told us they had completed training to safeguard people and understood the different types of abuse and how to report these.

The care records we examined demonstrated that the service considered people's care needs and assessed risk. There were individual risk assessments in relation to the environment, moving and handling and falls. Generic risk assessments were also in place and covered areas such as laundry, clinical waste, fire safety and infection control. This meant that the service had a good understanding of risks for people and how to promote people's safety. People told us "They [staff] wait outside the front door until I have locked it and show them the key so they know I'm safe. I feel ever so reassured" and "They check the oven to make sure it is turned off properly."

Staff told us they had received training in the administration of medication. When support for medicines was not part of the package of care we were told that staff would still consider whether this need was being met. One person told us "They will always check to make sure I've taken it." We looked at people's Medication Administration Record (MAR) sheets and found they were accurately completed by care staff. However, in one person's MAR sheet there were several amendments about the medicine which could have been confusing for staff. The staff supporting this person told us they were clear on the correct prescribing regime and there was no evidence of harm having occurred for this person. We discussed best practice guidance regarding the administration of medication from NICE with the registered individual during the inspection. NICE is a national resource which provides good practice guidance covering a variety of health and social care settings.

The senior carers told us that they would complete medicines audits in people's homes to ensure they were receiving support with their medicines safely. The registered individual told us that they would audit the Medication Administration Record (MAR) sheets when they were completed and returned to the office. We could see that records had been signed off. We saw that the service maintained records of medicine errors and that appropriate action and medical attention was sought when mistakes were made. At the time of the inspection there had not been any recent medication errors.

There was an infection control policy in place at the service. We could see that there were sufficient stocks of personal protective equipment (PPE) within the office. Staff told us they had all the equipment they need to provide safe care and reduce the risk of cross infection when supporting people with personal care. We observed staff supporting people were using PPE and followed infection control techniques when delivering personal care. People told us that staff wore PPE although some people told us that they sometimes needed to remind staff to do this.

The registered individual showed us emergency plans that were in place to ensure people continued to receive the support they needed in extreme weather conditions. A traffic light system where the people identified as being extremely vulnerable and where a visit was essential were identified in red. This had helped the service to prioritise people during the extreme snow earlier in the year. The management team also told us how they were promoting care for people in the hot weather by reminding staff to leave plenty of fluids available for people. We observed carers ask people "Can I fill that jug with fresh water for you?"

We looked at the accidents and incident records for the service and found the service had not had any recent accidents or incidents. The registered individual told us how they would learn from incidents and would make referrals to other agencies, such as occupational therapy, when appropriate.

The service was continually looking to recruit staff to enable them to have sufficient staff to meet peoples changing needs. At the time of the inspection we found there was enough staff to meet people's needs. People told us that visit times could be very sporadic. They said "Sometimes, they're a bit irregular with their calls, times can vary a lot". Staff also told us "continuity can be a bit of a problem for service users, they don't always know when people are coming." The staff we spoke with felt that there were generally enough staff to meet people's needs. The registered individual told us that they generally try to accommodate peoples preferred call times but recognised this was a challenge for the service. The registered individual told us that there had only been one missed call and this was during the period of bad weather when the service was not able to access the persons location due to the heavy snow. A call records 'app' had been recently introduced which could allow the registered individual to monitor missed calls but was not being used in this way at the time of inspection.

Is the service effective?

Our findings

At our previous inspection we found the service was effective. At this inspection we found the service continued to be good in this area.

During the inspection we looked at staff training records. We found that ongoing training was provided; however, there was no clear oversight of when staff were due to have their competency reassessed. This is discussed further in the well led section of this report. Staff told us they had completed a variety of training whilst being employed for the service including moving and handling, administration of medicines, infection control and safeguarding. Staff told us that they received reminders on their phone to tell them when certain training was due to be refreshed.

Staff told us that the service was responsive about training and that they would source training for areas where staff lacked confidence. Care staff told us they had received training from a specialist behavioural nurse before they started supporting a person with more challenging needs. This ensured that staff had the knowledge and skills to respond to peoples care needs safely and effectively.

The records we reviewed were not able to demonstrate that all staff had completed the mandatory training as required. This is discussed later in the report. The management team told us that they used a file to record staffs' attendance when the training was not being provided on-line. However, the records we looked at did not always accurately reflect the information we saw from staff certificates as dates differed although the records we saw demonstrated that staff's training was in date. People we spoke with had mixed views about how effectively the staff were trained. one person told us "I'm very lucky they are all well trained" whilst another told us "no some of them aren't very well trained." Staff told us it was difficulty to complete the online training and there was not always time allocated to allow for this.

The office had a library of reference books available for care workers to borrow and we saw that this covered a wide variety of topics.

Staff told us they felt they had the support they needed from the management team and senior care staff. The registered individual told us how they use supervision to identify changes in peoples care needs, support needs for staff and ideas for future development. The records of supervision demonstrated detailed discussions occurred.

The registered individual told us that supervision was often ad hoc and that those who worked part time or primarily out of hours may not receive regular supervision. There was no supervision matrix in place making it difficult for the registered individual to identify when supervision was needed in line with the supervision policy. The staff we spoke with told us they received supervision and felt supported but the records did not evidence that everybody was receiving regular supervision. This is discussed further in the well-led section of the report

We saw records that staff had received spot checks to ensure good quality safe care was being delivered to

people. Senior carers told us they would undertake these spot checks and the records were detailed and included information about infection control and good practice, care being delivered in line with people's care plans and record keeping. Not all of the staff we spoke with were able to confirm that they had been involved with a spot check and at the time of inspection we did not see a system in place to allow overview of the completion of spot checks. This is further considered later in the report.

We saw that staff were kept informed using newsletters and that team meetings were held involving the senior care team and management staff. Staff told us that they received updates from the service regarding people's care needs through the mobile app and that this occurred in a timely manner.

We saw that the service considered people's food and fluid needs. We observed that choice was offered and people told us "I always like to have something different" and that carers were actively encouraging people to stay hydrated in the warm weather. One relative told us that the difficulty with call times impacted upon how people are being supported with meals. They told us "If they're running late, it affects what time [relative] is eating." The service told us that they were continually working to ensure people received support at their preferred times.

We saw that people's care records referred to people's preference in relation to food and promoted improving people's nutritional intake when required by 'leaving snacks all around the house'. We saw that there were monitoring records available for people who to ensure people had sufficient food and fluid intake.

The care records we reviewed reflected people's individual health needs and the impact of these on daily lives. Daily records demonstrated that staff monitored people's health needs and would respond appropriately as required. Relatives told us that staff would keep them informed; they said "They're very attentive and they ring me if they have concerns." We saw records that staff would support people to appointments such as the dentist and optician. People and their relatives told us staff would signpost them appropriately, one relative said "[relative] has dementia, so they often point me in the direction of what can help."

The care records we reviewed demonstrated that staff were encouraged to obtain consent prior to supporting people with personal care. The policy regarding the mental capacity act also referred to implied consent and one person told us "Most of the girls know what they're doing, so we don't discuss it every time – they just get on with it." Other people agreed that consent was obtained by staff before providing care.

The service had a policy regarding the Mental Capacity Act and staff completed online training in this area. We could see from people's care records that capacity was considered at assessment pre-admission and used to inform care plans and reviews. At the time of inspection, the service did not support anybody who had involvement from the court of protection.

We saw evidence of good inter-agency working. This included supporting people to access support and information from the fire service and accessing facilities from other health care settings. For example, when a fire risk in a person's property had been identified staff contacted the fire service and asked them to complete a risk assessment.

Is the service caring?

Our findings

At our previous inspection we found the service was caring. At this inspection we found the service continued to be good in this area.

People we spoke with told us that staff were kind and caring. They told us "I see the same people a lot they are like friends" and "The carers are wonderful." We saw the service had received compliments that said, "I am perfectly happy with the carers I have" and "The care workers were wonderful." People told us that "[The staff] are careful [when supporting with personal care]." Staff we spoke with were very supportive of the people they were providing care to. They told us "I love being with [person]" and "the best thing is the clients."

The staff we spoke with knew the people they were caring for well and we observed some natural conversations between staff and the people they were supporting. People told us "They're [staff] easy to talk to and we feel comfortable with them" and "Oh yes I feel safe, they know me very well." Relatives told us "Everyone really helps us a lot." Staff knew specific information about people such as how they liked their meals to be prepared. For example, whether people liked a warm plate and added ice to peoples' drinks if they knew they preferred cold drinks. This meant that people were supported by staff who knew them and their care needs well.

The registered individual told us that they try to match people with staff according to their interests and gave examples of how they had done this with peoples' interests in computing and sports. We saw that consideration had been given to people's gender preference and people were supported by staff of their preferred gender. The registered individual told us they had plans to develop a tool including a photograph of staff so that people would know which staff member was coming and when. The registered individual noted this would be of benefit to those living with dementia, acting as a memory aid and supporting people to feel safe within their own home.

Some people told us that "call times can vary" and staff told us "continuity can be a bit of a problem." This meant that people did not always receive support with personal care in a timely manner. However other people felt they receive the support they needed and "They [staff] are always on time." The registered individual acknowledged that staffing levels and meeting people's preferred times for calls were ongoing challenges and continual recruitment was in place to help address this.

The service had a privacy and dignity policy in place and people told us that staff respected their privacy and dignity. They told us "They just respect our home" and "They help me get ready for the shower and they stand outside [the bathroom door] until I'm ready then they help me dry."

The registered individual told us that they involve people and their relatives in developing the care package from the beginning at pre-admission. We saw that there were task lists in peoples care records which the registered individual told us had been developed with people and their family and were used to develop the care plan. We saw that care plans reflected people's choices and preferences and that people had their

autonomy promoted. People told us "The girls do what I say I want to do. Anything they're allowed to do they will do." People generally felt that staff listened to them, however one person commented "Most of the time, the carers yes, but the office – not always." On the day of inspection, we observed the office team managing telephone calls in a polite and respectful way.

We saw that peoples care records contained details about peoples' communication. Where appropriate there was information about how adaptations, such as picture cards, can be used to communicate with people.

People told us that staff promoted their independence. They said "I say what I want to do. They will do the things I can't" and "They let me do the bits I can do." Relatives told us staff "try to get [relative] to be more independent." We saw that peoples care records clearly documented how people needed support.

We saw that peoples care records were securely stored within the office. Staff had access to peoples care plans and call details on a secure 'app' available upon their mobile phones. This meant that staff have access to all the information they needed to provide appropriate support to the people they are caring for.

There was an advocacy policy in place and the service actively encouraged people to access advocacy services. We did not speak with anybody who was receiving support from advocacy services during the inspection.

Is the service responsive?

Our findings

The registered individual told us that they completed pre-admission assessment with people which looked at their life history and care needs. They told us they would involve the person and their family and others involved in the assessment process. The registered individual said they tried to set realistic expectations for people and offer alternatives and compromises when possible. For example, when they were unable to offer the person's preferred time for a call they would offer alternative options and the possibility of having the preferred time when a space became available.

We looked at care records and found that these were individualised and person-centred. These records reflected peoples' choices and preferences and detailed how people wished to be supported. Records demonstrated that the provider had developed a good understanding of peoples' health conditions and what this meant for people daily. For example, consideration was given to the behaviour people displayed when unwell and how staff were to support people with this.

We saw evidence that peoples care plans were reviewed and amendments made when peoples care needs changed. One person receiving care told us "We were involved at the beginning and it's [the care plan] updated regularly." Staff told us that when people's needs changed these were fully assessed. For example, when one person's mobility deteriorated they were reassessed to check the moving and handling plan was still appropriate and relevant to that person's needs. Staff told us that when people had been identified as needing extra time to have their care needs met, the service had been responsive to this. By being responsive in this way the service was enabling peoples care needs to be safely met whilst promoting independence and allowing people to continue to do the things that they could for themselves.

The registered individual gave examples of how the service had responded to peoples changing care needs to promote the person's safety and ability to remain in their own home. For example, one person who was prone to leaving their property and periods of forgetfulness was given a card with the services details which the person kept on them. Staff also made additional checks on this person in their own time to ensure their safety. Staff told us they felt the service responded well to peoples changing needs and we saw a compliment card which referred to how the service provided extra cover at short notice.

We saw that daily care notes were completed by staff appropriately but could have contained greater detail to help the service better understand people's choices and preference. Some staff felt "the record keeping could be better."

The registered manager spoke to us about plans to introduce life story work as part of peoples care records. Life story work is an activity in which the person is supported to gather and review their past life events and build a personal biography. It is used to help the person understand their past experiences and how they have coped with events in their life. The service recognised this would benefit the development of rapport between people and staff and improve relationships.

We saw that people's choice was promoted. People and their relatives told us that they or their relative

made their own choices about how they received their care and that their wishes were respected. One person told us "No, I decide what I have to eat and what gets done when" and another person told us "The girls do what I say I want to do."

The service had an equality, diversity and embracing culture policy in place. We saw that the service was meeting peoples' individual needs and promoting equality, diversity and human rights in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. The registered individual gave us examples of how they had supported people to access food from specialist stores where the food had been prepared in specific ways such as Halal and Kosher stores. The registered individual had resourced information about different faiths and this information was shared with staff so they were aware of peoples' beliefs and religious festivals.

The service has well established links to the local community and promoted the engagement of activities with the people they supported. People were supported to attend activities, such as singing groups in other care settings such as local care homes. One relative told us that staff take their relative out in the community on a regular basis giving the family respite and allowing the person to be part of the local community. Staff told us that the service had arranged for a person to have an assessment with an occupational therapist to see if they could be supported into a car with the long-term goal of getting the person out into the community. The service told us that they had recently been involved in a local garden party and had participated in a coffee morning to raise money for charity.

The registered individual told us how they were investing in technology and had introduced a new call logging system, which would enable staff secure access to their call rotas as well as information relating to the people they were supporting such as care plans. Staff told us that the 'app' was working well and "tells us everything you need to know."

The registered individual told us that they met accessible information standards. For example, they had large print service user guides and would email information to staff and people when this method was more accessible for them. The accessible information standards set out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

We reviewed the duty telephone call book where records of people's concerns were recorded. This information demonstrated that when concerns were raised these were investigated and responded to by the team of staff in the office. One relative told us that they have day to day communication with the office and would feedback then.

We saw that the service had a complaints policy in place. However, not everybody we spoke with knew what to do if they were not happy with the service or had seen a complaints procedure. Nevertheless, people told us they were happy raising concerns with the office and where they had these were addressed. One relative told us they had raised "More concerns about my [relative] than the care, but I can ring them up and they offer solutions – which is very helpful". One person told us that they had raised concerns about the sporadic visits they received and said "At first, they didn't do anything and so I complained again. It's ok now". Another person told us "I've never had any complaints but I would speak up if I did".

The staff newsletter highlighted the common concerns about meeting peoples care needs whilst respecting their choices and consent for care. Staff were encouraged to be "proactive.....and to work with people who

say they don't want anything doing. We can't impose care but we can find ways to work with them"

The service told us they did provide end of life care for people and were able to give examples of how they had supported people in this stage of care and ensuring the peoples personal care needs were met and they were supported to die with comfort and dignity. The service had information and resources relating to end of life care but were not working towards and recognised system of end of life care at time we inspected. At the time of the inspection the service was not supporting any one at the end of life.

Is the service well-led?

Our findings

The provider of Family care solutions was a registered individual and they were also part of the management team. The registered individual had previous experience in social care settings and continued to maintain their registration as a social worker with the Health and Care Professions Council (HCPC). This meant that they had signed up to a code of conduct and commitment to ongoing professional development.

People told us that that the management team were generally approachable. However, one person told us "I can talk to [Member of management team], but I don't always feel comfortable". Relatives told us communication was good "Yes, absolutely and we have quite long conversations about my [relative] care". "It's a family business, the [member of the management team] and I get on reasonably well" and "They're all ok."

The staff we spoke to were positive about the provider and the management team. Staff told us "it's a great team, everyone gets on well", "I love it here" and "I would recommend the company to anyone."

We saw that the service had suitable policies and procedures in place to ensure it ran safely. These had been reviewed recently and were in line with current legislation. Policies included whistleblowing and complaints policies, policies around health and safety and plans for business continuity. The service had operational policies to support staff in the delivery of care.

At the last inspection we recommended that the provider review and formalise processes in place to monitor the quality and safety of the service. We could see that the service had implemented many processes and made improvements with the record keeping and checks were being undertaken.

We saw that some audits were completed by senior staff and the management team. Care file audits and reviews of risk assessment were undertaken regularly. We saw that MARs sheets were checked on completion and any errors or concerns identified recorded in the medication errors records following this.

The service used a recruitment checklist which ensured that references and DBS information were received prior to staff commencing employment. When we looked at recruitment files for care workers we found a reference from a company that did not match the employment history stated on the care worker's application form. This should have been identified and questioned by the service during the recruitment process and audits completed on the recruitment process. This was discussed with the registered individual and addressed during the course of the inspection.

Staff told us they felt supported by the management team, they said "they're there for you, they genuinely care for the staff", "yes definitely, they totally respond" and "I've never felt any different, they're always supportive." We saw that supervision was undertaken with staff and when this happened it was detailed and meaningful. However, there was no evidence that the service implemented a consistent approach to formal supervision in line with the service policy. The registered individual acknowledged that the focus for

supervision was often with the full-time staff. We spoke with the registered individual about ensuring that staff are supported appropriately and in a fair and consistent way during the inspection.

We discussed the further development of the service's current governance systems with the registered individual during the inspection to allow greater oversight of common themes identified from audits demonstrating learning and improvements and to ensure audits are completed in a consistent and timely manner. We will monitor the progress of this at our next inspection.

The service was sending notifications to the CQC as part of the requirements for registration.

The registered individual told us that specific information relating to individuals, such as religious beliefs and health conditions, were researched and provided in people's care records. This meant that staff understood people's needs and preferences and what this meant in relation to daily living and how the person wanted support to be provided.

The service asked people using the service to complete surveys. The registered individual told us this information was used to feedback to staff about the service performance and to learn from any negative feedback. Much of the feedback related to call times and the service was working to address this so that people received support at their preferred time. One relative told us "[relative has] done one or two questionnaires, there was one at the end of last year." The service should ensure, as part of their quality assurance processes, that people are clear about how to raise concerns and make complaints so that feedback is provided to the service in a timely manner.

The registered individual told us about ongoing improvement plans. They were looking at building life story work into people's care records and recognised how this would improve their ability to match people and staff based on interests but also improve rapport and relationships with people. At the time of the inspection the service was rolling out the 'This is me' booklet. This was developed by the Alzheimer's society to share information about people and improve the transfers of information between different services. The registered individual was able to tell us that they had recognised this was a gap in their case records from previous care packages they had delivered for people living with dementia.

There were systems in place to ensure staff had the information they needed. The management team used this to provide staff with their rotas and care runs, as well as provide updates and information about the people being supported. Staff told us this system worked well and they had the information they needed in a timely way.

The service had an on-call system which was covered by the management team and senior carers to ensure that somebody was always available if people or staff needed advice or support.

The service told us they had close working relationships with other service providers including care homes and other domiciliary care services. This allowed them to signpost to the appropriate service when people's care needs were not within the remit of the service. We saw that the service was proactive in referring to other services and worked closely with other professionals.

We saw the service actively promoted community links and had recently participated in a garden party in the local area.

The service had its own website and information from the previous inspection and a link to the report were available.

