Elizabeth Homecare Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 15 and 24 November 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the main office.

When we completed our previous inspection in September 2015 we found concerns relating to the way the service was managed and we made recommendations for improvement in the Well led section of the report. During this inspection we checked and found the provider had implemented improvements.

Elizabeth Homecare Limited provides care and support to people who live in their own homes in Goole and surrounding areas. This service is a domiciliary care agency. The service is registered to provide the regulated activity of personal care to people with dementia, learning disabilities or autistic spectrum disorder, mental health, older people and people with a physical disability. The provider also provides an intermediate care service that is designed to help people regain their independence. At the time of our inspection 91 people were receiving a service from this provider.

Not everyone using Elizabeth Homecare Limited receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care', which is help with tasks related to personal hygiene and eating. Where they do receive this type of support we also take into account any wider social care provided.

There was a registered manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

As part of the legal requirements of their registration, providers must notify us about certain changes, events and incidents that affect their service or the people who use it. During the inspection we found that notifications had not been submitted about an incident relating to the service that was reported to or investigated by the police. We have written to the provider regarding this.

Systems and processes were maintained to record, evaluate and action any outcomes where safeguarding concerns had been raised which helped to keep people safe from avoidable harm and abuse.

The provider ensured there were sufficient skilled and qualified care workers to meet people's individual needs and preferences. People confirmed they received care and support from regular care workers who they knew. Continuous monitoring helped to ensure that visits were not missed.

Risks for people and for staff from their environment were assessed and managed through individual risk

assessments. These provided care workers with information to help keep both people and themselves safe from avoidable harm with minimal restrictions in place.

Procedures were in place to guide staff on the safe administration of medicines and staff had received medicines training. People confirmed, and the records we checked showed, that people had received their medicines as prescribed.

The provider had systems and process in place to ensure care workers were appropriately recruited into the service.

Care workers had received support through a regular system of supervisions and appraisals. Competency observations had also been completed to monitor staffs performance and ensure they were providing safe and effective care and support.

Care workers had access to a policy and procedure that provided with them guidance on working with people who might lack capacity under the MCA. Care workers had completed training on the Mental Capacity Act 2005 (MCA) as part of their induction training and were able to discuss the importance of supporting people with their independence.

People had received an assessment of their need to ensure they were suitable for the service. Care plans were centred on the individual and reviewed monthly. Updates were added in 'real time' and care workers confirmed that information was always up to date. We saw care plans included information to ensure care workers were informed and respectful of people's cultural and spiritual needs.

People were supported to maintain a healthy and balanced diet. We found that care plans contained details of people's preferences and any specific dietary needs they had, for example, whether they were diabetic or had any allergies.

The provider ensured they had close working relationships with other health professionals to maintain and promote people's health.

Care workers had a good understanding of people's needs and were kind and caring. They understood the importance of respecting people's dignity and upholding their right to privacy.

There was information available on how to express concerns and complaints. People were encouraged to raise their concerns and these were responded to.

There were systems of audit in place to check, monitor and improve the quality of the service. Associated outcomes and actions were recorded and these were reviewed for their effectiveness.

The provider worked effectively with external agencies and health and social care professionals to provide consistent care.

Everybody spoke positively about the way the service was managed. Care workers understood their levels of responsibility and knew when to escalate any concerns.

Quality assurance checks including audits provided oversight at provider and director level. People and their carer workers were consulted and action plans formulated that aimed to improve the quality and delivery of the service.

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.

Pre-employment checks had been completed that helped the provider to make safer recruitment decisions.

People received their medicines as prescribed from care workers who had received training and competency checks to ensure they followed best practice guidance and the provider's policy and procedure.

Safeguarding procedures and policies were robust and staff demonstrated their understanding of these to ensure people were protected from avoidable harm and abuse.

Risks were well managed through individual risk assessments that identified potential issues and provided staff with information to help them mitigate risks.

Is the service effective?

Good

The service was effective.

Care workers completed an induction to their role and to the people they supported.

Care workers were supported with training and supervision to ensure they had the appropriate skills and knowledge to carry out their role.

Guidance was available for care workers to ensure they promoted people's independence and had knowledge of the Mental Capacity Act 2005.

People were supported to maintain their health and wellbeing and had access to health professionals, when needed.

Is the service caring?

Good

The service was caring.

People's individual care and support needs were understood by

care workers, and care plans included information to ensure care workers were informed and respectful of people's cultural and spiritual needs.

People's privacy and dignity was respected by care workers who understood when to maintain confidentiality and when to share any concerns.

People told us they were treated with compassion, dignity and respect and that they were involved any decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People and their relatives were encouraged to be involved in planning their care and support.

Care plans recorded information about people's individual care needs and preferences.

Records showed that people's support was regularly reviewed and any changes which were needed were put in place straight away.

There was a complaints procedure in place and people told us they knew who to speak with if they had a concern or complaint.

Is the service well-led?

Good

The service was well led.

The registered manager was aware of their responsibilities as part of their registration with the CQC. However we found the provider had failed to notify the CQC about an incident relating to the service that was reported to or investigated by the police. We have written to the provider regarding this.

Care workers understood their roles and responsibilities and when to escalate any concerns.

The service had oversight at provider level and quality assurance systems and processes with associated action plans were used to maintain standards and to demonstrate a commitment to continuous improvement.

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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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 24 November 2017 and was announced. The provider was given notice because the location provides domiciliary care services and we needed to be sure that someone would be available to answer our questions and assist with the inspection.

The inspection was conducted by an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was learning disability, people who have a dual diagnosis of learning disability and mental health, people with autism and people who have a physical and/or sensory impairment.

The registered provider had been asked to complete a provider information return (PIR) and this had been returned within required timescales. A 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. We used this information to help plan this inspection.

We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. We sought feedback from the local authority commissioning and safeguarding teams, and the intermediate care neighbourhood care team.

During the inspection, we spoke with five care workers, the full time trainer, the provider and the registered

manager. We attempted to call 25 people and managed to speak with 14 by telephone to seek their views about the service. This included 10 people receiving a service and four relatives of people who used the service.

We reviewed a range of records. This included four people's care records containing care planning documentation and daily records. We also viewed the records for five care workers relating to their recruitment, supervision, appraisal and training. We viewed records relating to the management of the service and a wide variety of policies and procedures.

Good

Is the service safe?

Our findings

People were protected from avoidable harm and abuse and care workers had received safeguarding training to ensure they were aware of how to identify and report their concerns. Care workers were clear about the actions they would take if they had any concerns. A care worker said, "I would speak with the office or contact the safeguarding authority; we have a duty to protect people from avoidable harm." People we spoke with told us they felt safe living in their own homes and with the care workers who visited them. Comments included, "I do feel safe with them all, they are very good carers. I would ring the office if not." A relative said, "Yes, I think (person's name) is very safe with them. They would tell me if not." The provider had a safeguarding policy and procedure in place. Safeguarding concerns had been logged electronically. They were clearly recorded and investigated with actions implemented to reduce the risk of further occurrence.

Care workers had a clear understanding of their duty to whistle blow should they suspect or witness poor practice. A care worker said, "If I observed bad practice I would report it; I know I can contact the Care Quality Commission [CQC] if I need to."

Records showed risks were well managed through individual risk assessments that identified potential issues. Care workers were provided with information to help them keep safe and to keep people safe. Risk assessments ensured care workers were able to support people to maintain their independence without undue restrictions in place. Risk assessments were in place for the external and internal environment in and around people's homes and included any access issues, lighting, crime and key access arrangements. Within the person's home risks were identified to ensure care workers were safe from any pets, trip hazards, and the when using gas appliances. Risks and hazards were recorded for activities of care and support. For example, areas of risk that included mobility, nutrition, falls and medication were identified with associated actions to be taken. The provider told us they were updating risk assessments to ensure where bed rails were used to keep people safe in their beds, that associated assessments were completed in line with national guidance from the Health and Safety Executive. Care workers had access to current information because risk assessment had been reviewed and updated where required.

Care plans included risk assessments to record where people may show signs of behaviour that may be challenging to themselves and care workers. Along with training in this area, care workers told us the information helped to ensure they could support people without undue force or restraint. A care worker said, "I would always go into another room to let the person calm down. As long as they were safe to be left."

Systems and processes were in place to ensure any accidents and incidents were recorded and evaluated to check for any patterns or areas identified for improvement. The provider told us that if a significant incident occurred, an electronic note would be recorded. Care workers had access to the system and if they were required to read the outcome and actions to help mitigate re-occurrence then this would be flagged up and confirmation provided once the record had been read.

People we spoke with confirmed they received support from a regular team of care workers. Comments included, "I have a main carer, who I chose myself and a couple of others. We look forward to them coming

now." "I generally have the same ones." "Yes, I usually have the same ones unless they are off sick." The provider told us people received consistent care workers and that they did not use agency staff. They said, "All of our staff are employed and trained by us, we do not use staff from any other source." We were shown how an electronic rostering programme ensured visits by care workers were planned in advance and this information was shared with people to ensure they knew which care worker would visit. One person told us, "I think they have enough care workers yes: they always manage to be flexible with times and visits when I need to change anything."

People told us care workers normally arrived on time and stayed for the full duration of the call. They said, "Yes, they are usually on time. I have altered the time in the past." "Yes they do and they stay for the right time. They never let me down at all." "On the odd occasion they are a bit late but they always turn up." The provider told us they relied on people ringing the office if their care workers failed to turn up. Records showed the provider had missed or nearly missed one call per 3250 shifts in 2017. They told us, "Even one missed call is too many so our intention is to improve this further." "We are researching the possibility of call monitoring being adapted onto our in-house developed database."

The provider had systems and process in place to ensure care workers were appropriately recruited into the service. Records for care workers that we looked at included pre-employment checks and these were completed prior to people commencing employment. We saw a minimum of two references had been obtained from previous employers, and a Disclosure and Barring Service check (DBS) had been completed. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

Care workers told us, and records confirmed, they had received up to date training in medicines management and administration. A medication policy and procedure was in place and the provider told us how they challenged current practice regarding medicines with the prescribing bodies and other health professionals to help ensure the process was as safe as possible for people and care workers responsible. The provider ensured that where people required assistance with their medicines that associated assessments were completed and recorded to ensure this was provided safely as prescribed.

Care plans included a domiciliary medication administration record which provided clear information for care workers to follow. This included important contact information, and responsibilities for ordering, collecting and storage of medicines as well as details of the person's understanding and consent. People were encouraged with their independence and where this was appropriate care workers told us they only prompted them to take their medicines. People told us, "I manage those (medicines) myself or my husband helps me." "Care workers give me my tablets; there has never been a problem with them." A relative said, "They do remind (person's name) to take his tablets; it works well."

Medication Administration Records (MARs) were completed by care workers after they had observed the person had taken their medicines. MARs were returned to, and checked by, the office to ensure they were accurate. Where errors or omissions were noted, these were discussed with the relevant care worker and where appropriate further training and support was offered. This meant systems and processes were in place to ensure people received their medicines as prescribed.

The provider had an emergency contingency plan in place that staff could access in the event of an emergency situation, for example, a power failure, flu pandemic, flood or evacuation. Planning ensured information stored on the IT system was securely backed up both on and off site and would be available in the event of an emergency so that the service would continue to be able to operate.

Good

Is the service effective?

Our findings

People who we spoke with told us they received care and support from care workers who understood their needs and had the skills and knowledge to provide them with an effective service. People said, "The young ones take a while to learn but they are very pleasant when they first come. They all have a smile when they come in which is nice." "Oh yes, they are all very good; they can't do enough for you." "They [care workers] are all very professional and look after me well."

Care workers told us, and we saw from their records, they completed an induction and a period of shadowing before they commenced independent duties with people. The provider had introduced a mentor training programme that had been completed by twelve experienced care workers. Mentors were used to support new care workers, to observe their practice and provide written feedback to help them to identify an areas of their role that required further support. These observations also helped care workers contribute to the completion of the care certificate. The provider told us new employees were required to complete the care certificate as part of their induction. The care certificate is a set of basic standards in providing care and support for care workers to adhere to in their daily role. We saw care workers had completed training in equality and diversity as part of the care certificate. The training supervisor said, "The care certificate is a starting point; we focus on supporting people as individuals and meeting their individual needs, whatever they may be and in everything we do." This meant people were assured care workers who supported them were well trained and understood the importance of compassionate and effective care.

Care workers told us they had their practice observed by senior staff. Observation records were maintained in staff files and confirmed care workers had their competency routinely checked to ensure their practice was up to date and they followed company policy and procedure. Records included observations for personal presentation, medication, infection control practices, food safety, attitude and conduct. A care worker said, "We have observed supervisions; they keep us on our toes and we discuss the outcomes during supervisions, or before if there are any concerns."

Care workers received a quarterly supervision and an appraisal. This ensured they were supported in their role and had the appropriate skills and knowledge to provide people with safe care and support.

Training records confirmed care workers had received generic training on topics that included health and safety, moving and handling, medication, and safeguarding. Where a person required specific areas of individual support, for example, with end of life care or dementia, care workers had received this training. This meant the provider supported care workers to obtain the appropriate skills and knowledge to provide people with care and support appropriate to meet their needs.

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 so that they can receive care and treatment when this

is in their best interests and legally authorised under the MCA. At the time of this inspection there was nobody receiving a service with restrictions in place.

Care workers had access to a policy and procedure that provided with them guidance on working with people who might lack capacity under the MCA. Care workers had completed training on the Mental Capacity Act 2005 (MCA) as part of their induction training. The trainer provided us with a copy of the training staff received which included scenarios and questions. The scenarios ensured care workers understood the importance of allowing people to make unwise or unsafe decisions if they had the capacity to do so and that they should act in a person's best interests and apply the least intrusive option. A care worker told us, "I would always assume someone had capacity to make a decision; if they didn't then it would be recorded in their care plan." This was confirmed from the care plans we reviewed.

People we spoke with told us they generally did not have support with healthcare appointments because they managed these themselves or with help from relatives. However, care records contained evidence of close working relationships with other professionals to maintain and promote people's health. These included GP's, district nurses and social workers. People were clear about how they could get access to their own GP and other professionals and that staff at the service could arrange this for them if needed.

The provider ensured information was available should a person be admitted to hospital. Care plans included a record of people's medication, GP contact details, and associated risk assessments. Copies of this information were held on file with the provider, pharmacy and GP and were used to ensure the person received a safe discharge when leaving hospital with updated information regarding any changes in their medicines.

People were supported to maintain a healthy and balanced diet. The provider consulted with people on what type of food they preferred and the support they required. Care plans contained details of people's preferences and any specific dietary needs they had, for example, whether they were diabetic, the type of diabetes and how much support they required. People using the service told us they were always offered food and a drink upon visits. One person said, "They will make me a sandwich if I want one for lunch." Another person told us, "My husband does all the cooking."

Care workers were consistently and regularly kept up to date of any changes regarding people's needs, operational changes, best practice, changes in regulation and policies and procedures. The provider had implemented an electronic work space where all updates were recorded. Updates could be defined to ensure only those who required the information received and had access to it, for example, a change in a person's individual needs. The system was designed to record when the update had been read which ensured information was securely received. The trainer said, "The workspace enables me to share changes and best practice, for example, guidance regarding inhalers changed and I was able to send this out and check that everybody who needed to had received and read the changes; it is a very effective and useful system."
The provider kept up to date with best practice by attending provider forums. They told us they checked relevant websites in addition to receiving information from the local authority, the National Institute for Health and Care Excellence (NICE), Skills for Care (a nationally recognised training resource), the Social Care Institute for Excellence (SCIE) and CQC.

Good

Is the service caring?

Our findings

People told us they were treated with compassion, dignity and respect and that they were involved in any decisions about their care and support. People assured us that care workers had meaningful relationship with them, that they cared about them, understood their needs and helped them to remain living in their own homes. It was clear there were good relationship between people and care workers. It was evident people knew the care workers and the care workers knew people well.

Everybody spoke positively about the care and support they received. People said, "The care workers are so good; they are all lovely people and my husband enjoys their company too." "They are all brilliant carers; they are very kind and caring and can't do enough for me." "I have a laugh and a joke with them; they are very kind, nice people who visit me." Care workers told us they felt most care workers genuinely cared about the people they supported. They told us that they would raise any concerns with the office if they noticed or were made aware of any poor practice from other care workers.

People we spoke with told us they were encouraged to do as much for themselves as they wished. Care plans included a detailed 'task sheet' that provided guidance on how to support people, for example, with meal times and with their personal care, to retain their independence and be involved in their care as far as possible. One person said, "The care workers encourage me to wash myself as much as possible then help me do the rest." "I do as much as I can for myself."

People were consulted with, and care workers confirmed they supported people with their preferences for personal care. Care workers received training in delivering person centred care. They were able to discuss the importance of maintaining people's dignity and treating people with respect. A care worker said, "I support people how I would want to be supported, it is common sense; I maintain their privacy by closing curtains and doors and discuss what I am doing and encourage them to assist with whatever they are capable of doing." We saw the provider completed a shadowing checklist on care workers that ensured they had a good understanding of providing people with person centred care, respecting beliefs, culture, values and preferences.

Care workers were clear about the importance of recognising and supporting people's individual lifestyle preferences. The manager discussed how they ensured people were supported in line with their equality and diversity policy. They said, "We actively support people from all backgrounds and religions; what is important is that we ensure that no body receives any less favourable treatment on any grounds." We saw care plans included information to ensure care workers were informed and respectful of people's cultural and spiritual needs. Care workers confirmed they had access to this information and followed guidance on an individual basis. We saw they had completed training in equality and diversity as part of their induction programme.

People were involved in their care and support. Where people requested any changes, care workers were able to ring this information into the office where it was reviewed and added on to the person's records. The manager said, "We use a 'client notes' system to record feedback from care workers, once we have reviewed

the feedback any changes are added on to the work space so all care workers involved with a specific individual are kept immediately up to date." People confirmed this. Comments included, "Yes, they always listen to me." "I have asked for some extra times and they are helping with that." "I leave a lot of notes for the carers and they are getting better at reading and acting on them."

Where people required additional advice and guidance to make day to day decisions the manager told us they would provide them with information to access an advocacy service. The provider's web site included links to the local authority, the Care Quality Commission and Age UK. This enabled people to access advice about care services, including advocacy.

The provider included a confidentiality policy in the service user guide and statement of purpose. The provider ensured all records were maintained securely and access was restricted to only staff who needed to know this information, such as people's care records and staff files. This ensured the provider was adhering to the Data Protection Act. Care workers confirmed they maintained people's confidentiality and that they did not discuss information with anybody who did not need to know.

Good

Is the service responsive?

Our findings

People told us they received a service that was responsive to their individual needs. One person told us, "I only have to tell one of the carers and they get on to it. They are lovely and do anything I ask." People confirmed they had a care plan in place and that they had been consulted about their care. Comments included, "My care plan has just been reviewed by social services, as I need some extra call time." "Yes, and I am involved in it; it has been updated recently and care workers write their comments in the book every day." This meant that care workers had an up to date record of the care that had been provided and any changes in a person's care needs.

The provider ensured people received care and support that was responsive to their individual needs. We saw that care records for people included an initial assessment from the local authority and that this formed the basis of initial consultations with the individual by the provider.. Support plans were then formulated from an 'introductory visit form' which included details of everybody involved in the person's care. Where the person had capacity they had signed to confirm their agreement with the information contained.

People's care records showed that their support was regularly reviewed and any changes which were needed were put in place straight away. This helped to ensure care and support was appropriate to the person's current individual needs. Care workers told us they were informed of any changes without delay. Examples of this included changes to medication and daytime routines. People we spoke with said they felt able to tell care workers if anything needed changing or could be improved. This meant that the provider could be responsive to any changes in people's support needs.

During the inspection, we looked at four care files. We saw they included information centred on the individual and focused on what was important to them. Care workers had access to a 'service user plan summary'. This included details of the key areas of care and support the person required from each visit. Attached to this document was a 'pen picture'. Care workers told us that pen pictures included enough information for them to understand about the person and how they
wished to be supported. We saw that pen pictures in care plans recorded information about a person's physical well-being, psychological needs, communication needs, their likes and dislikes, medication needs, nutrition, any equipment needed, access arrangements, significant others and important health issues that might affect the time of the call they required.

Other information was contained in relevant care plans and was person-centred. For example, a pen picture detailed that a person liked to attend flower arranging and volunteering for a charity. The pen picture detailed which days the events took place and detailed other involvement to assist with their attendance at those events. Care plans recorded their likes and dislikes with regards to food and the level of assistance that they required to maintain a balanced diet.

People told us they were able to provide feedback to influence which care worker attended their call. The provider told us that people would initially receive a service from different care workers and people were then consulted as part of a four weekly review to ensure they received support from the person most

suitable for them and their needs. When new care workers were employed they were introduced to people to ensure a mutual compatibility and to allow them to get to know each other. People said, "Occasionally they send new staff, new ones usually shadow the usual ones first so they are introduced." "New care workers are not introduced, they just appear shadowing the older ones."

The provider had a complaints policy and procedure in place for people to follow if they were unhappy with the service they received and information was available in the service user guide. Everyone we spoke with told us they would feel comfortable to raise any concerns if they had any Those people we spoke with were happy with the service. They were also very confident that any concerns or complaints would be dealt with. One person told us, "I would ring the office straight away." We saw any complaints had been recorded and evaluated and where appropriate actions implemented. The provider followed duty of candour and we saw where appropriate letters had been written to interested parties informing them of outcomes and offering apologies where necessary. Compliments had been received and were displayed in the entrance foyer for staff to read.

Training was available and had been completed when care workers were involved with providing end of life care and support to people. Some limited information was available on people's records. The manager showed us a pen picture that included information regarding other health professionals who were involved in ensuring a person's end of life care was appropriate and that they remained comfortable.

Good

Is the service well-led?

Our findings

The service had a registered manager. We spoke with the registered manager during the inspection. 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.

When we completed our previous inspection in September 2015 we found concerns relating to the way the service was managed and we made recommendations for improvement. During this inspection we checked and found the provider had implemented improvements. We recommended the provider reviewed the management of the main office. The provider had enrolled office staff onto a course to equip them with management skills. This was completed by April 2016. This had led to improvement in communication and was confirmed in our discussions with people and care workers.

People told us that the registered manager was approachable and that they received good support when they needed to contact the office. People told us, "I don't see the manager a lot but the office staff are always helpful. They are flexible with the times and I have no quibbles." "The manager is helpful in the office." "People in the office are very helpful; they ring to let me know who is coming and we have a laugh." I think the manager does their best; no concerns."

Care workers who we spoke with told us they felt supported in their roles and were happy to speak with the manager or the office staff if they had any concerns. Care workers told us, "Generally it is a good place to work; the office has improved along with communication." "I have worked for the service for a number of years and I have always felt much supported by the registered manager." "I wouldn't hesitate in contacting the manager regarding any concerns; I know from past experience they are open, honest and responsive."

As part of the legal requirements of their registration, providers must notify us about certain changes, events and incidents that affect their service or the people who use it. Prior to the inspection we checked our records and we found the provider had notified us of some events. However, during the inspection we found that notifications had not been submitted for all events. This included failing to notify the CQC about an incident relating to the service that was reported to or investigated by the police. We discussed this with the registered manager who told us they were not aware of this individual requirement and they told us they would submit the required notifications straight away. We have written to the provider regarding this.

People told us they were happy with the service they received. Comments included, "There is nothing they could do better." "Very happy with them; everything is good - they do an excellent job." I am generally pleased; they do it well." Care workers discussed how the service they provided led to positive outcomes for people. They told us, "The care and support we provide enables people to remain living in their own home and we can help prevent them going into hospital because we ensure they eat healthily and receive appropriate medication when they need it." "One person I support would refuse to leave their own home, since we have provided care and support and after some hard work they now look forward to going out two

to three times a week and can enjoy the fresh air again." "We provided a short term service for four months to a person who was eighty years old. They had fallen and broken their wrist. We were able to provide them with care and support that meant they could remain in their own home and now they have recovered and are back living independently again; without support." This meant activity of care and support provided by the service were outcome focused and responsive to people's individual needs.

There was overview and daily involvement in the service at provider level. The joint owners had hands on involvement in improving the service they provided and they were responsive to improving systems for the benefit of everybody involved. The provider carried out checks to maintain and assure the quality of the service provided. Monthly audits were completed of people's medication administration records, daily care records and accidents and incidents. Audits of people's care plans, complaints, medicines support, training and development and care staff supervision were carried out. Where any concerns were found as a result of the audits completed, actions were implemented to reduce further instances and to help drive improvements. We saw minutes of regular training meetings were completed. We saw these recorded oversight of the training provided with actions scheduled and implemented to ensure care workers had the appropriate skills and knowledge to fulfil their role.

The provider completed an annual survey to seek feedback from service users. Feedback was analysed and evaluated each year. Comparisons demonstrated the provider had made improvements where feedback was less than expected. For example, the survey highlighted people were not happy that they were informed when a care worker was running late. The provider told us that where a time had changed due to unforeseen circumstances they now informed the individual if the delay was more than thirty minutes. They said, "We are looking at making this information available on 'Workspace' so that people can view this list in real time. People now have access to tablets, smartphones or computers, so this is now possible for many." This meant the provider actively used feedback to improve the service people received.

No satisfaction surveys were distributed to staff. Care workers told us that the provider held staff meetings but these were not regularly scheduled and attendance was not compulsory. We looked at office meeting minutes and saw agenda items discussed included rotas, IT systems, revised care plans, missed shifts and recycling. Information was also shared with staff using the electronic workspace. Care workers spoke positively about this resource where they had access to information regarding any changes including policy and procedures, peoples care and support and information about their rotas. The provider told us they were reviewing opportunities to hold staff meetings for everybody. They told us they were looking at suitable venues that would accommodate everybody at times to suit care workers without impacting on people's daily care needs.

The provider worked closely with the various local authority services and departments involved with people's care and support. This included the commissioning team, occupational health, the safeguarding team and community mental health teams. The provider also discussed how they worked with other health professionals to improve and ensure people received their medicines safely as prescribed. The provider said, "People's medicines are a huge responsibility for care workers and for our service; we consistently challenge current practice and seek open dialogue to ensure a robust safe process is in place for everybody."