Assist Care Group Limited

The Barn

Inspection report

Hangleton Lane
Ferring
Worthing
West Sussex
BN12 6PP

Tel: 01903507801
Website: www.assistcaregroup.co.uk

Date of inspection visit:
19 December 2019
02 January 2020

Date of publication:
04 February 2020

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

About the service
The Barn (formerly known as District Carers Limited) is a domiciliary care agency providing care to people living in their own homes. It currently provides a service to adults with a range of care and support needs. Approximately 140 people were receiving support at the time of the inspection. The service covers Pagham, Bognor Regis, and the coastal strip over to Shoreham by Sea, then northwards to Pulborough and Storrington. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People were protected from the risk of abuse and harm by staff who had been trained appropriately and knew what action to take if they had any concerns. A relative said, "On the whole safety is very good. They have a comprehensive medicines policy and good training in moving and handling. Mum and I get a rota emailed which says the names of staff and when they are coming. Staff safety is also good as they log in and out when they visit and have access to an on-call system". Risks to people had been identified and assessed, with guidance for staff on what actions to take, which was followed. People told us that staff were usually on time when visiting their homes and, if they were going to be late, they would be informed. New staff were recruited safely. Some people required staff to administer or prompt them to take their medicines and this was managed safely. People's needs were regularly reviewed to ensure the service they received remained appropriate.

Before people received support from the service, their needs were assessed to ensure these could be met by trained staff. People and their relatives were involved in discussions about their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff completed a range of training which was relevant to their roles and specific to meet people's needs. They received regular supervision from their line managers.

People were supported to eat and drink in a healthy way and staff prepared meals, taking account of people's special dietary needs. People received support from a range of healthcare professionals and service. One person said, "Two months ago, staff stayed with me until the doctor came after calling him. They called my daughter over too, so I wouldn't be on my own later".

People told us that staff were kind and caring and responsive to their needs. People's diverse needs were identified and catered for and care was delivered in a personalised way that met people's preferences. One person commented, "It's fantastic. They all work together to help each other. I'm never left without a carer". People were treated with dignity and respect.

Care plans were drawn-up with people and their relatives and provided detailed information about people's personal histories, as well as their care and support needs, which staff followed. Care plans were held electronically, although hard copies were available for people to keep at home. People's communication needs had been identified, so that staff communicated with them in a way that suited them. Complaints were managed in line with the provider's policy and resolved in a timely manner.

People and their relatives were positive about the service and commented on the caring nature of the staff who supported them. Their feedback was obtained through annual reviews.

A range of audits had been implemented to measure and monitor the quality of the service and to drive improvement. Staff felt supported by the management team. The service worked in partnership with others. At the time of inspection, the service was being overseen by the operations manager and the provider, the last manager having recently de-registered with CQC.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The service registered with us on 9 January 2019.

Why we inspected
This was a planned inspection based on the timescales set out on our registration programme.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

The Barn

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of two inspectors. One inspector undertook telephone interviews with people and/or their relatives.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The last manager of the service de-registered with CQC, just before the inspection took place. The service was being overseen by the operations manager and the provider, until a new manager could be recruited. Once registered, the new manager and the provider would be legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection. Inspection activity started on 19 December 2019 and ended on 2 January 2020. We visited the office location on 19 December 2019.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with eight people who used the service and five relatives to obtain their feedback. We also spoke with the provider who was the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the manager, two care co-ordinators, training manager and a care assistant. We reviewed a range of records which included ten care plans. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection
We sought feedback from a number of social care professionals who knew the service. At the time the report was written, we received one response, which stated there had been no recent involvement with the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm.
- One person said, "Yes, I feel safe. Staff are friendly and do what they are supposed to. I'm not worried about them". A relative told us they felt safe with the current staff. They gave an example of a staff member who had attended in the past but who had not provided care in line with their family member's wishes. A complaint was raised and resolved. A second person said, "I get help with a shower twice a week and I am very satisfied with that. I feel safe with them".
- Staff had completed training in safeguarding vulnerable adults. One staff member explained, "If I came across somebody that is maybe quieter than usual, if there's bruising or anything different, I would try and talk to them, or a family member, record and report it. The management have always been supportive here".

Assessing risk, safety monitoring and management

- People's risks were identified, assessed and managed safely; people confirmed this.
- One person said, "Staff are always safety conscious. There are no hazards when they leave the kitchen, it's always clean and tidy". A relative told us, "They always look after his mobility as he is at risk of falls. They monitor and oversee him moving on his frame; he gets safe care".
- Care plans included risk assessments in a range of areas. For example, there was guidance for staff in relation to one person's diabetes and their diet. Staff were to be observant for signs of change in the person's mood, behaviour and general signs of illbeing, such as perspiring or being excessively thirsty. Other risk assessments included continence, moving and handling, and skin integrity, with information for staff which was followed.
- Any accidents or incidents were recorded and reported by staff on a hand-held device, and all this information was relayed directly to the office, who could take further additional action.
- Risks to staff in relation to lone working had been assessed and were managed satisfactorily.

Staffing and recruitment

- There were sufficient staff to meet people's identified needs.
- We asked people if staff arrived on time and whether any calls had been missed by staff. One person said, "They arrive on time mostly. If they run late, they let me know. I've had no missed calls and staff stay the agreed length of time". A second person told us, "Yes, mainly. We get a schedule of which staff are coming". A relative said that staff usually arrived on time, within a 15 minute time window. They added that they had cause to complain on one occasion when staff arrived a little late, and their complaint had been listened to and acted upon.

● One staff member felt they had enough time to spend with people and if a person needed extra time, they would log this with the office staff. The staff member explained, "If extra time is always needed we can refer to the office to see if any changes to their call times are needed. Sometimes 15 minute calls can be a bit tight".
● The provider could check the times at which staff arrived and left people's homes. A 'punctuality report' for the last 12 months identified that 92.8 per cent of calls were made on time, 5.15 per cent of calls were 15 minutes' late and 1.24 per cent of calls were 30 minutes' late. The total number of calls analysed was 112,392.
● New staff were recruited safely. Staff files showed that all appropriate checks had been made before staff commenced employment. These included checks with the Disclosure and Barring Service which considered the person's character to provide care. References were obtained and employment histories verified.

Using medicines safely
● Medicines were managed safely.
● People's needs in relation to medicines were assessed, whether they took their medicines independently, needed them administered by staff or needed prompting to take their medicines. In one care plan we read that the person had been known to spit out their tablets, so staff should stay with the person and check they had swallowed their medicine.
● One person said, "Staff give them to me. They make sure it's the right amount by looking at the folder". Another person told us, "Staff know what I take and get them down from the cupboard for me". They added this was all the support they needed, but that staff were there to help them if required. A relative commented, "Yes, [named person] gets help with medicines. This was agreed at a meeting with the agency. I was reassured they would support Mum with her medication safely. They are very diligent and always complete the records".
● Staff completed training in the administration of medicines. One staff member told us they would ring the pharmacy or the person's GP if medicines needed replenishing. They explained, "If people are low on something, I can make the call".
● The provider completed an audit on medicines. In a medication report for the last 12 months, out of 101,451 medicine entries recorded, 12 errors had occurred. These were managed satisfactorily.

Preventing and controlling infection
● People were protected by the prevention and control of infection by staff who had received appropriate training.
● Staff confirmed that personal protective equipment, such as disposable aprons and gloves, was supplied to them and people confirmed these were used.

Learning lessons when things go wrong
● Lessons were learned when things went wrong.
● The operations manager explained, "When something goes wrong, it's opened as an 'event' on the computer system and everyone is tagged. We say what's happened, the outcomes and staff delegated. If there is a meds error, we can arrange training, then the field care supervisor will do an observation of the staff member. Everything is logged onto the system, whether we make a phone call or write an apology letter. We see what we are going to change, what might we do differently, and who we have shared this with".
● For example, one event recorded that a person's medicine had been left in a pot for them to take. A staff member visiting the person the next day, found the medicine was still in the pot, even though the record showed the medicine had been administered. The incident was discussed with the first staff member and they completed refresher training in medicines.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed before they received support from the service; records confirmed this.
- People and their relatives confirmed they were involved in discussions about their care. One person said, "We do reviews and the supervisor from the office comes out and we go through things".
- The operations manager explained that people came to use the service from a variety of sources, for example, through social services or by funding their own care. The operations manager added, "We operate seven days a week with a responsible person in the field, we don't have 'on call'. When the office shuts we have total coverage, someone working from home or coming in to open up the office. We can do assessments at weekends if needed, and we do. Staff can have access to all records, medicines, and contacts. Family members can request a change at weekends and the service can be updated".

Staff support: induction, training, skills and experience

- Staff completed a range of training relevant to their role and specific to people's needs.
- We asked people whether they felt staff were trained to meet their needs. One person said, "I honestly think they're well trained. They know what they are doing". Another person told us, "Yes, the staff appear well trained, skilled and experienced. They are competent, and will get further advice if needed".
- Staff received training in a variety of areas such as moving and handling, emergency first aid, safe food handling, and health and safety. Computer systems alerted the training manager when training was due or needed to be refreshed for staff.
- The training manager told us that in addition to face to face or online training, staff were observed delivering care through spot checks and supervisions. If a person passed away, staff could have a 'grief chat' and were provided with emotional support.
- New staff studied for the Care Certificate, a universally recognised, vocational, work-based qualification. They had 12 weeks to complete Skills for Care workbooks. The training manager explained, "We can help if staff have difficulty in understanding anything. I had to adjust the workbooks for one person as they had trouble understanding the questions".
- Staff received supervision from their line managers every six months and spot checks were carried out approximately every three months. One staff member told us, "Spot checks are unannounced. Checks are made on whether we have ID, on our uniform, and use protective equipment. They see how you are with the customer and that they are happy. The field care supervisor does that".

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people in the preparation of meals when required.

● One person said, "They prepare my breakfast how I want it. They will also buy my food if I need something". A relative told us, "They do cooking together, like making cakes, shepherd's pie and lasagne. It's activity to help develop their independence".
● Staff explained how they supported people to eat and drink well. One staff member said, "One person has fortified shakes due to throat cancer and liquids. They are unable to eat solid foods due to the tumour. We watch people's diets. One lady has to have something to eat before she takes her insulin".
● Care plans recorded people's nutritional needs, special dietary requirements and any associated risks with eating and drinking with guidance for staff to follow.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported by staff to access a range of healthcare professionals and services.
● One person said, "Yes, this happened the other week. A carer noticed I was hot and not well so called 111 and they asked about my symptoms. A doctor then called by which time I was feeling better". Another person told us, "Staff have called the ambulance at least twice. This led to a diagnosis of diabetes, so staff intervention was very helpful".
● The provider had a contract with the local authority who referred people needing personal care in their own homes.
● A relative described how the service and staff worked jointly with them and their family member, with referrals to an occupational therapist and district nurses. The relative added, "Meetings are attended and there is good joint working".
● People's health needs were assessed and recorded in their care plans. For example, people's oral, dental and mouth care needs were recorded, and whether they needed help with brushing their teeth. One person said, "[Named staff member] cleans my teeth in the morning. It's a fantastic help".

Ensuring consent to care and treatment in line with law and guidance
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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.
● Consent to care and treatment was gained lawfully.
● People confirmed that staff always asked for their consent before undertaking any care or support. One person said, "Yes, they speak to me and I tell them as well. They always ask, 'Is there anything else I can do for you?', before they leave". A relative told us, "We are friends with all the staff. He can get up when he wants, although the times for staff calls are fixed". A second relative said, "Absolutely consulted. If there are any concerns about capacity, they will ring me, but Mum has capacity. They work collaboratively with us".
● People's capacity to make specific decisions had been assessed when required. For example, in one person's care plan, it stated they suffered memory loss after cancer treatment. This meant that staff needed to provide the person with additional support to help them make decisions.
● Staff completed training on mental capacity. One staff member explained, "It's like understanding people's needs, and giving them freedom to choose. People can make their own choices and sometimes they just need a bit of help from us to make a choice".

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were supported by staff who knew them well. People were supported to be involved in all aspects of their care.
- One person said, "They are very helpful and very pleasant, all very satisfactory". Another person said, "Staff are polite and very well mannered. They do their job properly. I would recommend them to anyone else". A relative said, "They work collaboratively and listen to me. There was a period when Mum was confused about her drugs. They worked closely with me for a safe way of ensuring she got her meds. I was impressed with this".
- People and their relatives felt that they were listened to and their preferences were respected by staff. One person said, "Staff always have time to have a chat with me". A relative told us, "We choose times of visits. Staff are patient and tolerant. They know Mum's preferences and will suggest how things can be improved. She listens to them as she knows and respects them".
- People's diverse needs were identified and catered for. For example, one person did not speak English as their first language, but was able to understand if staff spoke slowly and used simple phrases to communicate with them. Staff told us of another person who was deaf, so they made sure they always faced them when speaking, as the person could lip-read.
- Staff completed training in equality and diversity.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and encouraged to be as independent as possible.
- One person said, "Staff treat me with dignity and respect. They call me by my preferred name and are polite". A relative told us, "Yes. When they take my wife to the shower and return her, they make sure the doors are closed for her privacy; they're good with her".
- We asked people how staff promoted their independence. One person said, "They encourage me to do things myself, such as getting out of bed. I prepare my own meals, so I am independent. It would be easy for them to do it, but they help me to be independent". A relative told us, "They try to get him to do as much as he can. They try to get him involved in those bits of washing he can do".
- We asked a member of care staff about promoting independence. They said, "It's about not taking anything away from them, if they can do things. I'm really keen to help with independence, not taking over, but seeing what people can do. Sometimes call times might be reduced if people do really well, although this doesn't happen often".

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People received personalised care. Care plans were written in a person-centred way and contained detailed information about people, their preferences, and how they wished to be supported.

● Some people were unsure whether they had a care plan or not. One person thought that care plans were held electronically on devices which staff used and added they could look at their care plan if they wanted to. A relative confirmed there was a care plan and told us, "But not in Mum's home, it's on-line. You can request copies via the app. The care plan was completed with Mum and we have regular reviews".

● People's personal histories, likes, dislikes and preferences were recorded within their care plans. For example, one person had a mental health illness the effects of which were described in their care plan. However, the person did not like talking about their mental health issues, and staff respected their wishes. Another person, when asked if staff knew their likes and dislikes, told us, "Oh yes, they've been coming to me for a while now".

● Where people had religious beliefs or cultural needs, these were recorded and respected.

● We asked people and their relatives whether they felt staff went 'over and above' what was expected of them. We received a mixed response. A relative said, "When Mum had an early appointment at the hospital, the staff came in early at 6am to get her ready. Sometimes care staff will stay an extra 10 or 15 minutes if she needs company. They do go above and beyond, they are kind and thoughtful". In response to the same question, one person said, "Not really. A couple of staff would do things if I asked. They just do what they are supposed to".

● Staff had a good understanding of people's care and support needs. One staff member said, "Before I go in on a call I always read the previous notes [accessible on hand-held device]. It's nice to know what's been happening. We can also check to make sure people have had their medicines".

● We were shown how the hand-held devices worked. These included a range of apps, such as 'What3words', a system used by the ambulance service which can provide a location within a 3m x 3m range. This was useful when trying to quickly locate where people lived.

● Some of the provider's policies and procedures were also accessible to staff on the device. For example, what action staff should take if no-one appeared to be home when staff called.

● Staff logged call start and finish times onto their device, as well as tasks undertaken as part of the call. Information recorded on these devices was relayed back to staff at the provider's office and any actions arising would be addressed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were met.

● A section within each care plan documented whether people had any particular communication needs. For example, one person who was living with dementia, found it difficult to make choices. Staff were advised to offer two choices to the person, so as not to confuse them. Care staff were also advised to use short sentences to aid the person's understanding. Another person was registered blind and could only see shapes or shadows. Staff were to make sure they announced who they were on arrival, and to ensure items around the person's home were kept in the same place. This assisted the person to maintain a familiar environment.

● One member of care staff told us about a person they supported, who had a stroke. The staff member explained the person was under the care of a speech and language therapist, and that the person was relearning the alphabet. The staff member said they also tried to help the person to remember how to count. This was achieved whilst washing the person's toes and encouraging them to count from one to ten, as each toe was cleaned.

Improving care quality in response to complaints or concerns

● Complaints were managed in line with the provider's policy. Informal complaints were dealt with straight away.

● People and their relatives knew how to raise a complaint and felt this would be dealt with satisfactorily. One person said, "I would call the office". Another person told us, "I've made a few complaints, but these were sorted out". A third person confirmed they had a copy of the complaints procedure and added, "I've never had to use it. [Named member of staff] comes around and we have a chat and she does as much as she can".

End of life care and support

● If people's needs could continue to be met whilst living in their own homes, then staff would carry on supporting them.

● At the time of inspection, three people were receiving end of life care. In one care plan we read of the support the person received from the local hospice and there was a palliative care plan in place. The person remained as independent as they were able to be and staff were to assist with tasks the person could no longer manage on their own.

● Some people had a 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) form. A DNACPR may be drawn-up when it has been decided by the person, their family and a healthcare professional, that it would be futile to attempt resuscitation in the event of a cardiac arrest. A relative told us, "[Named person] has a DNACPR and is living well at the moment. The care company are aware of all the documents for future arrangements. They know her wishes".

● Where people were happy to discuss their end of life care wishes, these were recorded within their care plans.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received personalised care from staff and their choices were respected.
- People were positive in their comments about the care they received and about the service overall. One person said, "It's very good, but I don't have anything to compare it with. Social services arranged it for me after hospital". Another person told us, "The service is good. I didn't pick it as it was arranged following discharge from the hospital community team". A relative described the service as "Good", then added they looked at eight agencies and checked the ratings awarded by CQC. They told us, "We chose the first who were able to provide the care so it was luck really".
- When asked what was good about the service, one person said, "They do everything they are supposed to. Normally on time, sometimes a little late". A relative told us, "The care they give him and the dignity they give him, I can't fault these. It's good having the same four carers. They are as much like friends as possible. We all have a joke". Another relative told us, "There's a regular team and good continuity of care and communication. They are willing to listen. The staff look smart and well-presented".
- We asked people whether there was anything about the service that could be changed or improved upon. Overall feedback was positive, although one person told us they did not always receive the schedule of which staff would be supporting them.
- Staff felt supported by the management team. One staff member said, "Managers are good and they are on the ball. They are supportive and I know they're on the end of the phone. I could swap a client and there would be no problem. They do try and keep us with the same people. If there was a gap in calls, when someone goes into hospital, they will try and fill that gap for me. As a company I want to praise them because they've been so good to me".
- The provider told us that the online system enabled staff to be paid on demand. Staff could withdraw their pay throughout the month without the need to wait for pay day.
- We were told that when new staff applied to work at the service, their ability to communicate in English would be assessed. The training manager told us it was important for people to be able to develop positive and effective working relationships with staff, in order that their care needs and preferences could be met.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The operations manager had a good understanding of their responsibilities under duty of candour. They explained, "It's obviously our responsibility to be honest, open and transparent about things that happen at

the service. We notify agencies about safeguarding concerns". The operations manager provided an example of one family who were not happy because care staff had not done things the way they wanted. Action had been taken and the operations manager said, "We reconnected with the family and things have been worked out".

● The provider told us, "We've tried to design our system with candour, so families, social workers and commissioners have access to our notes, as do staff There are good communication systems. We permit family members to communicate directly with care staff. By having an open system we can harness the family member's skills and expertise for our service".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● The last manager de-registered with CQC just before the inspection took place. An operations manager had been appointed and was overseeing the running of the service, with the provider, until a new manager could be recruited.

● Notifications which were required to be sent to us by law had been completed. The provider and operations manager understood regulatory requirements and their responsibilities.

Continuous learning and improving care; Working in partnership with others

● A system of audits had been implemented which measured and monitored the quality of care and of the service overall. For example, a record entitled, 'Periodic inspection for compliance' was completed which addressed key lines of enquiry and how these had been met. These were effective in driving improvement.

● Feedback from people and their relatives was obtained through annual surveys and verified through a third party. People were invited to award a star rating for the service and comments were very positive. For example, one person had written, 'If anyone needed carers, I would tell them all the positives and my experience'. Another person stated, 'I feel the service is all good. I have had no problems with this company'.

● The provider had implemented a system which flagged up when care plans were due to be reviewed, similarly with risk assessments and medication reviews. This ensured people's care records were current and updated regularly.

● The operations manager said, "Our co-ordinators are fantastic and alongside the field supervisors, they have a really good understanding of people's needs and the relationship. If someone needs a check-up or a GP appointment, we are on it".

● The provider had a contract with the local authority who referred people needing a service. The provider told us they also worked in partnership with other care agencies in the area, so calls could be covered from other providers if needed in an emergency.