

Handle with Care Coventry and Warwickshire Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

Handle with Care, Coventry and Warwickshire, is a domiciliary care agency registered to provide personal care to people living in their own home. At the time of our inspection visit they provided a service to 70 people and employed 18 care staff.

At the last inspection in December 2015, the service was rated Good. At this inspection we identified improvement was required in the management of the service. The overall rating remains Good.

Since our last inspection we have reviewed and refined our assessment framework, which was published in October 2017. For this inspection, we have inspected all key questions under the new framework, and also reviewed the previous key questions to make sure all areas were inspected to validate the ratings.

The office visit took place on 30 January 2018 and was announced. We told the provider we were coming so they could arrange to be there and arrange for staff to be available to talk with us about the service.

The service did not have 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. The registered manager left the service in September 2017. The provider had appointed another manager who had applied to be registered with us.

This was the first senior management role for the new manager, who had previously been a care co-ordinator in the service. The manager acknowledged they needed to develop their skills in relation to quality monitoring, and driving improvements for the service, as well as their understanding of the responsibilities of a registered manager. The manager was confident they would receive the guidance and support from the provider to effectively develop these skills.

There were procedures in place to keep people safe and manage identified risks to people's care. People felt safe using the service and staff understood how to protect people from abuse and harm. People who required support to take medicines received these from staff that had been trained to administer them. The provider conducted pre-employment checks prior to staff starting work, to ensure they were suitable to support people who used the service. Staff used protective clothing, such as disposable gloves and aprons when providing personal care, to reduce the risk of infection being passed from one person to another.

People had an assessment completed at the start of their service to make sure staff could meet people's care and support needs. There were enough trained and experienced staff to provide the care and support people required.

The managers and staff followed the principles of the Mental Capacity Act (MCA). Staff respected decisions

people made about their care and gained people's consent before they provided personal care.

People told us they received care from staff they knew, and who were kind and friendly. People said staff treated them with dignity and respect. Staff we spoke with knew the people they visited very well and spoke about people in a caring and considerate manner.

People said care staff usually arrived around the time expected and stayed long enough to provide the care outlined in their care plan. Care plans provided information for staff about people's care needs and the details of what they needed to do on each call.

People's care needs were regularly reviewed. The managers and office staff were in regular contact with people, or their relatives, to check the care provided was what people needed and expected. People knew how to complain and information about making a complaint was available for people. People knew who the managers were and felt they listened to them and dealt with any concerns they had.

Staff felt supported to do their work effectively and said the managers and provider were approachable and available. There was an 'out of hours' on call system, which ensured support and advice was always available for staff.

The provider's quality monitoring system included asking people for their views about the quality of the service. This was through telephone conversations, visits to people to review their care and satisfaction questionnaires. The management team checked people received the care they needed by observing staff during visits to people and through feedback from people and staff.

There was a programme of other checks and audits which the provider used to monitor and improve the service. We found procedures to ensure the service was effectively managed were not always implemented consistently or sufficiently robust to ensure people always received safe, effective 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? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service was mostly well led People were satisfied with the care they received and spoke positively about the care staff and managers. Staff received the support and supervision they needed to carry out their roles and felt confident to raise any concerns with the managers. There were procedures for reviewing the quality of service people received, but systems for effective management were not always in place or consistently implemented.	Requires Improvement ●

Handle with care Coventry and Warwickshire

Detailed findings

Background to this inspection

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

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

This comprehensive inspection was carried out by 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. The expert by experience made telephone calls to people prior to the office visit.

The office visit took place on 30 January 2018 and was announced. We told the provider we were coming so they could arrange to be there and arrange for care staff to be available to talk with us about the service.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used information in the PIR in our inspection planning and reviewed the information provided during the inspection visit.

We also reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us. Commissioners are people who contract care and support services paid for by the local authority. They had no concerns about the service.

We asked the provider for a list of people who used the service. This was so we could send surveys to people and contact people by phone to ask them their views of the service. Surveys were sent to 50 people who used the service and 50 relatives. Surveys were returned from 18 people who used the service, and four relatives. We also contacted 25 people by telephone and spoke with 15 people, this included 11 people who used the service and five relatives. We used this information to help us make a judgement about the service.

During our office visit we spoke with the manager, the branch manager, the administrator and three care staff. We reviewed three people's care records to see how their care and support was planned and delivered. We looked at three staff recruitment files, staff training records, records of complaints, and records associated with the provider's quality monitoring systems.

Is the service safe?

Our findings

At our last inspection we rated safe as Good. At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection. The rating continues to be Good.

People who received a service from Handle with Care felt safe with their care workers because people had regular care staff that they knew and trusted. People told us the care they received helped them feel safe. For example, one person told us, "The carers coming in allow me to live here on my own, but I wouldn't be safe to do that if they didn't come in, because if I had a fall I could be lying here for hours." People knew what to do if they didn't feel safe. One person said, "I would phone the office and ask to speak to [branch manager] if I didn't feel safe." Another told us, "If I wasn't feeling safe with my carers, I would tell my daughter and ask her to speak to the manager of the service."

Staff understood their responsibilities to keep people safe and protect people from the risk of harm or abuse. Staff had completed training in safeguarding adults and understood the type of concern they should report and how to report it, such as, unexplained bruises on people's skin, and changes in their behaviour. Staff were confident any concerns they reported would be acted on by the managers. The managers understood their responsibility for reporting any safeguarding concerns to the local authority safeguarding team and to us.

There were enough care staff to support people safely and meet their needs in a timely way. People told us care staff usually arrived when they expected them and they let them know if they were running late. For example, one person said, "My regular carers' usually do arrive on time or at least within 10 to 15 minutes of the time they should arrive. If they get held up in an emergency with a previous client, then somebody will usually call me from the office." Some people said sometimes at weekends or when their regular care worker was off work the service was not always as consistent. The managers told us they did struggle to cover calls at these times and care staff were good at agreeing to cover additional calls. Both managers provided care calls if needed. No one we spoke with had experienced a missed call.

People told us care staff always stayed long enough to do everything recorded in their care plan. Comments from people included, "Oh yes, they always make sure I've got everything and I don't need anything else before they head off." And, "Very often, they can be here a bit longer than they should because they make sure I have everything I need before they go to the next client."

The managers told us there was enough staff to allocate all the calls people required. Staff we spoke with confirmed there were enough staff and said they had weekly rotas that informed them the people they would be visiting and the time they should arrive. Staff said calls to people usually remained the same on their rotas to ensure continuity of care.

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

Recruitment procedures minimised, as far as possible, the risks to people safety. Care staff confirmed their references had been requested and checked. They told us and records showed they had not provided care to people until their DBS (Disclosure and Barring Service) clearance had been returned. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. For example, where people required help to move around, risk assessments detailed how they should be moved, the number of staff required to assist the person, and the equipment used in their home. People told us staff knew how to move them safely. One person said, "I have just had a new overhead hoist to replace the one I'd had for nearly 30 years. It's taking me time to get used to it, but the carers are used to this type of hoist."

Some people had a key safe which care staff could use to access their home if the person was unable to open their front door. Care staff were aware of the importance of keeping entry codes safe and made sure following their calls that doors were closed and the home secured. A relative confirmed care staff used the key safe appropriately. They told us, "[Relative's] carers let themselves in using the key safe... I was a bit wary about this to start with, because I was worried that carers wouldn't make sure the door was properly locked before leaving. Having said that, in all the months they have been going in, we have never had one issue with the door not being locked properly."

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines, or their relatives helped them with this. Where people were supported by staff, they told us their medicines were administered as prescribed. Comments from people included, "Yes, my care worker is usually here first thing in the morning to give me my tablets."

Staff told us, and records confirmed; they had received training to administer medicines and had been assessed as competent to give medicines safely. Staff said they checked medicines against a medicine administration record (MAR), recorded in people's records that medicines had been given and signed to confirm this on the MAR. The managers told us MARs were checked by staff during visits to people to make sure they had been completed correctly, and returned to the office monthly for checking and auditing.

We looked at three returned medication records. Two of the three returned records had unidentified gaps where no code had been recorded. There was no evidence on the MAR that this had been identified by care staff during visits to people or when the MAR had been returned to the office. We checked the corresponding daily records for both people which confirmed medicines had been given by the care worker. We found the procedure for auditing returned MARs had not been consistently implemented. The manager sent a message to staff during our visit to remind them to check MARs and report any errors, and advised us that the procedure for checking returned records would be improved.

Staff understood their responsibilities in relation to infection control and hygiene and had completed training in the prevention and control of infection. They were aware of how to minimise the possibility of cross infection by wearing disposable protective clothing and washing their hands thoroughly between tasks. People and relatives who we spoke with and who had completed surveys confirmed staff wore disposable gloves and aprons when they provided personal care. Staff told us gloves and aprons were always available for them to use, and during our office visit we saw several staff come into the office to collect a supply.

A system to monitor accidents and incidents was in place. Accident and incident records were completed by managers or staff when these occurred. There had been no accidents or incidents involving people who used the service since the last inspection.

Is the service effective?

Our findings

At our last inspection we rated effective as Good. At this inspection we found staff continued to have the experience and skills to provide effective care to people. The rating continues to be Good.

We looked at three people's care records. To ensure their needs could be met by staff an assessment of people's care and support needs, including their physical, mental and social needs, had been carried out prior to the service starting. People confirmed they were involved in the assessment process. One person recalled, "I remember going through everything from the beginning of the day to going back to bed, so that the agency could find out everything about me and what I needed help with. The manager was here for quite some time and asked me lots of questions." A relative told us, "The manager spent quite some time talking to my [family member] about everything they needed help with and we were able to ask any questions about how the service would be provided."

Care plans had been developed from people's assessments. Plans included identified risks and informed staff what care and support people required and how they liked this carried out. People told us care staff knew what care and support they needed to meet their needs and maintain their welfare. One person told us, "The regular carers' are very nice, and are more than capable of looking after me."

The managers told us there was no one using the service who required staff to support their cultural or religious needs. Although they were mindful where certain aspects of people's personal care routines, could impact on their religious ceremonies.

The provider acted in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care. New staff completed an induction that was based on the Care Certificate and worked alongside more experienced staff to gain the practical skills they needed to support people. The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours. A senior care worker told us how the provider often 'sat in' on training sessions for new staff, and understood the quality of training that was expected. Following induction, care staff were supported by the provider to undertake a vocational qualification in social care, to enhance their knowledge and skills.

An on-going training programme was in place to ensure care staff kept their skills up to date and were effective in their role. Staff said the training they received was provided by a training manager and was of good quality. They told us it prepared them for their role and provided the skills they needed to meet people's health and welfare needs. An annual training programme was in place and records showed training was up to date at the time of our visit.

The provider considered some training as mandatory for staff working in care, this included moving and handling people, equality and diversity, safeguarding adults from abuse, and medication awareness. Staff also completed training in other areas related to people's individual needs, for example dementia care and pressure area care. The manager told us, "Staff are brilliant at informing the office if there are any concerns

about people's skin. They are really on top of this."

Staff received regular supervision (one to one meetings) with a manager and had direct observations of their practice, 'spot checks', to make sure they put their training into practice. A staff member told us during 'spot checks' the senior staff checked 'to see if you do things correctly'. They went on to say, "They watch how you use a hoist and give medicines. They check you are wearing the correct uniform and that you use disposable gloves and aprons for infection control." Care staff told us one to one meetings with a manager were used as an opportunity to discuss the support they provided for people, together with any training requirements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. The managers understood their responsibilities under the MCA. They told us all the people who currently used the service were able to make daily decisions about their care, or had relatives who could make decisions in their best interests. The manager told us, "Staff also know and understand people's right to decline the care offered."

Staff completed training in the MCA and staff we spoke with knew this was about decision making and seeking people's consent before providing care. People confirmed staff asked for their consent. For example one person said, "My carers have been coming to me for a long while, but they still ask if it's alright to start doing something, and then when they move onto the next thing they ask again. I tell them I'm happy for them just to get on with things, but they tell me they must ask because I might not feel like doing something one of these days."

People who required assistance with meals and drinks were supported to have sufficient amounts to eat and drink. Most people we spoke with prepared their own food or had relatives who helped them do this. Where people required staff to assist them with meal preparation, this was recorded in their care plan. Staff were aware of people's dietary needs, and if there were any special arrangements regarding their nutrition. For example, care records informed staff if people required a 'soft' diet to prevent choking or a low sugar diet for people with diabetes.

People who were supported by staff to prepare their meals were satisfied with the service they received. One person told us, "I'm reliant on my carers for all my meals and drinks these days. They always tell me what I've got in the fridge and I decide what I fancy to eat. They usually heat it up in the microwave because that's quicker and they will bring it to me on a tray, with my cutlery and some salt and pepper so I can sort it out myself."

Staff understood the importance of people drinking enough to keep well hydrated. One person said, "I can get drinks for myself, but the carers will usually try and persuade me to have a drink while they're there and to be honest, with their encouragement, I tend to drink more during the day than I probably would do if they weren't coming in." People said care staff always made sure they had a drink available before they left.

All the people we spoke with arranged their own health appointments or had family who supported them to do this. Staff told us, if a person was unwell during their call, they would ask if they would like to see a doctor and call the GP. They would also inform the person's family and contact the office staff to let them know, so they could follow this up if needed. Records showed health professionals such as GPs and district nurses

were consulted where concerns had been identified.

Is the service caring?

Our findings

At our previous inspection we rated the service as Good in caring. At this inspection, we found people continued to have their privacy and dignity upheld by care staff who were kind and caring. The rating continues to be Good.

All the people who completed surveys and who we spoke with said they, or their relative, received care from familiar care staff that were kind and caring and who treated people with dignity and respect. A relative told us, "I changed my [family member] to this agency earlier this year because she wasn't happy with one she was having. The care staff here are lovely and friendly, and they treat her as a real person rather than as a patient or somebody who is stuck at home. When I come in and the care workers are here, I can usually hear [family member] laughing which I never did before."

People said they received care and support from staff who were considerate and understood their individual preferences. A relative told us, "My [family member] was always very particular about what they wore and always liked to look smart. These days [family member] doesn't really realise if they drop things down their clothes. Her care workers are really good and they make sure she always has something clean to wear. It's just a small thing, but I know, if [family member] realised, she would be really grateful."

Most people said they were able to build up friendships with staff as they visited them regularly. People said staff had time to talk with them during the visit and did not have to rush. One person said, "Most days, my care workers are the only people I see and if I didn't have a conversation with them, I would just be talking to the four walls. They make time to ensure that we have a chat and a laugh before they have to go off to their next client." A relative told us, "All I ever hear is [family member] laughing with the carers' when they have told her something funny. They always make time to have a conversation with her and she considers most of them to be her surrogate grandchildren now."

People who completed surveys, and who we spoke with told us care staff upheld their privacy and dignity. For example, one person told us, "My care workers always make sure the curtains are shut before they start undressing me in the evenings and they never open the curtains in the morning until I'm fully dressed ..." A relative told us, "My [family member] is bedbound these days and when the care worker arrives I always hear her go up and knock on the bedroom door and she always calls out her name and waits till [family member] calls out for her to go in."

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

People told us care staff showed concern for their wellbeing and responded to their needs. Comments from people included, "Certainly the ones I have do. If they know I'm running short of something, they will very often bring it in for me when they next come." And, "I think most of them are really very nice and will go out

of their way to do extra jobs for me if I asked them to." A relative told us, "[Family member] can't walk very much at all these days, but she does have a Zimmer frame and her care worker will stand behind her and encourage her to walk a few steps between the bed and the commode and then to her chair, so she at least gets a bit of exercise every day."

People were involved in decisions about their care and were able to express their views. A relative told us, "When we moved to the agency we met with [branch manager] and we all talked through everything that [family member] needed help with. She asked us what time, and days we would like the calls and whether [family member] preferred male or female care staff ... I have to say that we felt completely involved in planning the care."

People told us the service they received helped them to remain independent so they could remain living at home. One person told us, "I can't really go anywhere by myself these days, but having care workers come in, means that I can stay here, living in my own home, for as long as possible and that's important to me." A relative told us, "My parents are housebound these days, but it's important to them that they stay together for as long as possible. Having the care workers here enables them to do that." The manager told us, "We are there to promote independence not to take choices away from people."

Discussions with the managers assured us people's diversity was respected. Care workers had received training in equality and diversity and the provider had a policy to provide guidance for staff. The care planning process included a discussion with people around their diversity and the support they needed to live their lives as they chose. This included their preference to gender of care worker and the timing of calls to meet people's cultural or religious routines.

Information about the service was available and accessible to people. People were provided with a service user guide that contained up to date information about the service and how it operates. Information provided to people also included the telephone numbers for the service, and how to make a complaint. The manager told us if required, information would be made available to people in other formats and languages.

Care staff told us they understood the importance of maintaining people's confidentiality. Comments from staff included, "I would never discuss a client in front of another," and, "I always make sure I'm not overheard if I ring the office." The provider made sure people's records held on staff mobiles, which contained personal information, were pass-warded and kept secured and confidential. Files in the office that contained people's personal information were kept secure in lockable cabinets.

Is the service responsive?

Our findings

At our previous inspection we rated responsive as Good. At this inspection we found management and staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

People told us the support they received from Handle with Care was personalised and met their needs. For example, everyone knew they had a care plan in their home and had been involved in devising the plan and how their service was planned. One person told us, "I remember meeting with a manager from the service and talking about everything I needed help with. She then went away and put everything together into my care plan which I have here in my folder. I felt that she had covered everything that I had thought about and I have my visits at the times that I wanted, which was the most important thing for me."

The service was responsive to people's needs and requests. For example, people told us, if requested the times of their calls would be re-arranged to accommodate health appointments. The branch manager told us about a recent assessment for a new client, they told us, "This person is 100 years old and requested to go to bed at 6pm, so we prioritised this."

People told us they received support from staff that knew them well and understood their needs. One person said, "I have just a small number of regular care workers and they know me well, so these days I don't have to explain to them what it is I need help with. That is so much nicer than having to explain everything each time to different care workers about what my needs are."

Care staff told us they visited the same people regularly, had enough time to provide the care required and to sit and chat with people. One staff member told us, "Yes I have time to do everything needed and get to know people." People we spoke with told us care staff completed everything recorded in their care plan during each visit.

We looked at the call schedules for people whose care we reviewed and the rotas for the staff who visited them. These showed people were allocated regular staff at consistent times.

A copy of the person's care plan was kept at the office. We reviewed three people's care records. Care records were personalised and contained information about people's daily routines. All contained an assessment of people's needs and a care plan that included how any identified risks were to be managed. Plans provided guidance for staff about everything they needed to do on each visit and how people liked their care provided. People told us staff wrote information in the daily records kept in their home, so that other care staff always knew what care they had received. Care staff told us if a person's needs changed they would tell the managers and their care plan would be updated.

People had regular reviews of their care to make sure the service remained responsive to people's needs. One person told us, "I had a visit from [branch manager] some weeks ago when we went through the care plan to see if anything needing updating. She also asked me whether there was anything I wasn't happy

about." Another said, "I've been with the agency for a few years now, and I do have a meeting with [branch manager] every so often, so that I can talk to her about how my care workers are looking after me. She also asks me whether there is anything that I think needs changing or improving."

We looked at how complaints were managed by the provider. People we spoke with knew how to complain and said they had complaints information in their home. They told us, "I know I was given a complaints leaflet, but I couldn't tell you where it was now. If I had a problem I would phone the office and ask to speak to the manager though." And, "I think there is a leaflet about making complaints in my folder. At my age I'm not really in the mood for making complaints these days, so if I had a problem I would tell my daughter and ask her to talk to somebody in the office." Some people said they had raised concerns and were satisfied how these had been handled. Formal complaints had been recorded and responded to in a timely manner.

Is the service well-led?

Our findings

At our previous inspection we rated well led as Good. At this inspection we found improvement was needed to ensure the service was always effectively managed and monitoring systems were consistently implemented. At this inspection we have rated well led as Requires Improvement.

Since our last inspection the registered manager had left the service. The provider understood their regulatory responsibilities and had appointed another manager who had applied to register with us.

This was the first senior management role for the new manager, who had previously been a care co-ordinator in the service. During this inspection we found the service was not as well led as at the previous inspection. The manager had a good understanding of providing 'care' and how this should be delivered but had limited experience of managing a service. It was evident from feedback from staff and people who used the service that they felt listened to and supported by the management team. However, how the managers learnt from concerns and other feedback from people was not always evident.

For example concerns received were recorded on people's care records. Although action had been taken to resolve the concern the manager told us they did not collate the concerns, or use this information to assess trends or patterns, and to monitor if improvements to the service were needed.

People were sent a satisfaction survey twice a year. We looked at the completed surveys for 2017 and found people's feedback had not been collated or used to improve the service. Where negative comments had been received there was some evidence that these had been followed up with the person but this was not consistent. People told us they were not informed of the outcome of the surveys. One person said, "I have had two (surveys) so far this year to fill-in where I've been asked about how we find the service. I never mind filling them in, but it does seem a bit of a shame when you never hear anything back about them."

We found unexplained gaps on the returned medication records we viewed. The procedure for auditing returned medication records had not been consistently implemented. When this was identified the manager sent a message to staff during our visit to remind them to check MARs and advised us the procedure for checking returned records would be improved.

The manager was supported by an experienced branch manager and an administrator. The managers said as the management team was small, management meetings were informal and not recorded. Both managers said they had ad-hoc meetings throughout each working day to discuss any concerns or issues that arose. However, as records were not kept, there was no information about the issues discussed, what action had been taken to resolve concerns or make improvements, or if any issues needed to be referred to the provider. The manager told us they would identify a time for the managers to meet to review any issues, and would record the action taken and the outcome.

The manager acknowledged they needed to develop their skills in relation to quality monitoring, and driving improvements for the service, as well as their understanding of the responsibilities of a registered manager.

The manager was confident they would receive the guidance and support from the provider to effectively develop these skills.

The manager's told us the provider visited at least once a week and was always available to offer advice and support by telephone. A senior care worker told us, "I can ring the director (provider) at any time; he is always approachable and knows the staff by name."

Senior care workers supported the management team and provided the 'on call', out of hours' telephone service when the office was closed. The managers had a hand-over each morning from the 'on call' person so they could follow up on anything urgent if needed. Records were kept of all the phone calls made to the out of hour's service.

People spoke positively about the care staff and the management team. One person said, "I am perfectly happy with the service provided by Handle with Care and I have no complaints. My [family member] is really happy with her care workers and would not like any change. The manager is exceptional."

Care staff felt supported by the managers and the provider, they understood their roles and what was expected of them. Care staff said communication from the office worked well and that they were able to speak with the managers about any issues connected with work or of a personal nature. Staff had regular supervision meetings to make sure they understood their role and spot checks to make sure they put this into practice safely. One staff member told us how, "They [managers] work hard to make sure people are well cared for."

Staff said they felt appreciated and valued by the provider and managers. Staff told us managers gave them positive feedback during spot checks and supervisions and passed on compliments from people and their families.

Care staff were aware of their duty to report any concerns about other staff's practice. They told us they would report any concerns to the managers and were confident appropriate action would be taken. Staff knew the provider had a whistleblowing policy so they could share any concerns in confidence.

Since the last inspection the provider had implemented a computerised system for supporting the service. This system was used for scheduling and allocating calls to staff, and alerted the office staff if care staff had not arrived around the time expected. When alerted the staff in the office would then contact the care staff and take action if they were going to be very late. The system also provided care staff with their work schedules, and kept staff up to date about any changes in peoples care via a mobile phone. Managers and staff spoke positively about the new system and how this had improved communication and information sharing.

People who completed surveys and who we spoke with said they had no difficulty contacting the office if they needed to speak with someone. Comments included, "I've phoned the office a couple of times, and each time I have found a really helpful member of the team, to sort out changing the time of the visit for me because I've had an appointment which I need to keep."

People we spoke with continued to be satisfied with the care and support they received. People told us, "We certainly haven't had any complaints, and as far as we are concerned it appears to be a well-managed agency..." And, "Yes we would certainly recommend it to others as they have provided everything we have asked for and more."

The manager told us how they worked in partnership with other agencies such as commissioners of services and health care professionals to make sure people's needs were fully assessed and the right care is in place.