MioCare Services Ltd

Oldham Care & Support at Home

Inspection report

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Date of inspection visit:
22 September 2016
23 September 2016

Date of publication:
22 November 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected this service on 22 and 23 September 2016. We informed the registered manager that we would be inspecting the service two days before our arrival to ensure that someone would be in the office. This meant that the provider and staff knew we would be visiting before we arrived.

Oldham Care and Support At Home is registered to provide personal care to people living in their own homes. People are supported with a variety of tasks including personal support, meal preparation, and supporting people to take their medicine. In addition, the service also manages four extra care schemes where staff are available throughout the day to support people to maintain their independence and assist people who required support with such tasks.

At the time of our inspection, the service was providing support to 153 people, of whom 71 were living in extra care schemes. The service was run from an office in a business park close to the centre of Oldham, with disabled access and adequate parking space.

The service had a registered manager. 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. This service had not been previously inspected by the Care Quality Commission.

People and their relatives told us they felt safe with the staff who provided their care and support. Staff were aware of their responsibilities in protecting people from harm and knew how to report any concerns about people's safety or wellbeing.

We saw that safe recruitment processes were followed, and staff worked in small teams which helped to maintain consistency of care. People who used the service told us that having the same staff visiting was important to them and made them feel safe. We saw that staff had enough time with people to meet their assessed needs.

Care records identified specific risks to people, and care plans directed staff on how to minimise these risks. Where people required assistance with their medicines we saw that this was given safely by staff who had undertaken medicines competency and refresher training.

People received care and support from staff who had the skills and training to meet their needs. We saw from training records that all new starters received a thorough induction and ongoing refresher training to maintain their competence. In addition to mandatory training subjects, staff were encouraged to develop their skills and interests with more specialist training provided in specific topics such as Life after a Stroke, and extended dementia training.

The registered manager and the care staff we spoke to demonstrated a good understanding of capacity and consent. Staff sought consent from people before providing support and they were aware of the principles of the Mental Capacity Act People were supported to have enough to eat and drink by staff who understood what support they required. People told us that they were offered choices about what they wanted and that food was prepared the way people preferred.

The service had established good links with healthcare professionals and ensured that people who used the service maintained good access to healthcare.

Staff were kind and caring and we observed that they had a relaxed and comfortable rapport with the people we visited, treating them with dignity and respect and encouraging people to maintain their independence. We saw that care was person centred, and recognised the individuality, culture and values of the people being supported. Care plans were written in a way that ensured the person who used the service was central to the planning of care, and gave people who used the service the opportunity to say how they wanted their care to be provided. People had input into their care plans and these contained details about people's preferences.

The people who used that service were complimentary about the care they received. One person told us, "Everyone is so kind and helpful, nothing is too much trouble. I'd give them 10+."
The service had good contingency plans to ensure that adverse weather conditions did not affect their care, and ensured that people were not left without the support they required during periods of severe weather.

People who used the service and their relatives were involved in regular reviews about their support and encouraged feedback through surveys and regular spot checks where people had opportunities to talk about the standard of their care.

People who used the service felt that the management of the service was good and told us that they were able to contact someone in the office when they needed to; support was also available out of hours.

There was a system in place to manage complaints, and people were aware how to contact somebody if they wanted to make a complaint.

Staff felt valued in their role, and were encouraged to raise issues with the manager. They received regular supervision and yearly appraisal of performance, and attended team meetings where issues and practice could be discussed. Achievements were recognised, and an 'employee of the year' was rewarded at an annual general meeting.

The service had good quality assurance systems and a rolling action plan to drive forward improvement. Information received through audits, complaints, surveys and spot checks was used to identify trends, including good practice and areas for development.

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.

consistent staff teams ensured that people were supported by people who they were familiar with.

Staff understood how to keep people safe and protect them from harm.

People were supported to take their medicines safely.

Recruitment procedures ensured that staff were suited to work with people.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable and had access to good training opportunities.

People were offered choices and their consent was sought regarding their care and support.

The service had established good links with health care professionals.

Is the service caring?

Good

The service was caring.

Care was person centred and recognised the individuality of the people who used the service.

We saw people were treated with respect, and encouraged to maintain their independence, by staff who knew them well.

People told us that staff were kind and caring and that they had positive caring relationships with the staff that supported them.

Is the service responsive?

Good

The service was responsive.

People's care records contained detailed information to guide staff on the care and support to be provided.

Contingency arrangements were in place to ensure the service could meet people's needs in adverse weather conditions.

The registered provider had systems in place for receiving, handling and responding appropriately to complaints.

Is the service well-led?

Good

The service was well led.

The service had a manager who was registered with the Care Quality Commission (CQC).

Staff told us the management team were supportive.

Systems were in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

Oldham Care & Support at Home

Detailed findings

Background to this inspection

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

This inspection took place on 22 and 23 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection team consisted of one inspector. Before this inspection, we reviewed the previous inspection report and notifications that we had received from the service and contacted the Local Authority Adult Care Services to ask them if they had any concerns about the service, which they did not.. The provider had also completed and returned their 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.

During this inspection we spoke with eight people who used the service and two relatives. We spoke to the registered manager, four members of the management team including deputy managers and care coordinator, and seven support workers. We observed how staff cared for and supported people; we visited three people who used the service in their own homes and also visited two extra care services where people had access over a twenty-four hour period to care and support delivered by the service. We reviewed seven people's care records, six staff records, the staff training plan and records about the management of the home.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person who used the service told us "they make me feel safe. Just knowing they are coming is a load off my mind, and they always check I am alright, and that I have everything I need before they leave."

All staff had access to the agency's Safeguarding Adults policy which provided guidance to the staff on their responsibilities to protect vulnerable adults from abuse. Staff told us that they were aware of these procedures and understood how to safeguard residents from different types of potential abuse. Staff we spoke to said they had received training about protecting vulnerable adults and we saw certificates in staff files as evidence of attendance. They discussed with us the signs that would alert them to potential abuse and the actions they would take.

We looked at the service's safeguarding files and saw that where alerts or concerns had been raised, appropriate action had been taken to protect the individuals concerned.

The service had a whistleblowing policy and we saw in staff records that where issues of poor conduct had been raised by staff or people who used the service, these were dealt with appropriately through the whistleblowing and disciplinary procedures.

Staff were aware of the vulnerability of people living alone. Where people had difficulty answering the door, keys were secured in key safes, with care taken to ensure combination numbers were only provided on a need to know basis. This minimised the risk of uninvited people being able to enter the property.

People told us that at the end of visits staff ensured they remain safe. One person told us "they are good and they are kind. Before they leave they always tell me when they will be back and make sure I am comfortable, with everything in easy reach." When we visited another person who used the service they told us that when their phone was out of order, causing difficulties for them to summon help with emergencies, the care staff helped by providing a mobile phone with quick dial numbers and arranged for the telecommunication company to repair the fault as a matter of urgency.

When we looked at care files we saw assessments which identified risks to people, and care plans that directed staff on how to minimise these risks. In addition to generic risk assessments, for example, around the environment, or hazards within the home, we saw that specific risks to individuals had been identified. For instance, we saw that when staff observed a change in a person's behaviour that could have led to harm, a risk assessment was completed with the individual, and appropriate risk management systems had been put into place to support positive risk taking.

People told us that having the same staff carer was important to them and made them feel safe. They informed us that they were supported by consistent staff and that they knew the staff who visited. One person said, "I don't always know their names but I always recognise them. If there is someone new, they always bring them round and introduce them to me." The care coordinator told us that support workers

were divided into small teams who covered the same rounds on each shift. This helped them to support the same people who used the service, and get to know their needs and preferences.

The service aims to maintain consistency, and monitored the number of people who had worked with people who used the service. Numbers remained low, usually with three or four staff working with each person who used the service each week. This increased with larger care packages, where a higher number of visits each day or double staff were required. We were told that this rarely goes above seven or eight staff in any week, and records we looked at confirmed this.

One support worker told us that they felt having the same staff on each run was important, especially when working with people living with dementia, who needed to feel safe in their routines and daily activities. They told us, "We get that here. We have the same staff on the same run, so we can know the people we work for and this reassures them. If someone phones in sick, which doesn't often happen, we will all pick up and work on overtime."

At the time of our inspection, Oldham Care and Support were recruiting new staff. When we spoke to the managers, they told us that this process could be lengthy due to delays in seeking references and security checks. To cover for staff shortages the service had asked some staff to work 'condensed rounds', so planned routes to visit each person would be amalgamated to ensure a level of consistent and continuous service delivery. The registered manager told us that when there were staff shortages the service would not accept any new referrals as this could jeopardise the quality of care.

We looked at the recruitment procedures which gave clear guidance on how staff were to be properly and safely recruited. This helped to protect the safety of people who used the service .

We looked at six staff records. These contained proof of identity, an application form that documented a full employment history and accounts for any gaps in employment, a job description, and three references. Checks had been carried out with the Disclosure and Barring Service (DBS) before the member of staff began work. The DBS identifies residents who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This meant that checks had been completed to reduce the risk of unsuitable staffing being employed by Oldham Care and Support.

People told us they received support to take their medicines as prescribed, and in the way they preferred. One person told us, "They remind me about my tablets, and help me to take them by putting them in a little pot and passing them to me".

Staff told us they had undertaken medicine training. This included training on medicine errors, and giving medicines covertly, for example, by disguising medicines in food or drink. We were told that nobody received covert medicines at the time of our inspection. Before any support worker was allowed to give medicines they had to complete this training and be observed by a trained member of staff administering medicines correctly . The training records we reviewed showed that staff had undertaken training in the correct administration of medicines. We were told that nobody received covert medicines at the time of our inspection

When we looked at the incident file, we saw that any medicine errors were reported and appropriate steps taken to ensure the safety of the individual. The registered manager informed us that the service encouraged openness in reporting errors, and staff confirmed that when errors occurred they would contact the general practitioner (GP) to seek advice, and follow up any instruction.

For those people who required support a medicines administration record (MAR) was kept in the person's home. One support worker we spoke to told us that even though they might be familiar with the tablets and medicines people required they would always check the record sheet, and if there were any changes, they would double check with the person and the office before giving the medicines.
One person who used the service told us that when they were unwell they had been prescribed "Special tablets. [The staff] told me what they were, what they were for, and how they worked. I was a bit reluctant at first but once they told me I felt better about taking them."

We looked at three MAR records and saw that staff signed when people had taken their medicine or recorded if not and the reason why. This showed us a clear audit trail was maintained to monitor people's medicine administration. Where creams were required the MAR record gave clear instruction on how and where the cream should be applied.

We observed one carer providing a person with their medicine. They did this in a kind and patient manner, firstly checking that they had the right tablets, offering a glass of water to assist swallowing, then they sat down next to the person and talked to them as they watched the person take their medicine, before recording the dosage taken on the medication record.

When we visited people in their own homes we saw there were adequate supplies of equipment provided for support workers such as disposable vinyl gloves and aprons. We observed staff using these when handling food and completing personal care tasks. Wearing such clothing protects staff and people using the service from the risk of cross infection during the delivery of care.

Good

Is the service effective?

Our findings

People told us that they felt staff had the necessary skills and training to support them. One person told us that staff, "Know how to do their job, not just the chores and routine, but it's the little things like the way we like to do things. They get to know what we want and that's important."

We saw that the service set clear expectations for the staff and provided on-going training to ensure that staff had the skills to carry out their role. From the training matrix, which maps out the training staff have completed, and helps to identify any training requirements, we saw that care staff had completed courses in mandatory subjects such as medication, moving and handling, safeguarding vulnerable adults, food hygiene and infection control. The matrix also identified any care qualifications staff had completed, and the registered manager informed us that they encourage staff to continue to develop their skills and competencies through training.

All staff had completed a self-assessment tool to determine their level of knowledge prior to completing the care certificate common induction standards: a set of standards that social care and health workers stick to in their daily working life which covers what is needed to be caring and gives workers a good basis from which they can develop their knowledge and skills.

The staff we spoke to were able to give us a good description of their role, what they were required to do and how best to do it. They told us that they had good ongoing training, for example, we saw that some support workers had completed training in 'Life after a stroke'. One person we spoke to told us that this had helped them to understand the day-to-day issues of one particular person they worked with, and had used the information from the course to develop their understanding of the consequences of a stroke. Other support workers spoke with enthusiasm about the level and quality of the training provided; one support worker informed us that they had recently attended a one-day introduction to dementia and had put their name down for a more in depth course, believing, "It will help me to become a better carer." Another support worker told us that they had just completed a refresher course in moving and handling, adding, "You can always learn something new, or new techniques." When we looked in staff records we saw these contained copies of certificates as proof that staff had attended training sessions.

For the first month of their employment all new starters undergo an induction into the service, where they work under regular supervision. During the first fortnight they would learn about the work routines, policies of the company, any employment issues and complete any mandatory training. They would then shadow more experienced workers and be introduced to the people who used the service. They received weekly supervision until they are assessed as ready to work after a minimum of one month.

When we spoke to staff about their supervision, they told us that they found their regular supervision sessions with the care supervisor to be useful and informative. We saw that once they had completed their induction, each member of staff had a supervision session every three months. This was recorded with notes signed by both the supervisor and the person being supervised.
We looked at supervision records in six staff files. All showed good discussion and a wide range of issues

considered, such as feedback from service users, issues or concerns about the people who used the service, concerns about lone working, updates on the service and identifying learning opportunities. Good practice was praised and key action points noted.

In addition to three monthly supervision, all staff had an annual appraisal and twice-yearly direct observation of their work.

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.

Staff were aware of the Mental Capacity Act and sought consent to support people. Records had clear consent forms which were signed by the people receiving care or their representative.

We saw people's choices were respected, and that care staff did not use their role to impose their own values on people. One person who used the service said, "I am happy with the care workers, they let me live my life the way I want, and they always ask what I want." This person's support worker agreed, and told us, "It's about them, not us. People are all different, we have to help them and live their way not ours."

People were supported to have enough to eat and drink by staff who understood what support they required, and care records included details about any likes and dislikes people had. When we spoke to one person who used the service they told us that the support staff would help to provide nourishing meals, and they cooked the food "Just the way I like."
We asked staff how they ensure people have an appropriate diet, and they demonstrated a good understanding of dietary needs, and were able to give examples of people who used the service who followed specific cultural food requirements, or had specific medical needs, such as diabetes, or soft or pureed foods. They explained how they would meet these needs. For example, we saw that one person who used the service had coeliac disease, and when we spoke to the support staff they were knowledgeable about the need to ensure food cooked was free from gluten, and ensured that risks to health were minimised.

When we visited one of the extra care schemes which had a small refectory, a support worker told us that the cook would monitor what people were eating and report back to staff any concerns or changes in people's diet. This enabled the care staff to keep a better watch of people's diet and pass on any concerns to the general practitioner to refer to the dietician, or seek advice from district nurses on how to ensure that people were eating and drinking correctly.

In one care record we saw that a risk of dehydration had been identified, and a corresponding care plan asked staff to ensure the person was given sufficient to drink. However, there was no evidence that this was being monitored and daily notes and records did not measure any amounts offered or taken. When we raised this with the Team Leader, they agreed to amend the records to provide more specific detail.

People's records included contact details for health professionals who may be involved in their care, including specialist nurses and GP's. We saw that staff alerted the office if a referral to a healthcare professional was required and there was evidence in care records that the service had established good links with local doctors surgeries; liaised with district nurses to ensure consistency of care, and referred on to other health service personnel, such as physiotherapists, speech and language therapists and community

psychiatric nurses when issues were identified. For example, in one care record we saw ongoing correspondence between the care staff and a district nurse where care staff had alerted the person's surgery about an issue which required medical intervention and ongoing monitoring.

Good

Is the service caring?

Our findings

All the people who used that service we spoke to were complimentary about the care they received. One person told us how, following a medical emergency, the support worker assisted them, summoned emergency support and offered to follow the ambulance to hospital and escort their partner. They told us that the support worker had remained calm, helping to reassure them and their partner, and had gone beyond the level of care they would have expected. We saw that this was not an exceptional case; when we reviewed the complaints and compliments file we saw a note from the ambulance service which read, "I would like to pass on our commendation of [named support worker], who was brilliant with the client. She demonstrated exceptional care and compassion to [person who used the service] throughout our time at the property."

When we spoke to people who used the service, all were impressed with the level of care they received. One told us, "Everyone is so kind and helpful, nothing is too much trouble. I'd give them 10+", and another said of the support workers, "they are a beautiful bunch; it's not what they do for us but the kind and caring way they do it, they make you feel good about yourself. They are there for us."

It was clear that people who used the service held the staff in high regard, and there was evidence that this was reciprocated; when we visited people in their own homes we saw that care was delivered with patience and compassion and there was an affinity between the support workers and people who used the service. One support worker told us, "I love my job. I treat each person as if they were my grandparents. It can be so satisfying knowing that you can make a change and brighten their day".

We saw that care was person centred and recognised the individuality of the people who used the service. One support worker told us, "They are all very different in their own ways. Some like to chat, and we have to allow time for that, others are quieter, and we respect that too. I like to talk to them and listen to what they have to say, for some people I may be the only person they get to see that day, so it is important that we listen."

Support workers felt that they were given enough time to provide the right support and that they were not rushed to complete tasks. We asked one about their visits and they told us that they believed that they were allowed time to read up on any notes from previous visits and check care plans before commencing any tasks, and that they had opportunity to talk to the people they supported, and discuss their care needs. They informed us that they would offer choices where possible, for example, what they would like to eat, or which clothes they would like to wear, offering advice on the weather. When we spoke to people who used the service they agreed that they were given choices, and told us that support workers would offer advice, for example, to wear extra layers on colder days.

The service also demonstrated a respect for people's dignity. People who used the service were offered support from someone of the same gender if they preferred, and staff told us how they would protect people's dignity when conducting personal care.
Care records for people documented their interests and what they enjoyed doing. They were written in a

way that ensured the person who used the service was central to the planning of care, for example, one question asked, "what would you wish us to know about the way your care is provided?" This gave people who used the service the opportunity to say how they wanted their care to be provided, and their wishes were respected.

People told us that they were offered choice in the delivery of their care and support. We asked if people felt that they were involved in planning their care and the responses we received were positive. One person told us that they felt listened to, and that they could influence how their care was provided. Another person we spoke to told us that they were treated with dignity by support workers who they got on well with, but this person felt that sometimes they would do too much, particularly around risk taking: they said, "Sometimes they can be too cautious, and I feel they need to step back a little bit."

Some of the people who used the service held old-fashioned beliefs and values which are not acceptable in a modern, multi-cultural and diverse society. The service employed a number of people from minority ethnic backgrounds, who reported that this has been a challenge when they recognise their duty of care even to people who held entrenched prejudicial views. They told us where they had encountered prejudice they worked to ensure that this did not affect the delivery of care, and that by continuing to provide a consistently good quality of care they had gained the respect of people who used the service and helped to overcome their prejudices.

Good

Is the service responsive?

Our findings

Oldham Care and Support supported people in their own homes with a variety of tasks including personal support, meal preparation, and supporting people to take their medicine. In addition, they also managed four extra care schemes where staff were available on a twenty four hour basis to support people to maintain their independence and would assist people who required support with such tasks. One person who lived in an extra care scheme told us, "They do a lot for all of us. They know who they are dealing with and recognise the different personalities". This summarised the views of all the people we spoke to, who said that the carers understood not only their needs, but also their preferences and how they liked their needs to be met.

Staff told us that they work well as a team to ensure people were supported according to their needs and preferences. One person told us that the service was well coordinated. For example, there was little waiting for a second member of staff when they required 'double ups' where two support workers were required, for example for moving and handling. They told us that if they encountered issues on their round, that they were supported and that cover was always available if necessary, and the senior managers operated an on call system to ensure back-up cover would be available.
One person gave an example of a time recently where a person who they were supporting became unwell. They contacted the person's doctor to arrange an emergency home visit, and contacted the office, who arranged cover for the rest of their run to allow the support worker to remain with the person who used the service until the crisis passed.

The service was able to respond quickly to changing need. For example, one person told us that when their partner was admitted to hospital in an emergency the service immediately increased the number of visits to ensure the person was supported. A person in one of the extra care schemes we visited told us that when they became unwell the staff arranged to support her with personal care and meal preparation, but reduced the care once they had convalesced.

The service had a contingency plan for supporting people in severe weather. This included the provision of extra shifts and extra travel time to ensure people who used the service were not left stranded in icy or snowy conditions; rearranging of routes to minimise travel and risk of staff being stranded; provision of rest room facilities at various locations; and advice to support workers to check food provisions and consider appropriate clothing and footwear. They had access to a four-wheel drive vehicle to access more remote locations, and the registered manager proudly informed us that during the last period of severe cold weather they were able to attend to people who used the service in areas that even the emergency services could not access. When we asked people who used the service, they informed us that support workers always arrived to provide their care, and they had only ever been late when it snowed.

When we visited people in their homes, we saw that they had copies of their care records, which matched the records we looked at in the central office. The staff would make notes recording their intervention at the end of each visit which people who used the service could see if they wished. Times of visits were recorded and these corresponded to the times set out in the care plans. The records were comprehensive and gave a

good account of the visit, noting any issues, changes in demeanour and appropriate issues, for example, in one set of notes we saw that issues around poor personal hygiene had been noted, and follow up action recorded in subsequent entries demonstrated action taken to overcome the identified issue.

People who used the service confirmed that the care coordinator or another members of the management team would visit to collect notes at the end of each month, and we saw that these were audited on a monthly basis and stored in the office care records. However, whilst audits ensured that the quality of record keeping was maintained we saw that these quality checks had not been used to provide an overview of the delivery of care. For example, when we looked at one care record, we saw that the entries had shown little variation over a twelve-month period. This gave no indication of the purpose of the support offered, or demonstrated any impact on maintaining the person's independence. When we looked at the care plan, we saw that this had not been fully reviewed since 2014, although risk assessments had been identified for cross infection issues and environmental hazards. We raised this with the registered manager who agreed to review the care for this person and that monthly record audits would provide an opportunity to measure the impact of care delivery and she agreed that the service would amend the care note audits to reflect changes in needs.

We looked at seven care records. Information about each person included an initial contact and referral information, and care plans which were detailed and written in a person centred way, focussing on their abilities and strengths. Information provided gave a good indication of the person's character and personality, and provided information to assist the support worker to meet needs, for instance we saw a request, "Please ensure my pressure mattress is in place and the surface is not broken. Assist me to check for indicators of pressure sores." Where risks were identified, corresponding risk assessments gave a good indication of how to minimise the risk.

People told us that they had been involved in the delivery of their care and the service sought their views on what was and was not working. We saw that a spot check was carried out on each person who used the service on a six monthly basis, giving the person who used the service an opportunity to feedback on the delivery of their care. Where issues were raised appropriate action was taken, and care plans amended in line with the persons wishes. For example, we saw that where a check identified a person had requested an earlier evening visit, this was acknowledged and acted upon. The service also conducted an annual survey with all the people who used the service. Where people had difficulty with completing the form, staff would assist or contact the person by phone to help them complete the survey. We looked at the most recent surveys, which showed that all people who responded rated the service as 'good' or 'very good'.

People we spoke with were aware of the procedure for making complaints and told us that they would feel comfortable if they needed to do this. The service maintained a complaints and compliments log which we reviewed, and saw that the compliments outweighed the complaints. Where the service had received complaints there was evidence that these were investigated thoroughly and dealt with appropriately, with investigation notes and actions recorded. Copies of the complaint, and copies of the outcome letter were stored on file, and checks were made to ensure that the complainant was satisfied with the outcome.

Good

Is the service well-led?

Our findings

The needs of people who used the service were central to the care provided by Oldham Care and Support. The people we spoke to about the service believed it was well managed and that they were made to feel valued. They told us that they felt supported and assisted to maintain their independence. One person told us, "Nothing is too much for the company. They are a caring organisation". Another person, speaking of the support workers, told us, "They are great! If I could, I'd adopt them all."

It is a requirement under The Health and Social Care Act (2008) that the manager of a service like Oldham Care and Support is registered with the Care Quality Commission. When we visited the home had a registered manager who has been registered since August 2014. The registered manager was present throughout the inspection.

When we spoke to the registered manager, she told us that although the service was growing this would not be to the detriment of the quality of care, and that they would not take on new referrals if they did not have the capacity. A support worker told us that staff were encouraged to make time for people who used the service. They said that the service did not try to cram calls and this meant that they always had time to meet the person's needs at their own pace, and did not have to rush.

We saw that a relative of a person who used the service had provided feedback: "The fact that, more often than not, it was the same person each morning is a credit to whoever organises the visits". The service operated in small teams so they were able to provide consistency to people who used the service. This meant staff were able to build up good working relationships with the people who used the service, and support and communicate positively with one another. One support worker told us, "Continuity is there, we work in small teams but that is better for the residents, they like the familiarity, and it puts them at their ease. I love my job because it is a good company to work for."

People who used the service and staff told us that the office staff were helpful and they were able to contact someone out of hours if needed. The management team operated a duty rota to ensure that management cover was always available. Staff from the extra care schemes could also be called upon to cover for any unexpected incidents.

People told us that they were kept informed of any changes to the service; received regular visits from the care coordinator, and were invited to annual meetings organised by the company. We saw that people were encouraged to express their views through a range of methods. These included reviews and annual satisfaction surveys and questionnaires, which gave people who used the service the opportunity to comment on the delivery of care. The results of the annual questionnaires were fed back at an annual meeting, where people who used the service and their relatives were invited.

The staff spoke highly of the support they received from the registered manager and members of the management team. One support worker said to us, "It's so much better than the company I worked for before. Here, they value time spent with the service user, and I am supported to develop good working

relationships." Another valued the support they were given by the management team, especially when they came across an unanticipated incident. They told us "They support me in every way; if I am unsure about something they are always available to give advice and instruction. If there is an issue they will follow up, and arrange for me to stay on and they cover the next call".

We saw that there were good systems of communication. Team meetings were held for all staff at convenient times either at the start or end of shifts to allow all staff to attend. Staff told us that they were involved in discussions about issues of service provision during team meetings. Minutes demonstrated that they were encouraged to raise issues and take responsibility where mistakes had been made. The staff we spoke to told us they found team meetings useful, and felt supported to raise concerns and suggest changes they felt needed to be made. Minutes were signed by all staff to say that they had been read. Similarly, a 'memoranda file' was kept where a copy of any memos sent to staff, for instance, about work procedures or changes in policy. This was also signed by staff to say that they had read the memos.

When we spoke to staff members they told us that they were well supported. One support worker, commenting on the management team told us, "They know the clients, and know us as staff. They ask 'how can we help you', We feel listened to and well respected". Staff were motivated, and morale amongst support workers was high. Each year staff could nominate a colleague for an "Employee of the Year" award, and a presentation was held at the annual meeting of the company. This award allowed the management team to acknowledge the work and commitment from the staff.

To ensure continuing development the service had a rolling action plan, which was updated on a monthly basis to track ongoing issues, such as staff recruitment; identify needs, for example training for staff, or need for a Care Coordinator post, and review and plan actions, such as pilot schemes in extra care housing. The action plan also monitored improvements and noted when actions had been achieved.

There were effective systems in place to monitor the quality of the service, including reviews of care records, and communication logs were collected and reviewed monthly. Regular checks were completed, for example, recent audits had reviewed infection control and staff training. Directors of the company undertook focussed visits, and we were shown copies of a report following the latest visit in August 2016, which focussed on staffing in the extra care services. Where issues were identified, such as the correct procedures for recruiting and checking staff member's suitability to work with vulnerable adults, action was taken to ensure appropriate checks had been undertaken. We saw that the management team undertook quality spot checks every six months in the homes of the person, which looked at staff practice, ensured that tasks were consistent with the care plan and were carried out appropriately and in a timely manner. The people who used the service were able to contribute to these checks, and rate the quality of the service they received.

Each member of staff was provided with a staff handbook which detailed their roles and responsibilities. Copies of the company's policies were kept in the main office where they were available to staff, and we saw that these were based on good practice guidance and up to date legislation, although we noticed that the addresses on the complaints policy was not up to date. When we showed this to the registered manager, she agreed to make the appropriate amendments.

Before our inspection, we checked with the local authority commissioning team and safeguarding team, and they informed us that they did not have any concerns about Oldham Care and Support and were satisfied with the level of care provided.
The registered manager was aware of when notifications had to be sent to CQC and had notified us of required incidents. This demonstrated the registered manager understood her legal obligations.