East Riding Quality Homecare Limited

East Riding Quality Home Care

Inspection report

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Date of inspection visit:
03 February 2016
05 February 2016

Date of publication:
10 March 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

This inspection took place on 3 and 5 February 2015 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the agency office that could assist us with the inspection. We previously visited the service on 23 January 2014 and we found that the registered provider met the regulations we assessed.

East Riding Quality Homecare Limited is registered to provide personal care and other types of support to people living in their own homes, such as assisting with the administration of medication and the preparation of meals. The agency office is located in Anlaby, in the East Riding of Yorkshire and staff provide a service to people living in the surrounding areas.

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

People told us that they felt safe whilst they were receiving a service from care workers. People were protected from the risks of harm or abuse because the registered provider had effective systems in place to manage any safeguarding concerns. Staff were trained in safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm. Staff also told us that they would not hesitate to use the agency's whistle blowing procedure if needed.

New staff confirmed that they received induction training when they were new in post, and staff told us that they were happy with the training provided for them. The training records evidenced that all staff had completed induction training and that refresher training was completed by staff on a regular basis.

New staff had been employed following the agency's recruitment policies and procedures, and this ensured that only people considered suitable to work with vulnerable people had been employed.

We saw that there were sufficient numbers of staff employed to meet people's individual needs. The registered manager made sure that, whenever possible, staff worked within a small area so that their travelling time was reduced. This meant they were able to spend most of their time with the people they were supporting rather than travelling from person to person.

People told us that care workers and managers were caring and that their privacy and dignity was respected by all staff who worked for the agency. People told us that they received the support they required from care workers and that their care packages were reviewed and updated as required. They expressed satisfaction with the assistance they received with the administration of medication and meal preparation.

There was a complaints policy and procedure in place and there were systems in place to deal with any complaints received. However, no complaints had been received by the agency since the last inspection. In addition to this, no complaints about the agency had been received by CQC or the local authority.

There were systems in place to seek feedback from people who received a service, and feedback had been analysed to identify any improvements that needed to be made. The analysis had been shared with everyone who received a service and with staff, and we saw that it was also displayed on the agency's website. People told us that any concerns they had were listened to and acted on.

The quality audits undertaken by the registered provider were designed to identify any areas that needed to improve in respect of people's care and welfare.

People were highly satisfied with the consistency of the service. They told us that they received support from the same care worker or small group of care workers, and that they were informed if a different care worker would be attending. People said that care workers arrived on time and stayed for the agreed length of time.

The registered provider had a website and we saw that this included information for people that was 'over and above' what would be required of the agency. It included general advice for people on where and how to obtain support with areas such as benefits, transport and social activities as well as the service provided by East Riding Quality Homecare Limited.

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.

Staff displayed a good understanding of the different types of abuse and were able to explain the action they would take if they had any concerns.

Recruitment practices were robust and ensured only those people considered suitable to work with vulnerable people had been employed. There were sufficient numbers of staff employed to meet people's assessed needs.

People told us that they were satisfied with the assistance they received with the administration of medication.

Is the service effective?

Good

The service was effective.

Records showed that staff completed training that equipped them with the
skills they needed to carry out their role. People who received a service told us that staff had the skills they needed to carry out their roles.

People told us that their nutritional needs were assessed and that they were happy with the support they received with meal preparation.

Is the service caring?

Good

The service was caring.

People told us that care workers genuinely cared about them and that their privacy and dignity was respected. Staff understood the importance of confidentiality.

There was information available for people about advocacy services should they need this support.

Staff supported people to be as independent as possible.

Is the service responsive?

Good

The service was responsive to people's needs.

People's needs were assessed and continually reviewed and this meant that staff were able to meet their individual care and support needs.

People's individual preferences and wishes for care were recorded and these were known and followed by staff.

There was a complaints procedure in place and although people told us that they had not made any complaints, they were confident that any comments or complaints they made would be listened to.

There were opportunities for people who used the service to express their views about the service provided by the agency.

Is the service well-led?

Good

The service was well-led.

There was a long term manager in post and this provided consistency within the service. People who used the service and others told us that the service was well managed

People expressed satisfaction with the consistency of the service and said they knew who would be attending them at each visit.

People told us that the culture of the service was one of openness and transparency and that this was a family orientated business with family values. There was evidence that people's feedback about the quality of the service was listened to and acted on.

East Riding Quality Home Care

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.

The inspection took place on 3 and 5 February 2016. The inspection was announced; the registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the agency office that could assist us with the inspection.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authority who commissioned a service from the agency. The provider also submitted a provider information return (PIR) prior to the inspection as requested; this is a document that the registered provider can use to record information to evidence how they are meeting the regulations and the needs of people who use the service. Although a PIR was submitted to the Care Quality Commission, the information had not been analysed at the time of writing this report so we could not include the information that the registered provider had submitted to us.

On the day of the inspection we spoke with the registered manager and the business manager. We also spoke with the registered manager's husband who was involved in the management of the business, particularly with information technology. We spent time looking at records, which included the care records for three people who received a service from the agency, the recruitment and training records for two members of staff and other records relating to the management of the service, including quality assurance and health and safety information.

Following the day of the inspection we spoke with six people who received a service from the agency, four

care workers and requested feedback from three social care professionals; we did not receive any feedback from the social care professionals.

Good

Is the service safe?

Our findings

People told us that they felt safe whilst care workers were in their home. One person told us, "Yes, they are safe people. They live locally and they know what they are doing." The 2015 survey included the question, "Do you feel safeguarded from harm and discrimination?" and everyone who responded 'agreed' or 'strongly agreed' with this statement.

We checked the care plans for three people who used the service and saw they all contained a safety assessment that identified any hazards and recorded the safety of the person's home environment, including the external and internal environment as well as risks associated with the person. These included risks such as behaviour that might challenge the service, smoking, the storage and use of oxygen, acute infections, vulnerability and medication. The form included details of any control measures that were in place, such as the storage of medication, smoke alarms and the use of Lifeline. These are personal alarms that enable people to contact someone quickly in an emergency. The registered manager told us that, when a care worker noticed any changes that affected a person's safety, they would take the safety assessment to the agency office and, following discussion, the safety assessment would be amended. A new assessment would be completed; one copy would be taken back to the person's home and another copy would remain in the agency office. This showed that any risks associated with a person's care were being continually reviewed.

The safety assessment form included a moving and handling assessment that recorded any equipment the person used to mobilise and whether the person was at risk of falling [including in the shower or bath]. A risk mitigation plan had been recorded for any identified risks; we saw those for the risk of falls, the risk of falling in the shower or bath and the risks involved in the administration of medication. The registered manager told us that the details of who was responsible for servicing any mobility equipment was recorded in a person's care plan. This meant that care workers could alert the agency office if the equipment had not been serviced by the required time so that action could be taken.

The training records we saw evidenced that all staff had completed training on moving and handling, both at the time of their induction training and then as refresher training. This meant that staff had the knowledge they needed to assist people to mobilise safely and minimise the risk of them falling.

Staff records evidenced that care workers received an identification badge, a first aid kit and a residual current device (RCD). The RCD enabled care workers to check any electrical equipment that they suspected might be faulty. If a fault was found, care workers would not use the equipment until it had been repaired or replaced. This provided an additional safety precaution for care workers as it reduced the risk of them being injured by using unsafe equipment.

Staff were required to provide details of their car insurance and MOT certificate to show that their vehicle was insured for business use and safe to be used.

The agency had a policy on safeguarding vulnerable adults from abuse and we noted that this included

information about whistle blowing and Deprivation of Liberty Safeguards (DoLS). Staff received their own copy of this and other policies in the care worker booklet they received at the time of their induction to the service. The business manager had attended the local authority training on safeguarding thresholds. This training advised managers how to assess the level of risk when an incident had occurred, and whether the incident needed to be managed and recorded by the agency, or whether an alert needed to be submitted to the local safeguarding adult's team. Although there had been no reported allegations or incidents of abuse since the last inspection of the service, discussion with the registered manager led us to believe that these protocols were understood and that any incidents or allegations of abuse would be dealt with professionally.

Care workers had also attended training on safeguarding adults from abuse. The care workers who we spoke with were clear about the action they would take if they observed an incident of abuse or became aware of an allegation of abuse. One care worker told us they would make sure they documented the events immediately. They told us that they would ring the agency office to speak to the registered manager or business manager, and that they were certain the information would be dealt with effectively.

There had been no accidents or incidents since the last inspection of the service. However, there were systems in place to analyse any accidents or incidents that occurred to minimise the risk of them reoccurring.

We saw that there was an effective 'on call' system for outside of normal office hours. People who we spoke with told us that they had not had any problems contacting the registered manager. One person told us, "I have [Name's] office number, home number and mobile number so would always be able to contact them." Another person told us that the agency contact details were recorded in large print in their care plan so they were able to see the number. A relative told us that their spouse had been taken to hospital on a couple of occasions and they had needed to ring to cancel their service at short notice; they had been able to contact the agency office without any problems.

We checked the recruitment records for two new care workers. We saw that an application form had been completed that recorded the person's employment history, a declaration that they did not have a criminal record, details of their education and any qualifications gained, and the names of two employment referees. The questions asked and responses received at interview were retained for future reference. Two written references and a Disclosure and Barring Service (DBS) first check and full check had been obtained by the registered provider, and applicants provided documents to confirm their identity. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

The agency employed 16 care workers to provide a service to 55 people. There was a mix of full time and part time care workers. The feedback we received from people who used the service and care workers indicated that there were sufficient numbers of staff employed to meet the needs of the people who were currently using the service. The registered manager told us that they operated below their capacity; this was so they had the space to take on a new person who required a substantial care package. This also meant that, when care workers were off sick or on annual leave, there was always another care worker who could cover their calls. The registered manager said that they would not take on a package of care unless they had someone available at the right time and in the right area to meet the person's specific care needs.

Care workers told us that the registered manager tried very hard to allocate work to them within a small area so that the time they spent travelling was minimised. This meant that most of the time they spent at work

was with the people they were supporting rather than travelling from person to person.

Care workers also told us that they were allocated enough time to meet each person's needs and people who received a service told us that care workers always stayed for the agreed length of time. One care worker told us, "If we think a person needs more time, we contact the office and they try to arrange it. However, the amount of time a person receives is sometimes governed by funding."

Most of the people who we spoke with did not require assistance to take their medication. One person told us that they required assistance; they said that their medication was administered on time and that there had never been any errors. We saw completed medication records in care plans and noted that they had been completed correctly and that there were no gaps in recording. This evidenced that people had received their medication as prescribed. The registered manager told us that medication records were returned to the agency office each month and that they were checked by either the registered manager or the business manager. Any concerns in respect of recording would be picked up at this stage and dealt with immediately.

All staff employed by the agency were required to undertake training on the local authority process for administering medication. The registered manager told us that they used the same type of medication system for people who paid privately; this meant that staff were not expected to follow two different medication systems and reduced the risk of errors occurring.

The care workers who we spoke with confirmed they had medication training as part of their induction and then as refresher training. Each member of staff also received a copy of the agency's medication policy. We saw a copy of the policy and saw that it included all of the required information.

The agency's business continuity plan was included within the business and finance policy. The policy included advice for managers and staff on how to deal with emergencies such as adverse weather conditions, fuel shortages and an influenza epidemic. The registered manager's husband told us that all of the information that was needed to operate the business was saved on a memory stick; this was encrypted to ensure the information remained confidential. This meant that the business could operate from other premises apart from the registered premises in the event of an emergency.

Good

Is the service effective?

Our findings

Some staff had worked for the agency for many years (up to 20 years) and they said that induction training was very different now compared to what it was previously. We saw that new staff were expected to complete the Care Certificate when they were new in post. The Care Certificate is an identified set of standards that health and social care workers are expected to adhere to in their daily working life. We noted that the topics covered in the Care Certificate included moving and handling, health and safety, fire safety, dignity and respect, medication, safeguarding vulnerable adults from abuse, challenging behaviour, nutrition and diet, food hygiene, hand hygiene, dementia, first aid and end of life care. In addition to this, new care workers also completed the medication training required by the local authority who commissioned a service for some of the people who received a service from the agency.

When staff had completed training at previous workplaces, they were asked to provide copies of those training certificates to evidence their level of competency. However, they were still expected to complete the organisation's full induction training programme.

The business manager told us that new employees 'shadowed' experienced care workers during their induction period. This was confirmed by the care workers who we spoke with; one care worker said, "I shadowed four or five different care workers. I also did some training – first aid, meal preparation, fire safety and dementia – this was because I was going to be supporting someone with dementia." Another care worker told us that they read people's care plans but before they started to provide a service for them, they had also 'shadowed' other care workers who were providing a service for these people, and that is how they got to know people's particular needs.

The people who we spoke with told us that staff had the skills to 'do the job'. One person said, "I cannot tell you how good they are – they are absolutely splendid" and another person told us, "My two regular carers are excellent. They seem to know what to do without even asking." Care workers told us that they were happy with the training they received from the agency. They told us that, during the last year, they had attended refresher training on medication, moving and handling and safeguarding adults from abuse. Staff explained to us that, if they were allocated a new person who had a condition they were not familiar with, the registered manager would source relevant information for them. This might include spending time with a district nurse or other health care professional to improve their knowledge of the condition.

The training record identified training that the agency considered to be essential, and training that was optional. Essential training consisted of induction, fire safety, moving and handling, health and safety, medication and safeguarding adults from abuse. Other training was made available to people if they required it to assist people with specific needs, such as hoist training. The registered manager told us that they expected all staff to complete the Care Certificate as refresher training in the coming months.

Care workers told us that they felt well supported by the registered manager and business manager. One care worker told us, "I usually see [Name] a couple of times a week to catch up." Another care worker told us they called into the agency office regularly, sometimes two or three times a week. Most staff attended the

agency office each week to collect their rotas; this meant that they met with each other and the registered and business managers on a regular basis. Although formal supervision meetings were not held regularly, staff had an annual supervision / appraisal meeting. We saw that the supervision form had headings to guide the discussions; these included the topics of complaints raised since the last formal review, time keeping, flexibility, paperwork, review of training needs and recommendations / improvements. The registered manager told us that they spoke with a selection of people who received a service prior to staff appraisals to gain feedback about the care workers effectiveness; they fed back both negative and positive comments to the member of staff concerned. Staff told us that appraisals, informal meetings and staff meetings were a 'two way' process; they received information from managers but were encouraged to express their views and discuss any concerns.

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 MCA 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.

The registered manager told us that most of the people who received a service from the agency had the capacity to make their own decisions. Some support plans recorded brief information about a person's capacity to make decisions, such as, "[Name] has capacity and communicates well – lives alone but requires assistance with personal care and meals." Not all support plans included information about a person's capacity and we discussed with the registered manager how it would be helpful to include information in each person's care plan about their capacity to make decisions so that this information was readily available to staff.

Care workers told us that they helped people to make decisions and choices; they gave us examples of how they showed people meals so that they could make a choice. One care worker told us that they kept the packaging from previous meals so they could remind people which meals they had enjoyed, and that this helped the person to make decisions about future meals. Another care worker explained that they had used memory books on occasions. These included pictures of things the person had previously enjoyed doing and were used by staff to encourage the person to try that activity or task again. Care workers told us that they spent time getting to know people and that made it easier for them to help people make appropriate choices.

Staff said they talked to people and continually asked if they were happy with what they were doing to ensure that they had the person's consent. This was confirmed by the people who we spoke with.

Information about each person's physical and emotional health needs was recorded in their care plan. We asked care workers what action they would take if they felt a person was unwell. They told us that they would assist people to contact their GP if they were able to do so. Otherwise they would contact the person's relatives or ring the registered manager. However, if they felt that the person needed urgent medical attention they would seek medical advice themselves, and then inform the registered manager and anyone else that needed to know. The registered manager told us that they were also able to make direct referrals to an occupational therapist (OT) if advice was needed about a person's home environment or mobility needs, and that they had requested this service for people.

We asked the registered manager how information was shared with staff. For example, if an incident had occurred at someone's home, how staff involved in the person's care package were informed. They told us that all staff would get an individual telephone call from one of the managers to ensure they had up to date

information. They added that, if a person's care or support needs had changed, a care worker would return the care plan to the agency office; it would be updated and returned to the person's home. This made sure that all care workers had up to date information about the people they were supporting.

The registered manager told us that none of the people receiving assistance with the preparation of meals had special dietary requirements, although care workers did leave out snacks for people who needed encouragement to eat. One person's care plan recorded, "Evening call to prepare [Name] a snack. They have hot meals delivered at lunchtime but they are not eating through the day." The registered manager said that any special dietary requirements or food allergies people had would be recorded in their care plan. This was confirmed by the staff who we spoke with. The registered manager said that is they were concerned about someone's nutritional needs, they would contact the person's GP to ask them to visit or make a referral to a dietician, or they might ring the care manager to discuss these concerns.

Good

Is the service caring?

Our findings

The registered manager told us that they had held a meeting the previous day to highlight the importance of the Dignity Campaign. Staff were invited to an informal meeting and the focus had been on the importance of dignity in care, and to ask staff to 'sign up' to the campaign. The 'Dignity Challenge' describes values and actions that high quality services should follow to ensure people's dignity is respected.

We asked people if their privacy and dignity was respected and people responded positively. People told us, "I occasionally struggle to get dressed and they help me. They make me feel comfortable" and "This worries you when you first need help, but they make you feel comfortable." A relative told us, "Care workers have to do quite intimate tasks and do those exactly as I would have done. Staff do extremely well." Care workers described to us how they respected a person's privacy and dignity, especially when they were assisting them with personal care. They told us that they made sure curtains and doors were closed, including the shower curtain if there was one. One care worker told us, "I always ask how they would like to be supported. I ask if they would like me to stay in the room with them or wait outside. It very much depends on their choice" and another said, "I ask their permission – talk to them – reassure them. I listen to them and I don't interrupt."

People told us that their care workers arrived on time and stayed for the right length of time, and no-one who we spoke with had experienced a 'missed' call. People told us they were supported by the same care worker or small group of care workers. New care workers 'shadowed' experienced care workers during their induction period and they were introduced to the people they would be supporting. People told us they always knew who would be visiting them. Comments included, "The same person comes every week unless they are on sick or annual leave. I always know the replacement care worker", "We have one in a morning and another in the evening – it is always someone we know", "Yes, I know them very well. There are four regulars and I have met the others. Any new staff are introduced to us" and "They always let me know if someone different is coming." People felt that this consistency of service showed that their privacy and dignity was respected.

Everyone who we spoke with told us that staff cared about them. Comments included, "I'm sure they do – the staff are marvellous" and "We send birthday cards and Christmas cards – they have become friends." The care workers who we spoke with agreed. One care worker said, "Yes, I'm sure we all care. We are a close team and all know each other's ways. [The manager] is very selective about who she employs."

People told us that care workers recorded information in their care plan at each visit to ensure that all staff were aware of their current care needs. One person told us, "It's in front of me now. I read them to check they are correct." The registered manager told us that daily record sheets were returned to the office each month so that they could be checked. This enabled managers to check that recording was respectful and accurate, and that any concerns identified by care workers had been passed to the agency office. The registered manager told us that they encouraged family members to record in the daily notes so that information could be shared between the person who was receiving a service, care workers and family members.

We asked care workers if they encouraged people to do as much as they could for themselves to retain their independence. They all told us that they did. Comments included "Yes, I always tell people that I am there to assist them, not do things for them" and "It's good for people to be as independent as they can be." One care worker added that they had to be observant as some people said they could do things for themselves and they were not able to. This showed that care workers were vigilant in encouraging people to be independent but also making sure they were safe.

None of the people who we spoke with expressed concerns about confidentiality and no complaints or concerns in respect of confidentiality had been received by the agency. We saw that the 2015 survey included the statement, "Support is caring, confidential and privacy and dignity is respected, valued and protected." Everyone who responded in the survey 'agreed' or 'strongly agreed' with this statement.

Care workers told us that they were told about the importance of confidentiality during their induction training and that they were always alert to this in their day to day work. They were also confident that if they shared any information under the whistle blowing policy with the registered manager or business manager, or any other information they considered to be private, it would remain confidential.

The registered manager told us that any sensitive information might be recorded on the agency database but not in the person's care plan, for example, a person's medical diagnosis if the person had not been made aware of it. The registered manager said this would be communicated to staff verbally rather than recorded in the person's care plan. This was confirmed by the care workers who we spoke with.

On the day of the inspection we looked at the service user guide and noted that there was information available about advocacy services. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them. In addition to this, the agency's website included numerous contact numbers where people could seek advice, such as Age Concern, Alzheimer's, the local authority and the Care Quality Commission.

People told us that they received a consistent service. They said they were supported by the same care worker or small group of care workers. New care workers 'shadowed' experienced care workers during their induction period and they were introduced to the people they would be supporting. People told us they always knew who would be visiting them. Comments included, "The same person comes every week unless they are on sick or annual leave. I always know the replacement care worker", "We have one in a morning and another in the evening – it is always someone we know", "Yes, I know them very well. There are four regulars and I have met the others. Any new staff are introduced to us" and "They always let me know if someone different is coming." People felt that this consistency of service showed that their privacy and dignity was respected.

Good

Is the service responsive?

Our findings

The agency website recorded, "Our dedicated Care Manager will arrange to visit you at a time that is convenient to do an assessment. We will work with you to assess what care you require. We will discuss what services you would like, times which you prefer as well as things that carers should know such as personal preferences. We would also do a risk assessment of your house to ensure that yourself and the carers are safe at all times when at your house. We would ask to look at bathrooms and mobility equipment to assess if it is adequate to meet your needs."

We saw that the care needs assessment was based on information gathered from the person themselves, from relatives and from the support plan provided by the local authority (when they had commissioned or were involved in the package of care). The assessment included details of the person's health condition, their likes and dislikes, their daily routines, their hobbies and interests and other people who were involved in their care or support. This information was used to produce a support plan.

We found support plans to be person centred. They included details of the person's 'first' language, the important people in their life, medication needs, nutritional needs and a section to record 'special needs and preferences'. We saw that support plans included sufficient information to help care workers get to know the person and meet their individual needs. Care workers told us that they read people's care plans when they started to receive a service from the agency, and that the registered manager also explained the person's care needs to them.

The registered manager told us that care workers were encouraged to add to the support plans. In addition to this, care plans were amended when any changes to the person's needs had been identified. The care worker would be asked to take the support plan to the office to be updated and then return it to the home of the person concerned. One relative told us, "[Name] did not need so much help at the start. As their needs have changed, they have amended the service."

We saw that care plans were formally reviewed each year; these reviews were sometimes organised by Social Services when they had commissioned the package of care, or by the agency when people were privately funded. One person told us that the manager had visited them at home to carry out a review. They told us, "[Name] did a review about six months ago. I told them I was happy with everything." Care workers told us that they had sufficient time allocated to be able to meet people's needs. They said that if they were 'struggling', they would report this to the office and they would try to negotiate additional time for the person concerned. The registered manager told us that, if a care worker identified a person required more assistance than originally agreed, they had to request a review so the local authority could consider the increased funding [if the package of care was funded by the local authority].

Support plans recorded the tasks that needed to be completed by care workers at each visit. We found that this was focused on the needs of the person, such as, "[Name] is physically quite able but is afraid, lacks confidence and feels as though she is unable to manage. Her sight is deteriorating rapidly and this is causing her to feel vulnerable, alone and fearful" and "[Name] requires a morning call to prompt him to get washed

and dressed and ensure he has had his breakfast." No-one who we spoke with had experienced a 'missed' call. This meant that people were receiving the level of service that had been agreed with them.

Each person received a copy of the agency's service user guide when they started to receive a service from East Riding Quality Homecare Limited. This included the details of the complaints procedure including how people could contact the Local Government Ombudsman or the Care Quality Commission (CQC) if they were dissatisfied with the response they received from the agency.

The CQC and the local authority had not received any complaints about the service since the last inspection and the registered manager confirmed that they had not received any complaints. All of the people we spoke with told us they had never had to make a complaint. Everyone mentioned the manager by name; one person said, "I would speak to [Name] if I had any concerns, but I have never had any." There were systems in place to record and monitor any complaints made should they be received by the agency office.

Staff told us they would try to deal with any concerns as soon as they became aware of them, but if they were of a serious nature they would report them to the office. They told us they were confident any concerns or complaints would be dealt with professionally and that the registered manager would endeavour to reach a satisfactory solution with the person concerned. The registered manager told us they would record any complaints within 'client notes' and also in the records of the main care worker. This would allow them to monitor any trends or patterns in complaints received; they demonstrated to us how the agency database would identify any such trends.

The satisfaction survey that was distributed to people who received a service during 2015 asked, "Have you ever reported any issues to the management?" 100% of people who replied said "No." They were also asked, "If you ever had a concern with any issue, has it been dealt with promptly and appropriately?" 100% of people who responded said "Yes." In response to the statement, "I feel that I could contact the management if I need to discuss any issues", people responded either "Agree" or "Strongly agree." This showed that people were confident they could make a complaint and it would be listened to and acted on.

We asked people if they were consulted about the care they received. Some people could remember receiving a survey but some could not. One person said, "I completed a survey last year and I have one now ready to fill in" and another told us, "[Name] rings quite a lot for a chat. We have good rapport."

We saw the outcome of the annual survey distributed to people who used the service. Each person was sent a survey and the responses were analysed and 'client's satisfaction survey results' were produced. The registered manager told us that everyone in receipt of a service received a copy of this document, whether or not they had returned a survey. We noted that there had been analysis of each question and comments made by people had been recorded. Comments included, "Very happy with the service and the carers. Keep up the good work!!" and "Very good service all round." The survey for 2015 also recorded, "No recommendations for improvement were suggested."

Staff told us that they received a copy of the survey outcome and that it would be discussed with them at staff meetings and informal meetings. They said, "Any improvements that are needed would be discussed. We are not afraid to bring anything up – we would be quite open." We saw that this information was also recorded on the agency's website.

Good

Is the service well-led?

Our findings

As a condition of their registration, the service is required to have a registered manager in post. The manager of East Riding Quality Homecare Limited had been registered as the manager for many years and this provided consistency within the service. The registered manager was supported by her husband and by a business manager, who was also her daughter.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. We had not received any notifications from the service since the previous inspection. We discussed this with the registered manager and it was clear that they understood when they needed to submit a notification and that there had been no events that required a notification to be submitted.

We saw the procedures and best practice folder dated August 2015. This included updated policies and procedures for safeguarding adults from abuse, medication, safety and suitability of the premises and complaints along with information about the Health and Social Care Act 2008 (and the recent updates) and the agency's business plan for 2015 / 6. This information demonstrated that the registered provider had kept up to date with changes in legislation and good practice guidance.

We asked care workers if they thought the agency was well managed. The comments we received included, "It's good – they are always there for you. You can always get hold of one of the managers", "Absolutely brilliant. Very supportive – always at the end of the phone" and "They are easy going and there is friendship there as well. They are well organised. If there is something I couldn't do [Name] would amend it. I never feel unsupported – always someone at the end of the phone." People who received a service also told us they felt the agency was well managed. One person said, "I hit it off with [Name] as soon as she came to do the first assessment", another person told us, "We employ people so I know how to run a business. This service is well managed" and a third person said, "They all seem to know what to do. You don't have to tell them – they seem to know instinctively. It's wonderful – they are very considerate." The feedback we received evidenced that there was very good rapport between care workers, the registered manager and the business manager.

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. We saw that medication records and daily diary records were returned to the agency office each month; this allowed the registered manager or business manager to check these records for accuracy and identify any staff training needs. We checked a sample of the medication records and daily diary records. The daily diary records showed that staff recorded the time they arrived at a person's home and the time they left. They recorded the tasks they had completed at every visit, including details of the meals and drinks they had prepared. This meant there was an on-going record of the care and support provided to people.

The agency's website included the comment, "East Riding Quality Home Care is a family run company built on a foundation of traditional values and a desire to help people at their very difficult and highly emotional

time." We asked the managers to describe the culture of the service. They told us that they treated staff "Like a member of their family" and "Staff care about each other – there is good teamwork and we are open with each other – they feel they can make suggestions." Staff told us that the culture was open, friendly and approachable. One care worker said, "It's a small family-run business", another said, "I've worked there for so long it's like home from home" and a third person said, "It's a family company therefore they are family orientated. It's personal and friendly."

Care workers told us that they would use the agency's whistle blowing policy if needed and they were confident that this information would be handled professionally and confidentially.

Records showed that care workers attended team meetings. The registered manager told us that these were sometimes combined with training events. The most recent meeting had been held on 1 February 2016; this had been held to celebrate 'Dignity in Action' day. The minutes of the meeting showed that other topics discussed included the audit undertaken by the local authority quality monitoring team, record keeping, staff training and changes in the staff team. Tea and cakes were provided to provide a social atmosphere; the business manager thanked everyone for attending and encouraged staff to sign up to the dignity challenge. Previous meetings had been held on 15 December 2015 and 27 / 28 August 2015. The August meetings had been arranged to give feedback to staff following the visit from Her Majesty's Revenue and Customs (HRMC). This showed that the agency made efforts to share information with care workers, and that they were open and transparent about issues that affected the smooth running of the agency.

The registered manager told us that all staffed worked on alternate weekends and this enabled people to receive support from a regular group of staff. The database automatically recorded the main care worker for a person, plus any other care workers who had attended previously. These people were always allocated to provide that person's care. Care workers were given a rota each week and the registered manager or business manager also checked this information manually as a double check that only care workers who were known to people had been asked to support them.

Care workers told us that the registered manager and business manager tried to allocate calls to them that were close to each other. This reduced the amount of travelling time between calls and allowed them to spend their time at work supporting people rather than travelling. The agency database was designed to assist managers with this task.

The agency did not have a system in place to manage missed calls. They relied on people contacting the office to report that staff had not arrived as expected; the registered manager told us that people who were currently using the service were able to contact the agency office with this information. However, they acknowledged that a more robust call monitoring system might be needed in the future if the dependency levels of the people using the service changed. The registered manager's husband had designed a mobile data logging system that recorded the times care workers arrived at a person's home and when they left. This was used to confirm that care workers had carried out the required visits, although it would not identify any 'missed calls' until after the event. However, the system did provide information that could support care workers when they felt people required more time than had been allocated to them.

The registered manager told us that they were contractually required to keep a person's care package 'open' for one week, for example, if they were admitted to hospital. However, the agency kept the package of care 'open' for much longer as they always allocated the person the same care worker when they returned home. The agency's database would automatically allocate the same team of care workers to the person when their package of care resumed. This ensured that people received a consistent service from East Riding Quality Homecare Limited.

We saw many letters of thanks that had been received from people and / or their relatives for the service that had been provided by the agency. The registered manager told us that they shared any positive feedback with the care worker or care workers concerned. The registered manager told us they paid for all staff to go out for a meal at Christmas as a 'thank you' for all of their hard work and support during the year.

The agency's website had an information section. This sign-posted people to a variety of organisations or societies where they could obtain advice on benefits, funding, social clubs, charities, transport and other organisations that might be able to provide advice or information. The website also included a Frequently Asked Questions section that provided advice on funding for domiciliary care and the type of service people should expect from the agency; we noted that this informed people that there were other domiciliary care agencies they could choose. The effort that had been put into producing this information was 'over and above' what would be expected of a domiciliary care agency and showed that the registered persons had a genuine interest in providing information that would help people who required services with advice and support.

Care workers told us that they received a copy of the analysis of the survey completed by people who used the service. They said that it would also be discussed with them at staff meetings and informal meetings. They said, "Any improvements that are needed would be discussed. We are not afraid to bring anything up – we would be quite open." Care workers also said that if there had been any accidents, incidents or complaints they were certain they would be discussed and they would learn from any investigations carried out. However, care workers could not recall any incidents or complaints that required action to be taken.

One care worker told us that they could recall the agency receiving suggestions from relatives and that these had been discussed. If it was agreed that the suggestion was 'worth a try', they had incorporated this into their practices, policies or procedures.