CareQuality Commission

H.G. Care Services Limited

HG Care Services Limited

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

We carried out an announced inspection of HG Care Services Limited on 22, 23 and 25 October 2018. HG Care Services Limited is a domiciliary care service and provides twenty-four-hour domiciliary care and support to adults and children in their own home. The service's office is located on Stockport Road, Levenshulme, Manchester. At the time of our inspection, the service offered support to 326 people and employed 145 members of care staff.

At our last inspection of this service in October and November 2017 we found two breaches of regulations; these were Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe and Well-Led to at least good, which we received. At this inspection although the process of governance and oversight of the service had improved we have made a recommendation for improving the process of auditing.

Not everyone using HG Care Service Limited receives 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.

Medicines were not consistently administered in a safe way. At this this inspection, we found the management of people's medicines had improved, however we saw some gaps in staff signatures in one person's medication administration records (MAR's) who we visited at home. We determined medicines had been given as prescribed but these were not consistently recorded in the MAR charts we saw.

For another person who we visited we found their lunchtime medicines, which were due two days after our visit, had been popped out of the medicines pack and then placed back into it with cotton wool; we could not determine if the person had done this themselves but there was no clear record that this had been communicated back to the office. We also found additional sachets of a laxative medicine for this person on the floor of their house, but there were no clear records in the MAR's or communication sheets to confirm why this was the case.

Although medicines were audited and staff were subject to observations of practice and spot checks these interventions had failed to identify the issues we found during the inspection regarding the safe management of medicines.We have made a recommendation about the management of people's medicines and the frequency of associated auditing systems.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.'

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with felt they were safe when receiving support from HG Care Services and knew what to do if they were not happy about care and services. Staff could describe to us how they endeavoured to keep people safe.

Suitable safeguarding procedures were in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

People had risk assessments in place which included areas such as the environment, medication and moving and handling. These provided guidance to staff as to what action to take and were regularly reviewed by the service.

People's needs were assessed in sufficient detail to inform the delivery of care by staff who supported them.

An external company was used to undertake checks and maintain the fire extinguishers, fire alarm system, emergency lighting and smoke detectors to ensure the safety of the office based staff.

Recruitment processes were in place and ensured that staff were of suitable character to work with vulnerable people. Newly recruited staff were required to undertake a probationary period before being offered a permanent position, which included observed practical assessments before confirmation in their role. Staff we spoke with confirmed they received regular one to one supervision. However, two staff records indicated only one reference had been obtained. We have made a recommendation that the service reviews the latest best practice relating to the safe recruitment of staff to ensure that employees are safe to work with vulnerable people.

There was an appropriate, up to date accident and incident policy and procedure in place. Incidents were logged and tracked including the date of the incident the name of the person concerned and the action taken to reduce the potential for repeated events.

People told us they considered staff to be knowledgeable and skilled in meeting their needs and confirmed the care workers and other staff they met were competent. Staff told us they had enough time when visiting people to effectively meet people's needs and people told us staff stayed the full length of the visit but could sometimes be late.

The service gave people the appropriate support to meet their healthcare needs. Staff liaised with healthcare professionals to monitor people's conditions and ensure people health needs were being met.

Staff told us that if they had any concerns about the capacity of a person using the service, they would contact the office. We saw where people lacked capacity this was clearly recorded within their care plan. The requirements of the Mental Capacity Act 2005 were being met. Appropriate arrangements were in place to assess whether people could consent to their care and treatment. We saw people had signed consent to their care and treatment.

People who used the service and their relatives told us care staff were kind, caring and helpful and treated them with respect.

We found the service aimed to embed equality and human rights though good person-centred care planning. People's confidentiality was protected. Records containing personal information were being stored securely.

People we spoke with who used the service and their relatives confirmed they had been involved in planning their care and each person who used the service had a care plan in place that was personal to them. People could receive information in formats they could understand such as in different languages.

The provider had a complaints policy and processes were in place to record any complaints received. People we spoke with told us that they knew how to complain and had details of how to make a complaint.

End of life care not had been discussed with people who used the service. Staff had not received training in end of life care provision because the service was not involved in supporting any person who were at the end stages of life at the time of the inspection.

The staff we spoke with spoke positively about how the service was run. Staff told us the registered manager was supportive and considered their welfare.

We saw that staff meetings were held regularly and staff had the opportunity to raise any issues.

We saw spot checks and direct observations were carried out with staff to ensure that standards of care were maintained.

We found the service had policies and procedures in place, which covered all aspects of service delivery

Results of the most recent questionnaires and surveys received where mostly complimentary about the service.

There was an up to date provider and manager registration certificate on display in the office premises along with an appropriate certificate of insurance. The last report was displayed on the provider website as required.

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.

Accurate records regarding the safe management of medicines were present in most of the MARs examined.

People told us they felt safe when being supported by the service.

There were sufficient numbers of staff on duty to meet people's needs.

Is the service effective?

Good

The service was effective.

People we spoke with felt care staff were competent.

Staff told us they received an induction and on-going training to ensure they had the necessary skills to meet people's individual needs.

Staff we spoke with confirmed they received regular one-to-one and group supervision.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives said they were treated with kindness and care and comments we received about the service were mostly complimentary.

We found the service aimed to embed equality and human rights through the process of person-centred care planning.

People were encouraged to express their views and to be involved, where possible, in making decisions about their care and treatment.

Is the service responsive?

Good

The service was responsive.

People we spoke with who used the service and their relatives confirmed that they were involved in planning their care.

Visits to people's homes were not rushed and all people we spoke with confirmed this was the case.

We saw that people's care plans and needs were regularly reviewed which was completed with the involvement of people and their relatives, where possible.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Audits which were carried out regularly had not identified the concerns we found during the inspection in relation to medicines, staff recruitment and care plan reviews.

Staff felt the service was well-led and told us the registered manager and other managers supported them well.

People were asked for their views about the service.

Care Quality Commission

HG Care Services Limited

Detailed findings

Background to this inspection

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

This inspection was carried out over three days on 22, 23 and 25 October 2015.We visited the office location to see the manager and office staff and to review care records and policies and procedures. We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff and we needed to be sure that they would be in.

The inspection was carried out by two adult social care inspectors, a pharmacy specialist advisor and an expert-by-experience. This is a person who has personal experience of supporting someone who uses this type of care service.

Before the inspection we reviewed the previous inspection report about the service. We also considered information we held about the service, such as statutory notifications in relation to safeguarding and incidents which the provider had told us about.

We spoke with the local authority to seek their views about the service and received information from them prior to undertaking the inspection. During our inspection we spoke with the registered manager, who was also the provider and director, a second director, the safeguarding lead, an assessor, a trainer and a compliance officer. We also spoke with seven other members of care staff.

Following our visit to the office premises on the first day of the inspection, we spoke on the telephone with 13 people who were receiving a service and seven relatives of people receiving a service to obtain their opinions about the service. We also visited four people in their own homes.

We reviewed six people's care records including their medicine administration records (MAR's) and three other people's MAR's, the recruitment files for five staff members, records of staff training and supervision and records relating to the management of the service such as audits and a sample of the services

operational policies and procedures.

Part of our information gathering included a request to the provider to complete and return to us a Provider Information Return (PIR), which we received. This is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

Good

Is the service safe?

Our findings

At our last inspection in October and November 2017 we found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding the proper and safe management of medicines. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to ensure medicines were managed safely; we subsequently received this action plan. The provider had completed the action plan and had identified internal communications needed improving when issues arose out of normal office working hours and had introduced a new procedure for this, which included treating any medicines errors as a potential safeguarding issue; where errors had been identified we saw detailed investigatory records regarding any incidents. Additional staff had been recruited and auditing procedures had been improved.

At this inspection, we found the provider had taken remedial action and the management of people's medicines had improved, however we saw some gaps in staff signatures in one person's medication administration records (MAR's) who we visited at home; we were able to determine that medicines had been given as required and this was recorded in the daily communication sheets in the person's home. We spoke with the provider about this who told us medication records were normally brought to the office premises and audited at the end of each month. Investigations into this issue were immediately undertaken by the provider; detailed investigatory notes were provided to us shortly after the dates of the inspection, which reassured us the appropriate level of response had been undertaken, to reduce the potential for a repeat of this error.

For another person who we visited we found their lunchtime medicines, which were due two days after our visit, had been popped out of the medicines pack and then placed back into it with cotton wool; we could not determine if the person had done this themselves but there was no clear record that this had been communicated back to the office. We also found additional sachets of a laxative medicine for this person on the floor of their house. The person told us they thought they no longer took these but there were no clear records in the MAR's or communication sheets to confirm this. Therefore, instructions to staff needed to be clearer to identify if these were still needed.

For another person who we visited we found they had not received their morning and lunchtime medicines on one day in July 2018 because they were not available; missing of such medicines could be potentially harmful for the person. Staff had communicated this to the office premises and medicines were available later that day. Office diary notes were provided to us shortly after the date of the inspection identifying the person's pharmacy had been contacted for advice and guidance, and confirming the person had not suffered any harm. We recommend that the service consider a review of systems processes, when the ordering of medicines is the responsibility of the person or their family to ensure medicines do not run out of stock.

People we spoke with felt they were safe when receiving support from HG Care Services and knew what to do if they were not happy about care and services. One person said, "I am very pleased with HG care; when my carer is not coming, they provide someone to step in very quickly." A second person told us, "When I am

anxious that I have waited for my carers too long, I make phone calls and the office staff are always very reassuring." A third said "They have given us a safety button to press when we need help, it is so reassuring." A relative commented, "I feel [my relative] is safe and well supported by the carers." A second relative told us, "[My relative] is less uneasy now that she knows that someone will be coming four times a day." A third said, "[My relative] has gained more confidence and is less challenging to people and her environment since the carers come in daily to help us. This takes the load off me as a family carer and I am very pleased about that."

We asked staff how they endeavoured to keep people safe. One staff member said, "I keep people safe by getting to know them well so I can see signs of change. I am on a regular run. I ensure people's safety by locking doors and the key safe to make sure people are left secure at home. I feel that any of my concerns would be acted on if I reported it to the office. I always take the time to read a new care plan. If I wasn't clear I would check it out with the office."

We asked people and their relatives if staff stayed the full length of their scheduled visit and we received mixed responses. One person said, "My carer is never late, she knows that I can't have my medication without eating my food first. She stays the full length of time." A second told us, "My carer is very organised, always on time and never rushes off, she sorts my medication, I take it myself." A third said, "I'm sympathetic to them girls, having to do with traffic jams in the morning, it's not easy for everyone, so long as they do come in the end, it doesn't bother me, not in the slightest." A relative commented, "The only issue we have with the service is that the carers are sometimes late." A second relative said, "They [the staff] are usually late but fair play, their explanation is always plausible, things like a tyre puncture or family matter."

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. The director told us about the electronic staff scheduling and call monitoring systems used by the service known as 'CM2000, and 'Care-Planner'' which showed where staff needed to be and at what time in order to provide appropriate care. This also recorded arrival and departure times of staff using a mobile phone application. This enabled managers to ensure care had been provided to people at the required time and identified if any staff had been mistakenly scheduled to attend more than one person's home at the same time. The system also provided managers with up to date 'live' information regarding staff whereabouts; if staff did not log-in and log-out of calls at the appropriate time the electronic system alerted the office staff so they could contact them to ensure their safety, and the safety of the person being supported. The system also allowed managers to track where staff lived which gave them an indication of the geographical areas where future recruitment could be targeted.

During our inspection, we checked to see how the service protected people against abuse. We found suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We looked at the service's safeguarding adult's policy and saw how the service managed safeguarding concerns. A log of any safeguarding's was maintained and a safeguarding process flowchart was available for staff to follow. Contact details of the local safeguarding team were also available. Safeguarding records we saw were comprehensive and contained all relevant information relating to the issue identified such as investigation notes, staff statements, safeguarding meeting notes, accident or incident forms and statutory notifications to CQC.

We looked at a handbook provided to each member of staff which included details on whistleblowing procedures for staff to follow in the event of any concerns. Staff had completed training in safeguarding vulnerable adults, which we verified by looking at training records. Staff could describe the different types of abuse and what action they would take if they had any concerns.

We looked at how the service managed risk. We looked at a sample of six care files and found each contained individual 'service user risk assessments.' The risk assessment included areas such as the environment, medication and moving and handling. These provided guidance to staff as to what action to take and were regularly reviewed by the service.

The registered provider employed an external company to undertake checks and maintain the fire extinguishers, fire alarm system, emergency lighting and smoke detectors to ensure the safety of the office based staff. At the time of the inspection, refurbishment and alterations to the office premises had been undertaken and were on-going. There was an up to date fire risk assessment action plan in place detailing any actions needed and discussions had taken place with an external assessor regarding these; fire signage had been installed and cluttered areas of the office had been cleared and the fire log book had been updated. Electrical appliances were tested in accordance with The National Inspection Council for Electrical Installation Contracting (NICEIC) five-year electrical installation test requirements and new air horns had been fitted.

We looked at how the service managed accidents and incidents. There was an appropriate, up to date accident and incident policy and procedure in place. Incidents were logged and tracked including the date of the incident the name of the person concerned and the action taken to reduce the potential for repeated events.

The provider had a recruitment policy in place. We looked at five staff recruitment files. Most recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. DBS checks aim to help employers make safer recruitment decisions and minimise the risk of unsuitable people being employed to work with vulnerable groups of people. We found two recruitment records where only one reference was available from a previous employer or a valid character reference. The service should obtain at least two references when employing a new member of staff. We spoke to the manager about this who told us, "We recognised that recruitment was an area we needed to focus on and have appointed a new recruitment officer to carry out a full review and ensure that systems are safe going forward." We recommend that the service reviews the latest best practice relating to the safe recruitment of staff to ensure that employees are safe to work with vulnerable people.

Staff we spoke with told us, and we saw for ourselves, that personal protective equipment (PPE) such as disposable aprons and gloves were available for them to use which helped to protect them and people using the service from the risk of cross infection whilst delivering care. Staff we spoke with were aware of the need to make sure they used the PPE available and told us there was always enough equipment in place. Infection control training for staff was covered as part of the induction process and was also identified in the staff handbook. An infection control policy and procedure and health and safety policy was in place and up to date.

Suitable arrangements were in place for staff to enter people's home safely and securely. Some people who used the service required the use of a 'key safe' for staff to access their home. Keys were appropriately stored in these and staff were required to enter a pin code before gaining access.

Good

Is the service effective?

Our findings

Staff told us they had enough time when visiting people to effectively meet people's needs. One staff member said, "I make sure that I give people my full attention when I visit and I do think there's enough time to complete the tasks and have a quick chat." A relative told us, "They [staff] always stay the correct length of time and ask if there is anything else we need before they go."

People's needs were assessed in sufficient detail to inform the delivery of care by staff who supported them. We saw and were told about care being re-assessed by assessors as people's needs changed. Initial assessments were thorough and fed into short, clear support plans that were regularly updated.

People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support. We saw that people had signed a 'consent to their care' document which was in each of their care files. People told us that the staff recognised changes in their health and sought prompt care. A staff member told us, "If I was worried about a person's health I would seek medical advice and inform the family."

The service recruited staff based on their values rather than their experience. The practical elements of the support worker role were covered during the induction period and staff were assessed as to their suitability during a probationary period to ensure that they could meet the expectations of the service. This meant that the staff were driven to provide a service by their caring natures which was evident to us during the inspection.

People were supported by staff that had the skills and knowledge to carry out their roles and responsibilities. New staff were supported to complete a comprehensive four-day induction programme before delivering any hands-on care. New staff also shadowed an experienced member of staff who assessed and recorded their competence before they could work independently.

Staff completed mandatory training which included, health and safety, moving and handling, safeguarding, equality and diversity and the Mental Capacity Act. A staff member told us, "I have refreshed all my mandatory training this year, everything." The training facilitator explained to us that the service was in the process of refreshing mandatory training for all staff on an annual basis, going beyond the national recommended requirements for training. The trainer told us, "Our staff have an excellent standard of training to prepare them to carry out their roles to a very high standard."

There was a positive response when we asked people and their relatives if they considered staff to be knowledgeable and skilled in meeting their needs. Most people told us they had regular staff that knew them well. However, two people told us that a variety of staff were sent to support them. One person said, "I don't always recognise the carers, sometimes they swap a lot, but they are all lovely."

The MCA provides a legal framework for making 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. Staff were trained in the MCA and had an awareness of the legislation. People told us staff asked for their consent before providing care and care plans were signed by the person receiving care, or their representative.

People using the service could make decisions about their own care and support; where decisions were made on behalf of people who were unable to give their consent, HG Care sought advice from the Local Authority that commissioned the care package to ensure mental capacity assessments had been carried out in accordance with the Mental Capacity Act 2005 (MCA).

Staff demonstrated they understood their responsibilities for supporting people to make their own decisions and we saw this was done. For example, people were asked before support was provided and choices were offered at meal times and regarding activities. One person told us, "They offer me a choice of food from what I've got in the fridge and what I want to wear." We asked staff how they sought permission from people before providing care. One staff member said, "I always ask people what they want me to do for the that day. Every day might be different."

The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. Staff told us that if they had any concerns about the capacity of a person using the service, they would contact the office.

Staff we spoke with told us they received regular supervision, which is a one-to-one meeting with a manager. Unannounced spot checks were also completed to check whether staff continued to work with people safely. Staff told us the management team checked their knowledge and assessed whether they supported people in the way they wanted to be supported, if they used protective equipment to maintain infection control standards, if they arrived at the correct time and whether they were suitably dressed. Any issues identified were addressed in a positive manner with staff being given additional support and training to promote improvement .

Good

Is the service caring?

Our findings

People we spoke with and their relatives told us they felt the service was caring. They told us that the staff who supported them had built a positive relationship with them and their relatives. One person told us, "They [the staff] are busy when they are here but always take the time to ask how I am and if I need anything before they go." A second person said, "They don't rush, I get everything I need."

We asked staff how they demonstrated a caring approach when supporting people in their homes. One staff member said, "I try to ensure I am patient with people at all times." A second told us, "Caring for someone is rewarding. To me it's not a job and I see people as 'my little family.' It's important to take time to speak with people and not just do the tasks identified. Being caring and loving is what people need; if people are happy then I am happy."

We asked staff how they involved people in their day-to-day support and promoted their independence. One staff member said, "I always offer people choices so they have control over their everyday lives and this is very important." A second commented, "It shows what people can and can't do for themselves in their care plans so I encourage people to be as independent as possible." A third said, "I don't do this job for the money, I want to see a smile on people's faces and that is my reward. I don't rush and will go over the allocated time if need be to meet their needs."

We saw limited examples in some care records we looked at of staff actively promoting people's independence, however staff understood the need to help people to maintain and improve their levels of independence.

We looked to see how the provider promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual needs. For example, if people needed information in a different language this was available to them.

We found there were appropriate policies in place which covered areas such as equality and diversity, confidentiality, valuing diversity, privacy and dignity.

People's care plans included information about their needs regarding age, disability, gender, race, religion and belief. Care plans also included information about how people preferred to be supported with their personal care.

People we spoke with all told us their privacy and dignity was always respected. Staff we spoke with described the importance of respecting people's privacy and dignity and could explain how they did this. Whilst we did not observe staff providing personal care when we visited people, they gave appropriate examples of ways in which they would ensure people's dignity was maintained, for example, by ensuring

curtains and doors remained closed whilst supporting with personal care tasks and speaking to people discreetly.

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. People confirmed staff were always very polite and included them when making decisions about how they wanted their care provided.

We saw people had been involved in discussions about their care plans and how they wished to be cared for and care files contained guidance about each person's needs and wishes and how staff should support them.

People using the service had also provided positive feedback regarding the support they received which we have reported on in the well-led section of this report.
Information about people was kept securely. The registered manager ensured that confidential paperwork was collected regularly from people's homes and stored securely at the registered office. People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff .

Good

Is the service responsive?

Our findings

People and their relatives we spoke with were extremely positive about the high standard of care given by the carers. Comments included, "Lovely girls, very kind and respectful," and "I don't know what I'd do without them."

People's care plans were person centred, for example, people's care records gave guidance to staff on supporting people to be independent during personal care tasks that matched their individual wishes. These clearly documented people's needs and what support they required with day-to-day living tasks such as eating meals or with personal care. This enabled staff to capture information to ensure people received the help and support they needed to lead fulfilling lives, which met their individual needs.

Care plans identified people's hobbies and interests and gave staff guidance on how to support people to maintain any interests they have. A staff member told us, "We don't do activities with people as such, but we encourage people to do things to keep them occupied, and leave them puzzles or find them programmes to watch on the television before we go."

Staff gave us examples of how they provided support to meet people's diverse needs such as those related to disability, gender, and sexual orientation. A staff member told us, "I follow the plans in place to provide care in line with the person's needs and preferences, whatever they may be." Staff recorded the care they provided at each visit and we saw these records were detailed and clearly written. Staff told us they read the care plans and checked them at each visit for any changes. When people's needs changed, staff carried out further assessments to ensure their needs continued to be met appropriately.

The registered manager and staff worked to ensure people were involved in planning their care and support. The service provided to people was based on their individual needs. Staff told us they took people's wishes and needs into account and tried to be as flexible as possible in accommodating any changes to visit times.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the provider was meeting this requirement by identifying, recording and sharing the information and communication needs of people who used the service with carers and staff, where those needs related to a disability, impairment or sensory loss; this meant staff understood how to best communicate with people. People could receive information in formats they could understand such as in easy read or large print and the service could provide information in other languages if required.

We observed people looked clean and well cared for when we visited them at home. People told us that staff ensured they were dressed in clothing of their choice. One person told us, "They offer me a choice of what I've got in the fridge and what I want to wear. It is important to me to make choices for myself as much as possible."

People told us how important it was to them that they received a service to help them. One person told us,

"Having carers breaks the day up, sometimes they are the only people I see."

The service had received compliment cards from people and relatives they supported. The provider had a complaints policy and processes were in place to record any complaints received and to address them in accordance with their policy. The service dealt with any complaints appropriately which included bringing staff into the office to talk about the complaint, where applicable. Records were comprehensive and included any statements from staff involved. There was an index log of complaints received, the document reference number, the name of the investigating officer, the date of resolution and any activities linked to the complaint.

People we spoke with told us that they knew how to complain and details of how to make a complaint were contained in the 'service user guide' given to all people at the start of service. All missed calls were investigated as complaints and the management team wrote to people with the outcome of the investigation and an apology.

Comments received from people regarding complaints included, "I've no complaints, but I would ring the office if I did have," and "Never had to complain, but I would be able to if I wanted. The number is in the book," and "If I was not happy about how things are going, don't you worry, I am not shy, I shout through the roof," and "If I had a complaint I would ring the same number I use when I ring for a carer," and "Everybody is nice to me, looking after me, I don't have any complaints whatsoever."

We found end of life care not had been discussed with people who used the service. Staff had not received training in end of life care provision because the service was not involved in providing care for people who were at the end stages of life at the time of the inspection. The training facilitator told us, "We will provide comprehensive training to staff in this area if we support anyone with these needs."

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 because the service had not always notified us of incidents which should be reported to CQC. At this inspection we found the provider had taken remedial action and was now meeting the requirements of this regulation; statutory notifications were now sent to CQC as required and there was a file in the offices premises identifying the notifications submitted along with associated documents such as accident forms, staff statements, meeting minutes and observations of staff practice.

During the last inspection we also found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance, because regulation and compliance audits required to help reduce identified shortfalls in service provision had not been effective. Information gathered from people and their relatives to identify the quality and standard of the care and support and of people's care records was not available for us to examine and the local authority had also advised us that the provider had a low compliance in utilising the commissioner's workforce management quality assurance system.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to ensure compliance with this regulation, which we received. The provider had implemented a weekly quality management committee meeting which included incidents and accidents and discussions on non-conformance and corrective actions which had improved quality assurance monitoring. We looked at records of these meetings and saw discussions now included customer satisfaction, performance against quality and health and safety issues, non-conformance and the corrective action taken, opportunities for improvement, complaints, documentation, safeguarding and health and safety and audits.

The provider had also started to use an online tool (Google form), as a replacement for the traditional paper form, to record feedback for quality assurance purposes; this online form allowed for both individual and aggregated trends and patterns to be updated automatically and to be readily accessible to managers. The provider had also worked proactively with the local authority regarding the type of call monitoring system required, with a view to using a less intrusive system that did not rely on people having a landline telephone available in their homes for staff to use when logging their visits.

Although governance and oversight of the service had improved and there was a regular system of auditing in place, these had not identified the issues we found with people's medicines; in particular the maintenance of contemporaneous, accurate and complete records. We raised the issues regarding the management of medicines with the provider who immediately undertook investigations and provided us with a response shortly after the inspection of medicines had been undertaken.

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

We spoke with staff about the registered manager and comments received were positive. One staff member said, "I feel the managers are good and they are always available to us. I get supervisions and these are with my supervisor and we get notes afterwards and dates in advance for future meetings." A second staff member told us, "I think the managers are brilliant and they support me with anything I need." A third commented, "I think the manager is very good and doing a good job; the office is always available and they support me very well." A fourth stated, "We are not ignored and very well supported by the office." A fifth told us, "I feel free to express my feelings and I get listened to. I see the registered manager when I need to and I feel confident in speaking with them. The manager is very supportive and I feel the company has developed over time; good work is recognised and there is more training and supervision now."

We asked people who used the service and their relatives what they thought about the manager. Most people said they did not know who the registered manager was, but felt head office staff were always very welcoming and they could talk to them or the registered manager freely whenever they called the office.

One relative said, "In the beginning somebody from the office came not so long ago to ask me questions to ensure that I was happy with the support they provide to [my relative]." A second told us, "Whenever you call to say your concerns, they write it down," A person who used the service said, "It seems to work well and I have no reason to complain; now I feel that the people running the service do a good job." A second told us, "What's important to me is that I have always felt well supported, whether it is the managers or staff, it has been the same." A third commented, "I think that the managers there are doing a good job; as a family carer I would say the organisation feels well managed."

We looked at the results of the most recent surveys undertaken with people and found that in all areas questioned, the service had received a high score of nine and above out of a maximum possible score of ten. Questions included: are the staff well-presented; are staff moving and handling correctly; are staff arriving on time and staying the full length of the visit; is the service meeting your needs; do you feel comfortable with your carers; do carers treat you with respect and dignity; are you involved in decision making; do you know how to raise a complaint; are you happy with the care provided.

Comments received included, 'I was really struggling without the carers; very happy and suits my needs,' and '[Staff names] are perfect carers. [Staff name] is fabulous in everything she does and is the best carer I've ever had. The carers are actually caring and go beyond their duties,' and 'They [the organisation] have nice friendly staff.' We saw where any negative comments had been received there was an action plan in place to address these.

All staff were provided with a 'staff handbook', which provided guidance on employment and care issues. Information in the handbook included expectations of behaviour at work, contractual rights, rules and regulations, data protection, safety and safeguarding, caring for people using the service, accident reporting, complaints, discipline, infection control and food hygiene. The stated principles and values of the service were identified in this handbook; these underlining values demonstrated the provider was committed to supporting vulnerable people so they could live their lives with dignity and independence and be participating members of their own local communities.