High Quality Care and Companionship Ltd

Right at home Harrow

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 undertook an announced inspection of Right at Home (Harrow) on 4 January 2019. Right at Home (Harrow) provides a range of domiciliary care services which include live-in care and support, administration of medication, food preparation and housework.

CQC only inspect the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of inspection, the service provided care to 54 people, of which 39 people received 'personal care'.

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.

Our previous inspection of the service in June 2016 rated the service as Good with no breaches of Regulation. During this inspection on 4 January 2019, we found that the service remained Good.

Some people who used the service were unable to verbally communicate with us due to their mental capacity. We therefore also spoke with relatives of people who used the service. People who received care from the service told us that they had been treated with respect and dignity and felt safe in the presence of care support staff. Relatives told us they were satisfied with the care and services provided. They spoke positively about care support staff and management at the service.

Procedures were in place to protect people and keep them safe. Staff knew how to identify abuse and understood their responsibilities in relation to safeguarding people and reporting concerns. Risks to people's and staff safety were identified and guidance was in place to manage and minimise risks of people being harmed and protected them.

Arrangements were in place in respect of medicines management. Staff had received medicines training and policies and procedures were in place. We looked at a sample of Medicines Administration Records (MARs) and found that these were not always completed fully. There were occasions where the key was used to complete the MAR, but there was no further information recorded on the MAR to indicate whether the medicine had been administered or the circumstances surrounding the administration. Further, where medicines formed part of a blister pack, the medicines were not always detailed on the MARs and therefore it was not clear what medicines had been administered. We discussed this with management and they advised that they would ensure that medicines contained in a blister pack would be clearly recorded on the MAR in future. They confirmed that they would take immediate action in respect of this. Following the inspection, the director sent us an action plan which detailed the improvements they would make and timescales. This included refresher training and workshop sessions.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. People received care from the same care support staff on a regular basis and experienced consistency in the level of care they received. The registered manager explained that each person that received care had an allocated group of care support staff so that they were always familiar with them. The service operated a "No stranger policy" which ensured that people always knew who was providing their care.

Comprehensive recruitment processes were in place and the service carried out appropriate checks so only staff who were suitable to work with people using the service were employed by the service.

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Records showed that care support staff had undertaken a comprehensive three-day induction when they started working for the service. They completed training in areas that helped them to provide the support people needed and covered areas such as client care, carer role, duty of care, communication, food hygiene and medication. Training was provided by an external training provider. Topics included moving and handling, medicines, safeguarding adults, infection control, first aid and health and safety. Staff also received regular refresher training to ensure they were informed of developments and updates.

People's dietary needs were understood and supported by the service. People received the assistance and support that they needed to ensure their nutritional needs were met.

People had been visited by the service who carried out an assessment of their needs prior to them receiving care. People received personalised care and the service was responsive to their needs. People were consulted about how they would like to receive their care and their preferences were supported. People's care plans were up to date and included information staff needed about how best to support them. People's daily routines were reflected in their care plans and the service encouraged and prompted people's independence. Care support plans included information about people's life history.

Staff had a good understanding and were aware of the importance of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care. Feedback from people indicated that positive relationships had developed between people using the service and care support staff and people were treated with dignity and respect.

The director explained that the service focused on trying to get people out into the community. One example was that the service had arranged a workshop with an external organisation for one person to get together with a younger person to do fun activities. The idea behind this was to encourage the younger and older generation to get together. The service had also arranged a "musical memories" event at a local hall which was held for people with dementia to bring them together to listen to music. The service had participated in the Macmillan cancer coffee morning and arranged for people to come to the office.

The service had a complaints procedure. The service had clear procedures for receiving, handling and responding to comments and complaints. People and relatives told us they did not have any complaints about the service but knew what to do if they needed to raise a complaint or concern.

People and relatives spoke positively about the management of the service. There was a clear management structure in place with the director, registered manager, team of care support staff and office staff which included a recruitment manager, senior scheduler, care coordinator and field care manager.

Systems were in place to monitor and improve the quality of the service. We found the service had a

comprehensive system in place to obtain feedback from people about the quality of the service they received through review meetings, telephone monitoring and home visits. The service implemented their own quality assurance system. This provided a structured system for obtaining feedback from people and relatives and ensured that this was consistently carried out for all people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was mostly safe. Arrangements were in place in relation to the management and administration of medicines. However, some MARs were not completed fully.

People told us they felt safe in the presence of care support staff and this was confirmed by relatives we spoke with.

Risks to people were identified and managed so that people were safe. Processes were in place to help ensure people were protected from the risk of abuse.

Appropriate employment checks were carried out before staff started working at the service.

Is the service effective?

Good

The service was effective. Staff had completed relevant training to enable them to care for people effectively. Staff were supervised and felt well supported by their peers and management.

The legal requirements relating to the Mental Capacity Act 2005 were being met.

Is the service caring?

Good

The service was caring. People using the service told us they liked care support staff and found them attentive and kind.

People told us that care support staff treated them with kindness and patience and knew them well.

Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity.

The service supported people to express their views and be involved in making decisions about their care, treatment and support where possible.

Is the service responsive?

Good

The service was responsive. Care support plans included information about people's individual needs and choices.

The service carried out regular reviews of care to enable people to express their views and make suggestions.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Good

The service was well led. People, relatives and staff expressed confidence in the management of the service. The satisfaction survey in 2018 indicated that people and relatives were satisfied with the services provided.

Audits and checks had been carried out by management in order to make necessary improvements.

The service had a clear management structure in place with a team of care support staff, office staff, registered manager and director.

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

Right at home Harrow

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, and to provide a rating for the service under the Care Act 2014.

One inspector carried out the announced inspection on 4 January 2019. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. Following the inspection an expert by experience contacted people who used the service and relatives and undertook telephone interviews. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people. The provider also completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service.

During our inspection we went to the provider's office. We reviewed seven people's care plans, six staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Some people who used the service were unable to verbally communicate with us due to their mental capacity. We therefore spoke with some people's relatives. We spoke with three people who used the service and ten relatives of people who used the service. We also spoke with twelve members of staff including care support staff, the registered manager, the director and regional compliance manager.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt comfortable and safe when being cared for by care support staff. They told us that care support staff were reliable and diligent and expressed no concerns regarding the suitability of care support staff. When asked if they felt safe in the presence of care support staff, one person told us, "I do class them as friends because they ask me about my son and they tell me about their home circumstances. I feel very safe when they are here, they take good care of me." Another person said, "Yes, I do feel safe, I am up and about and have reasoning power. The [carers] are lovely they all have a different way of doing things but mostly they do well." Relatives we spoke with said they were confident that people were well looked after and raised no concerns about the safety of people. One relative told us, "Oh yes, [my relative] is safe, I think they are quite friendly and positive; I have met all of them and they do try to make her comfortable and not anxious." Another relative said, "Safe, yes, they come here seven days a week. They tell [my relative] what they are doing and make her feel comfortable."

There were arrangements in place for the administration and recording of medicines. There was a policy and procedure for the administration of medicines. Records indicated that staff had received training on the administration of medicines. Care support staff had their competency to administer medicines assessed prior to them administering medicines and there was documented evidence of this.

At the time of the inspection, the service provided medicines support to 22 people. During the inspection, we checked a sample of 12 MARs for different people for various dates between October and December 2018. We found evidence that some MARs were not completed fully. For example, three out of the 12 MARs we looked at had recorded "O" on a number of occasions in the boxes to indicate "other". However, there was no clear explanation as to what this meant in each individual circumstance and therefore according to the MARs it was not clear whether people had received medicines as prescribed. Further, we saw in another MAR dated November 2018, there were three occasions where an "R" was recorded to indicate that the medicine was "rejected". However, there was no recorded detail on the MAR as to why the medicine was not taken and details of any action taken in response to this. We also found on one person's MAR there were two unexplained gaps and on another person's MAR we saw that "-" was recorded which did not correlate with the key on the MAR and therefore it was not clear what this meant. We raised the above findings with the registered manager and director and discussed the importance of ensuring that MARs were completed fully. They confirmed that medicines had been administered but that the MARs had not been completed correctly to indicate this.

Where medicines administered by care support staff formed part of a blister pack, we found that these were documented on MARs as "blister pack" with the exception of one person's MAR which did list the medicines contained in the blister pack. In the remaining MARs we looked at where medicines were in a blister pack, there was no record on the MAR of what medicines formed the blister pack. It was therefore not clear from the MARs what medicines had been administered. It is important that where a service takes responsibility for medicines administration, there should be a clear record of which medicines care support staff have administered on the MAR including those that were in a blister pack. We also noted that the service's medicines management policy stated that the MAR chart must show "Name, form and strength of the

medication" The service was therefore not following their medicines policy. We however noted that whilst the medicines in a blister pack were not listed on MARs, the medicines prescribed were documented in people's care support plan.

We discussed this with management and they advised that they would ensure that medicines contained in a blister pack would be clearly recorded on the MAR in future. They confirmed that they would take immediate action in respect of this.

The service had a system for auditing medicines and this was carried out monthly for each person who received support with their medication. We found that some of the issues we identified in the MARs had been identified by the audits, but not all of these had been identified. The registered manager explained that they had identified that there was an issue with regards to the completion of MARs and in response to this they had held two MARs completion workshops in December 2018 for staff and had further sessions scheduled for January 2019. Following the inspection, the director sent us an action plan which detailed the improvements they would make and timescales. This included refresher training and supervision sessions.

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. There were policies and procedures in place, which informed staff of the action they needed to take to keep people safe, including when they suspected abuse. Contact details for the local safeguarding team were available in the office and information about safeguarding procedures were clearly detailed in the service user guide which was provided to all people. All staff had received training in safeguarding people. Staff we spoke with were able to give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They told us that they would report their concerns immediately to management. The service co-operated fully with safeguarding investigations and took appropriate action to safeguard people.

The service had a whistleblowing policy and contact numbers to report issues were available. Staff we spoke with were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed. They told us that they would not hesitate to raise any issues.

Risk assessments were in place and these contained guidance for minimising potential risks. These included risks associated with the environment, moving and handling, mobility, use of equipment, transfers, diabetes, falls prevention and medicines. The risk assessments also included details of who was at risk, details of considerations and action to mitigate against the risk or reduce the risk. We saw evidence that risk assessments were reviewed and updated when there was a change in a person's condition.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. The director and registered manager told us that they were safely able to meet people's needs with the current number of care support staff they had. People received care from the same care support staff on a regular basis and experienced consistency in the level of care they received. The registered manager explained that each person that received care had an allocated group of care support staff so that they were always familiar with them. The service operated a "No stranger policy" which ensured that people always knew who was providing their care. The majority of feedback from people and relatives indicated that they received consistency and continuity in respect of their care. One person told us, "They are very good, I have the same carer each time unless she is on holiday. At these times I will get different carers." One relative told us, "Generally, the same carers, one in particular comes regularly and does most of the calls. It was what I asked for and it was established." Another relative said, "The primary carer comes five days a week and she make [my relative] very happy, she is an absolute angel, [my relative] loves her."

We asked the director and registered manager how the service monitored care support staff timekeeping and punctuality. They told us the service used an electronic homecare monitoring system which would flag up if staff had not logged a call to indicate they had arrived at the person's home or that they were running late. If this was the case, the registered manager told us they would ring the care support staff to ascertain why a call had not been logged and take necessary action. Care support staff we spoke with told us that they were able to manage their workload and there was sufficient travel time between visits.

We looked at the recruitment process to see if the required checks had been carried out before staff started working with people. We looked at the recruitment records for six members of staff and found comprehensive background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for care support staff. We discussed the recruitment process with the director and registered manager and they explained that the service carried out thorough recruitment checks prior to employing staff and this included a telephone interview, formal interview and psychometric assessment. They explained that these helped them ensure they employed staff with the right calibre and who shared the same aims as the service.

Arrangements were in place to report and manage incidents and accidents and an appropriate policy was in place. The service had a system for recording these. For each incident or accident, the service completed a form which provided details of the incident/accident, details of the action taken and details of lessons learnt to reduce the risk of similar incidents and accidents occurring in the future. Management reviewed these in order to learn from them and to minimise the risk of other similar events occurring.

Care support staff told us they used and were provided with protective clothing, such as aprons and gloves by the service. The registered manager told us they delivered supplies of gloves and aprons to people's homes for care support staff to use or care support staff could collect them from the office. People and relatives we spoke with confirmed this and that staff regularly used them. This helped to promote good hygiene and prevent any cross-contamination and infection.

Good

Is the service effective?

Our findings

People and their relatives told us that they had confidence in care support staff and the service. They told us that they were confident that care support staff were competent and they were satisfied with the care provided. One person said, "I would say they are conscientious, meticulous, kind and use their initiative. If something extra need doing, they just do it." One relative told us, "I think the carer [my relative] has is particularly kind and gentle. I have never been concerned that [my relative's] dignity is not respected." Another relative said, "The carers are friendly, respectful and helpful. They will supervise him in the shower and keep a watchful eye on him and they definitely make sure dignity is respected." However, one relative told us, "My observation is some certain individuals - a little further instruction and training wouldn't go amiss."

Records showed that care support staff had undertaken a comprehensive three-day induction when they started working for the service. They completed training in areas that helped them to provide the support people needed and covered areas such as client care, carer role, duty of care, communication, food hygiene and medication. Care support staff we spoke with told us that the induction they received prepared them to do their job effectively and spoke positively about it. One care support staff told us, "The induction was very informative. I have had constant supervision since starting here." Another care support staff said, "The induction was detailed and thorough. I learnt so much information."

The registered manager explained that prior to care support staff providing care to people, they shadowed more experienced care support staff in order to observe assisting people with their care needs and other tasks several times before they carried them out themselves. The registered manager also told us that they also observed and assessed staff carrying out care duties before they worked alone.

Care support staff were provided with comprehensive training to ensure that they had the skills and knowledge to effectively meet people's needs. Training was provided by an external training provider. Topics included moving and handling, medicines, safeguarding adults, infection control, first aid and health and safety. The service also provided specific training for staff where they provided care to people with specific needs for example Huntington's Disease. Care support staff also received regular refresher training to ensure they were informed of developments and updates. All care support staff spoke positively about the training they received and said that they had received the training they needed to complete their role effectively. One care support staff said, "The training was very good. Topics were explained very well." Another said, "The training was very helpful." We saw evidence that care support staff were in the process of completing the 'Care Certificate'. The Care Certificate provides an identified set of standards that health and social care staff should adhere to in their work.

There was evidence that care support staff had received regular supervision sessions and this was confirmed by care support staff we spoke with. The service supervised staff though a mix of supervision sessions and spot checks and we saw documented evidence to confirm that these occurred regularly and consistently. We also saw evidence that care support staff received an annual appraisal.

People and relatives we spoke with raised no concerns in respect of how the service supported people in respect of their nutrition. One relative said, "[The carer] cooks the meals and she know what [my relative] likes; when she is preparing the meals, she always involves [my relative] so she feels she is helping herself. She has been with [my relative] for the past two years and she is just lovely." Another relative said, "[The carer] cooks quite a lot and [my relative] enjoys the soup." We spoke with the director and registered manager about how the service monitored people's health and nutrition. They explained that care support staff prepared food for people where this was detailed in their care plan. We saw that in one person's care records that the service helped the person to prepare their own meals. The care support plan included various pictorial menus for various dishes the person liked. We saw evidence that the service kept a record of people's food intake on the daily communication sheet. The director explained that if care support staff had concerns about people's weight they were trained to contact the office immediately and inform management about this. Care support staff we spoke with confirmed this. The service would then contact all relevant stakeholders, including the GP, social services, occupational therapist and next of kin.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff we spoke with had knowledge of the MCA and training records confirmed that they had received training in this area. Staff were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests. Care support staff were knowledgeable about the importance of obtaining people's consent regarding their care, support and treatment. This was confirmed by people we spoke with. Care support staff also told us that they explained what they were going to do prior to assisting people. The director and registered manager were aware of the need to consult with people's advocates and next of kin if people lacked capacity to make decisions for themselves.

Care plans included information about people's mental health and their levels of capacity to make decisions and provide consent to their care. Each person's care support plan included a mental capacity assessment which provided details about decisions they were able to make and their level of comprehension and preferred communication methods.

Good

Is the service caring?

Our findings

We received positive feedback from people and their relatives regarding care support staff who attended to them. They told us that care support staff were caring and they had been able to form positive relationships with them. People and relatives we spoke with were satisfied with the care they received and said that care support staff respected their dignity and privacy. One person said, "They are very patient, they are really lovely; I can really say I love all of them." Another person told us, "They are very caring. We get on very well together and she has a good chat when she is here." One relative said, "The staff are very co-operative, very polite and kind; I have not had any problems with them." Another relative told us, "They are very friendly and polite and never off hand or dismissive."

Care support staff told us that they had been informed during their induction and training of the importance of treating people with respect and dignity. They were aware of how to protect people's privacy and could describe to us how they did this. When providing personal care, they said they ensured that where necessary doors were closed and curtains were drawn. They said they would also first explain to people what needed to be done and gain their agreement. People confirmed that they had been treated with respect and dignity and care support staff protected their dignity.

Care support staff were aware of the importance of ensuring people were given a choice and promoting their independence. One care support staff told us, "I always ask people what they want. I don't assume anything. I always ask people how they are feeling and make time to speak to them. I always ask what they want and keep them informed. I never take that away from them." Another care support staff said, "I always encourage people and let them do things as much themselves."

We saw information in people's care plans about their background, life history, language spoken and their interests. This information was useful in enabling the service to understand people and provide suitable care support staff who had similar interest. The registered manager stated that where possible, care support staff would be matched to people with the same type of interest and background so that they had things in common. Care support plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. The director explained that the service focused on respecting people's wishes and listening to their choices. For example, one person followed a vegetarian diet for religious reasons and the service supported the person to meet this need. Another person followed a Kosher diet and care support staff only prepared Kosher food for this person and had also undertaken relevant training to ensure they met this person's needs.

The director explained that the service treated each person as a unique individual and the service aimed to provide an excellent service. She explained that the service aimed to "enrich people's lives and help people live a fulfilling life." She explained that the service had focused on trying to get people out into the community and provided examples of how the service had done this. One example was that the service had arranged a workshop with an external organisation in May 2018 for one person to get together with a younger person to do fun activities. The idea behind this was to encourage the younger and older generation to get together. The director explained that the service aimed to get more people involved with

this in the future. The service had also arranged a "musical memories" event at a local hall in August 2017. This event was held for people with dementia to bring them together to listen to their favourite music. In September 2018, the service had participated in the Macmillan cancer coffee morning and arranged for people to come to the office. The service also participated in a stroke local community group where the director held talks and people were able to get involved in exercise classes, lunch and a quiz.

The service had a comprehensive service user guide which was provided to people who used the service and they confirmed this. The guide provided useful and important information regarding the service and highlighted important procedures and contact numbers.

The service put together a compilation of case studies to demonstrate what the service did to "make a difference" in people's life. Examples included care support staff taking a person for a short break by the sea to help the person reduce their anxieties about a nearby carnival. Another example was how care support staff provided caring and emotional support to a person who was on end of life care and details how care support staff built an awareness of the customs and preparations regarding the person's religion to help support them.

The registered manager explained that the service did not provide home visits of less than one hour with the exception for two people who had long term contracts for 30 minutes. She explained that it was important for care support staff to spend time speaking and interacting with people and doing things at people's own pace, not rushing them and a minimum of one hour visits enabled them to do this.

There was documented evidence that people's care was reviewed regularly with the involvement of people and their relatives and this was confirmed by people and relatives we spoke with. These meetings enabled people and their relatives discuss and review people's care to ensure people's needs were still being met and to assess and monitor whether there had been any changes.

People and relatives we spoke with were all familiar with the director and the registered manager and said that they were able to contact management if they had any queries. The director explained that they ensured that staff discussed people's care with them and tailored their care according to what their individual needs were.

We discussed the Accessible Information Standard [AIS] with the registered manager and director. The Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand. It is now the law for the NHS and adult social care services to comply with AIS. The registered manager explained that the service provided person-centred care and therefore aimed to meet people's individual needs. Where people required enlarged print so that they could read documentation, the service would ensure that people would be provided this. The service ensured they provided information in accessible formats and languages when needed by people using the service. People's care plans included guidance about how to support people with communication and sensory needs.

Good

Is the service responsive?

Our findings

People and their relatives informed us that care support staff provided the care they needed and as stated in the care plans. They stated that care support staff were responsive and helpful. One person said, "We communicate very well and they always listen to what I have to say." Another person said, "I think I would complain if I had anything to complain about. I am sure they would listen to me, they always seem very helpful. I have never been fobbed off with any excuses or anything." One relative said, "I wouldn't feel intimidated about speaking to them about anything and I do believe they would listen to me. It goes back to my request for the same person for continuity, and they were accommodating." Another relative told us, "I am able to speak to raise any issue. I have always found them very open. If there has been a hiccup, they prefer to hear about it like the time they sent a carer that was not suitable and [my relative] was not happy; I spoke about it to service and it was addressed. It is very important to be able to raise issues."

We looked at seven people's care plans as part of our inspection. Care support plans consisted of a client assessment, support plan and risk assessments. The assessment provided information about people's medical background, details of medical diagnoses and social history. The support plan detailed what level of support people wanted and how they wanted the service to provide the support for them in relation to various aspects of their daily life such as personal care, continence, medication, communication, nutrition and mobility. These were individualised and specific to each person and their needs. Care plans included information about people's preferences, their likes and dislikes. We found that each person had a "one page profile" that detailed who the person is, what is important to them, their overall goals and daily goals.

Where people displayed behaviour that challenged, the service had implemented a behaviour management strategy which included a positive behaviour support plan which included comprehensive details of events that may cause distress for the person and details of preventative strategies. These were personalised and specific to the individual person's needs and identified their triggers and preferences. The director explained that this ensured that care support staff were fully informed of how to care for the person and to ensure that they were able to form positive relationships with people. In such instances the service also ensured that care support staff were shadowed when providing care to people that presented behaviour that challenged to ensure they were fully aware of their responsibilities and provided care that met the person's needs.

People and relatives told us they were involved in the planning of care and support provided. This was confirmed in the records which contained people's preferences and choice of visit times. Care plans and agreements were prepared and signed by people or their representatives to evidence that they had been consulted and agreed to the plans. This ensured that people received care that was personalised and appropriate. The director explained that before providing care, the service assessed each person and discussed their care with them and their relatives to ensure that the service was able to meet their needs. The service emphasised the importance of a thorough assessment as it helped them gain a good understanding of the care and support each person required, and to determine if the service was able to meet the person's needs. Speaking with people using the service and when applicable their relatives to gain an understanding of people's needs and preferences was an important aspect of the initial assessment.

Daily communication records were in place which recorded visit notes and daily outcomes achieved.

These assisted the service to monitor people's progress. We noted that these were completed in detail and were up to date and reviewed monthly by the registered manager.

There were arrangements to ensure that care support staff were provided clear information about people's person's needs and the way they wished to be provided their care in advance of care being provided to any new person. Care support staff explained that prior to visiting a person, they had been informed of the care plan and what tasks they had to perform. When we talked with them about people they were responsible for, they demonstrated a good understanding of the needs of people, their choices and preferences and any disability or medical conditions people had. People and relatives we spoke with were satisfied because people usually had the same care workers they had known for a significant period. This meant that they received a consistent service from someone familiar to them.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. People and their relatives confirmed that this took place regularly and they had been involved. Records showed reviews of people's care plans and care provided had been conducted. Records showed when the person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required.

Care support staff we spoke with demonstrated a good understanding of the needs of people, their choices and preferences and any disability or medical conditions people had. People and relatives we spoke with were satisfied because people usually received care from the same care support staff. This provided consistency and ensured that people were comfortable in the presence of care staff and they were familiar with them.

The service had a complaints procedure. The service had clear procedures for receiving, handling and responding to comments and complaints. People and relatives told us they did not have any complaints about the service but knew what to do if they needed to raise a complaint or concern. They also told us that they were confident that their concerns would be addressed. Records showed that management investigated and responded appropriately when complaints were received and resolved matters satisfactorily.

The service had an informative website which provided information about the service, their story, values and mission statement, staff and upcoming events.

Good

Is the service well-led?

Our findings

People using the service and relatives spoke positively about the service and told us they thought it was well managed. People and relatives said they had confidence in the management of the service. One relative said, "Management are very good, you know over the Christmas period they rang and wished me Merry Christmas and Happy New Year; just to have a friendly call like that was lovely." Another person told us, "I would say the management is good. I have not really had a lot to do with the office but I have my bills come in correctly." One relative said, "I know the management well, on all occasions when I have contacted the response has been good." Another relative told us, "I do have confident in the management of service. Based on the carer that comes five times a week I would say 10 out of 10; she is fantastic with [my relative]. I think the service [my relative] gets is wonderful."

Staff told us that they were well managed. They stated that communication within the service was effective and they had regular meetings where they were kept updated regarding the management of the service. Care support staff found the registered manager and other senior staff to be fair and approachable. They stated that morale was good and they had received guidance regarding their roles and responsibilities. The service had a clear management structure in place with the director, registered manager, team of care support staff and office staff which included a recruitment manager, senior scheduler, care coordinator and field care manager. When speaking about management, one member of staff told us, "The support is very good. They are very understanding. I can talk to them at any time." Another member of staff said, "The door is always open. I can talk to them openly. There is always someone there to help. There is constant communication." Another member of staff said, "I have no complaints. The service is managed well. Management are very approachable."

Systems were in place to monitor and improve the quality of the service. We found the service had a comprehensive system in place to obtain feedback from people about the quality of the service they received through review meetings, telephone monitoring and home visits. The service had their own quality assurance system which provided a structured system for obtaining feedback from people and relatives and ensured that this was consistently carried out for all people. It included an initial one-week review, a six-week review, three-month client feedback visit, six-month review, nine-month client feedback visit and annual review. The director explained that this system enabled the service remain in regular contact with people and their relatives so that they were able to build close relationships with people and ensure people felt comfortable raising issues with management.

The director explained the importance of ensuring that care support staff felt valued and that their hard work and effort was recognised. She explained that in 2018 she had introduced a pay schedule for care support staff which enabled care support staff to progress within their role and to move up the bands. This provided care support staff with an incentive. This had helped to encourage them to remain with the service and therefore maintain consistency. The service also held "Care giver of the year" awards in 2018. The service asked people and relatives to nominate care support staff that they thought were really good. There were four care support staff who were presented with a certificate and vouchers.

The service undertook a range of audits of the quality of the service and took action to improve the service as a result. Audits had been carried out in relation to care documentation, safeguarding, complaints and training. The service also carried out spot checks to assess care support staff performance when assisting people with personal care in the person's home. The service also carried out an overall quality and compliance audit looking at various aspects of the service as a whole.

The director emphasised the importance of effective communication within the service and explained that the service communicated with staff in various formats. The service held weekly team meetings where the office staff and management discussed scheduling, recruitment and matters relating to the running of the service. The service also held regular care support group meetings which care support staff attended. During these meetings, they were provided with updates, changes were communicated, training provided and time allocated for reflection. The service had recently introduced focus groups where various staff would discuss progress and look at ways of working more effectively. The service issued a quarterly newsletter to inform people, relatives and staff about important information and changes to the service.

In May 2018 the service carried out a satisfaction survey of people, their relatives and staff. This was carried out by an independent external organisation. We saw that the feedback received was overall positive and indicated that people were satisfied with the services they received and the conduct of care support staff. The feedback also indicated that staff morale was positive. Following the survey, we saw evidence that management had analysed the information received and where action was required, they had documented this.

The service became finalists for various healthcare and management awards.

The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and whistleblowing.

The registered manager understood the responsibilities of their registration with us. They explained that they would report significant events to the CQC, such as safety incidents, in accordance with the requirements of their registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and on their web site the last rating was clearly displayed at the service. We found the provider had displayed the rating in the office and on their website. This is so that people, visitors and those seeking information about the service can be informed of our judgments.