Care Quality Commission

Care Direct (Salford) Limited

Care Direct Salford

Inspection report

23A Eldon Place
Eccles
Salford
Lancashire
M30 8QE

Tel: 01617898729
Website: www.caredirectsalford.com

Date of inspection visit:
18 October 2016
19 October 2016

Date of publication:
06 December 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

The inspection took place on 18 and 19 October 2016 and was announced. This meant we gave the provider 48 hours' notice of our intended visit to ensure someone would be available in the office to meet us.

We last inspected Care Direct Salford on 29 July 2014, at which time it was meeting all our regulatory standards.

Care Direct Salford is a domiciliary care provider based in the Eccles area of Manchester, providing personal care to people in their own homes in the local area. At the time of our inspection the service provided personal care to 60 people, the majority of whom required help to maintain their independence at home.

The service had a registered manager in place. 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. The registered manager had extensive experience of working in the social care sector. They demonstrated a strong awareness of areas of best practice and a good knowledge of the individual needs of people who used the service.

There were effective pre-employment checks of staff in place to ensure the risk of unsuitable people working with vulnerable people was reduced. Lone worker policies and procedures were in place with all staff receiving a first aid kit.

People who used the service expressed confidence in the ability of staff to keep them safe. No concerns were raised from local authority commissioning professionals or other sources and all relatives and external healthcare professionals we spoke with expressed similar confidence of the ability of staff to care for people safely.

We saw risk assessments were in place to ensure people were protected against a range of risks. These were regularly reviewed and staff displayed a good knowledge of the risks people faced. One risk assessment required improvement and the registered manager rectified this during the inspection. Staff had received safeguarding training and were confident in this area.

Medicines administration was regularly audited and we found no evidence of medication errors.

There were sufficient staff to meet people's needs safely, with travel time included in the planning of care calls and spot checks undertaken to ensure staff arrived and left at the agreed times.

Staff were trained in core areas such as first aid, person-centred care, moving and handling, safeguarding and dementia and training needs were well monitored and refreshed.

We found staff had a good knowledge of people's likes, dislikes, preferences, mobility and communicative needs.

People who used the service were supported to maintain their independence in their own homes, in line with the service user guide.

We found care plans generally to be sufficiently detailed and person-centred so as to give members of staff relevant information when providing care to people who used the service. Some care plans contained more background information about people who used the service and the registered manager agreed to review these sections of care plans to ensure new staff would have a better understanding of each person's background.

Care plans were reviewed regularly and with the involvement of people who used the service and their relatives.

The registered manager displayed a good understanding of capacity and the need for consent on a decision-specific basis.

People's changing needs were monitored, identified and met through liaison with a range of external health and social care professionals.

People we spoke with and relatives told us they had received positive outcomes when suggesting changes or raising queries. People told us they knew who to contact if they had concerns. Whilst the service user guide contained contact information, it did not make it explicitly clear how people could make a complaint and this needed to be rectified.

Staff, people who used the service, relatives and other professionals were generally in agreement that the registered manager led the service well and was accountable and approachable. We found them to have a good knowledge of the needs of people who used the service, and how the service could make improvements in the future.

We saw there were a range of audits and other quality checks to identify errors, inconsistencies, or scope for improvement.

The registered manager and staff had successfully established a caring culture and a service that met people's needs, particularly with regard to provide a stable continuity of care from staff who people had grown to know and trust.

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.

Risk assessments were in place and staff were able to explain how they protected people from the specific risks they faced, such as falling.

A range of pre-employment checks of staff ensured the risk of unsuitable people working with vulnerable adults was reduced.

Accidents and incidents were appropriately recorded to identify whether there were ongoing patterns or trends.

Is the service effective?

Good

The service was effective.

Staff received a range of initial and ongoing training as well as support to attain health and social care qualifications.

Care visits were well planned, factoring in travel time. This minimised late visits, as confirmed by people who used the service.

People's healthcare needs were met through the involvement of external healthcare professionals.

Is the service caring?

Good

The service was caring.

People were treated with patience, dignity and respect by staff who knew them well, in line with the standards set out in the service user guide.

The service successfully delivered a continuity of care, with people consistently telling us they usually received the same carer, with whom they got on with well.

People were involved in the planning and review of their own care and the registered manager planned to involve people more in the recruitment process.

Is the service responsive?

Good

The service was responsive.

Care plans were reviewed after an initial period and regularly after that, as well as being subject to change if the need arose.

Staff identified people's changing needs and sought advice from external care professionals when this happened, incorporating this advice into care planning.

People who used the service and others knew how to raise concerns if they needed, although the service user guide required improvement to make the complaints procedure explicitly clear.

Is the service well-led?

Good

The service was well-led.

People and relatives we spoke with were generally positive about the accountability and approachability of the registered manager.

Regular auditing was in place to scrutinise standards and to ensure errors were identified and rectified.

The registered manager displayed a comprehensive awareness of good practice in adult social care and had ensured the service had a caring, person-centred culture.

Care Direct Salford

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.

We visited the service on 18 and 19 October 2016 and our inspection was announced. The members of the inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is a person who had personal experience of using or caring for someone who used this type of care service. The expert in this case had experience in caring for older people and people living with dementia.

On the days we visited we spoke with the registered manager, another manager, the care co-ordinator and four care staff. We spoke with six people who used the service and seven relatives. We also spoke with two social workers, a community practitioner nurse and an external training assessor.

During the inspection visit we looked at six people's care plans, risk assessments, staff training and recruitment files, a selection of the service's policies and procedures and meeting minutes. We also looked at the service's IT systems.

Before our inspection we reviewed all the information we held about the service, including previous inspection reports. We also examined notifications received by the Care Quality Commission. We contacted the local authority safeguarding and commissioning teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

Good

Is the service safe?

Our findings

People who used the service consistently told us they felt safely cared for by staff and that they had no concerns regarding their safety. One person said, "I feel very safe with [Carer's name]." Another said, "I am very happy and they look after me every morning and night," whilst another said, "I have no concerns." One relative said, "They have been very clear about the risks from the start and are good at managing them," whilst another said, "I feel [Person] is very safe with them and it helps for [Person] to see the same person all the time."

External professionals we spoke with during the inspection and those we contacted prior to the inspection similarly raised no concerns about the safety of the service and expressed confidence in the ability of staff to keep people safe. One told us, "They keep a close eye on things and will nip things in the bud before they develop into something serious."

When we spoke with care staff they displayed a good knowledge both of their responsibilities should they become aware of any concerns about people using the service but also regarding the individual risks people faced. Staff consistently expressed confidence in their managers taking seriously any concerns raise and were able to describe how they would whistleblow (tell someone) if they had concerns about the organisation. All staff we spoke with had received safeguarding training and were able to discuss what types of abuse could occur, how they would identify this and raise concerns if required.

Staff we spoke with felt staffing levels were sufficient to keep people safe, whilst all people who used the service and their relatives agreed, confirming they had not experienced missed calls.

Staff understanding of individual risks to people who used the service was in line with people's assessed needs as per their care plans and risk assessments. For example, one person was susceptible to being unsteady on their feet and therefore at risk of falls. This risk was acknowledged in their care file and control measures to reduce this risk included, "Staff to allow time for [Person] to answer the door and ensure they are not rushed," and, "Make sure [Person] uses walking stick when moving around the house." We found all care files we reviewed documented the risks people faced and how staff should address these risks. We saw one new care file where insufficient detail had been entered into the risk assessment section. We raised this with the registered manager and they addressed the issue. We spoke with the care co-ordinator and the carer in this case who demonstrated a good knowledge of the risks faced by this person and we did not find this one risk assessment that required improvement to be systematic of how the service managed risks.

One relative told us, "They know how to look out for dizzy spells and what to do if that happens." We saw in this instance the person's care file had been complemented by external guidance on how low blood pressure could lead to spells of dizziness, what indicators staff could look out for and what action they should take if they had concerns. This demonstrated staff had the necessary information to hand to help reduce the risks people faced.

We saw the registered manager had regard to their duty of care to staff, ensuring there was a lone worker

policy in place, which was regularly reviewed and made available to staff. All staff were given a first aid kit to keep in their car. Staff were also issued with a coded phrase they could use when telephoning the office if they found themselves in an emergency situation. All staff we spoke with were aware of this process and confirmed it gave them additional assurances of their safety. One staff member said, "Safety is paramount, ours and the people we look after."

We saw each member of staff was required to provide a current MOT and motoring insurance certificate to demonstrate they could legally drive between care visits. A reminder system was in place to ensure these were regularly updated.

The service had adequate medicines policies and procedures in place, although most people who used the service did not require help in this regard. We saw that appropriate medicine administration training had been delivered and that staff competence with regard to medicines administration was regularly reviewed. When we spoke with staff they were able to discuss the medicines procedures they adhered to in line with the medication policy and people's assessed needs. One relative we spoke with said, "They're very good at encouraging [Person] to take their medication," whilst all people who used the service we spoke with confirmed they had never experienced medication errors. We saw medicines audits were undertaken each month as part of a review of each person's care documentation, whilst the registered manger shared a range of medication 'do's' and 'don'ts' at a recent team meeting. We looked at a sample of medication administration records (MARs) and found there to be no errors. This meant that people were protected against the risk of the unsafe administration of medicines.

We saw that accidents and incidents were recorded and, as part of the care plan audit, reviewed on a monthly basis to try and identify any common trends or patterns. We saw these instances were infrequent but that the most recent incident, a minor injury to a staff member, had been appropriately documented and acted upon.

We saw the registered manager enlisted an external company to conduct annual health and safety reviews of the premises. Whilst this was specific to the office rather than being relevant to people's homes, it did provide additional evidence that the registered manager welcomed external scrutiny to ensure health and safety standards were maintained. We saw, for example, the review found appropriate accident reporting systems in place, that staff received health and safety training updates and that first aid kits were appropriately stocked.

We reviewed a range of staff records and saw that all staff underwent pre-employment checks including enhanced Disclosure and Barring Service (DBS) checks. The DBS restrict people from working with vulnerable groups where they may present a risk and also provide employers with criminal history information. The registered manager had also asked for at least two references and ensured proof of identity was provided by prospective employees prior to employment. This meant that the registered manager ensured the risks of employing unsuitable people were reduced.

With regard to infection control we saw staff had received relevant training and, when we spoke with people who used the service, they confirmed they had no concerns regarding staff ability to maintain hygiene levels. We saw further reminders in meeting minutes and weekly rota updates to, for example, ensure staff cleaned and put away pots and pans after their use. The staff induction included training on the Control of Substances Hazardous to Health (COSHH), hand hygiene, food hygiene, health and safety, fire safety and first aid, meaning staff were given additional training on the hazards they and people they cared for might face.

We saw there was an 'out of hours' emergency contact number for staff and people who used the service, should they have any concerns outside of office hours.

Good

Is the service effective?

Our findings

External professionals along with people who used the service and their relatives agreed that staff had the necessary skills and experiences to support them. One person told us, "They are absolutely excellent. I'm very confident that they're on the ball." One healthcare professional told us, "Staff have a good knowledge of people's needs and are very experienced. They have a balance of people with the right backgrounds, for example outreach work and mental health awareness."

The registered manager showed us the online rota planning system and we found it factored in travel time between care visits. We also saw the minimum call duration was for thirty minutes. The National Institute for Health and Care Excellence (NICE) guidance, 'Home care: delivering personal care and practical support to older people living in their own homes (September 2015)' states providers should, "Ensure service contracts allow home care workers enough time to provide a good quality service, including having enough time to talk to the person and their carer, and to have sufficient travel time between appointments." We found the provider acted in line with this guidance.

One external professional we spoke with stated, "There was an issue with one member of staff being late and they dealt with that promptly; they took it seriously." We saw each person's care file had a dependency assessment included to establish how much support they would require in terms of number of staff and time. This showed that there were controls in place to ensure people's care needs were met by sufficient staff who consistently arrived at the agreed time.

The service did not have an electronic call monitoring system (ECM) in place to track when staff arrived and departed from people's homes but this was routinely monitored by way of spot checks. This involved the manager or care co-ordinator attending a care visit, unannounced, at the same time the carer was due. When we spoke with people who used the service, the consensus of feedback was positive. One person said, "Weekends can bit a bit haphazard," but others told us, "They always turn up on time, even at the weekend," "They're always on time and they've never missed an appointment," and, "It's very rare they are anything other than a few minutes late – generally, no problems."

Training was delivered to new staff as part of the induction and on an ongoing basis. We saw the induction included familiarisation with policies, the organisations' values, the care plan system, practise on the computer systems and time spent shadowing experienced members of staff. Staff received a range of training considered mandatory by the provider, such as safeguarding, fire safety and first aid, before supporting anyone who used the service. Staff were expected to complete the remaining training courses, such as dementia awareness, dignity in care and person-centred care within 12 weeks of starting employment. This time frame was in line with those set out by the Care Certificate and we saw the registered provider ensured even staff with experience in care received this training. The Care Certificate is the most recent identified set of standards that health and social care workers adhere to in their daily working life. One member of staff recalled their induction experience, stating, "I was a bit nervous but nobody minded and I shadowed with others until I was comfortable and confident."

The registered manager and care co-ordinator were qualified trainers and delivered the manual handling training to staff face-to-face. Staff were able to talk in detail about the training courses they had attended and confirmed they received the support they needed to perform their role, whilst one relative told us, "I'm very happy with the service. Their training on the equipment actually took place whilst I was there and it was excellent." We saw monthly reviews of staff training records took place to ensure refresher training was planned in advance. This demonstrated staff were given the skills and knowledge necessary to support people who used the service.

We also saw the owner was a moving and handling prescriber so could prescribe moving and handling aids and adaptations where required, for example, a different type of hoist if required.

We saw staff were supported to attain additional health and social care qualifications with a view to progressing their career but also making the service more flexible and able to cope with change. These career development goals were planned and recorded in a personal development plan for each member of staff. We spoke with the external assessor who visited the service regularly, who told us, "All staff are supported and we never have any issues with engagement – people are eager to learn."

Staff told us they were well supported by their manager and enjoyed good working relationships with office staff. One member of staff told us, "They listen and take notice and you get chances to raise anything," whilst another said, "The support is really good here and I've worked at a few places." We saw regular supervisions took place and that these were opportunities for meaningful discussion between a member of staff and their manager about any concerns they may have, and their professional development.

Most people we spoke with prepared their own food or had help from relatives, but those who required help in this regard were complimentary about the staff who supported them. One person who used the service said, "Yes, they help with my meals and it's always nice." One person's relative told us, "[Person] has always had a problem eating but staff have done well at this. They try different things and they kept [person's] weight on." In team meeting minutes we saw staff had discussed the possible signs, causes and impacts of poor food and fluid intake and we found nutrition and hydration was highlighted by the registered manager as an area where staff needed to be vigilant to protect against associated complications.

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.

We saw that members of staff had been trained on the subject of Mental Capacity, whilst the registered manager had ensured capacity assessments had been incorporated into care planning. The registered manager demonstrated a good understanding of mental capacity considerations and the service was compliant with this legislation.

We saw evidence of prompt and effective communication with other healthcare professionals to ensure people's healthcare needs were met, such as GPs, speech and language therapists, dentists and opticians. One relative we spoke with stated, "They record everything about the visit and their notes are extremely detailed." This meant staff recognised people's needs and took action to meet them, ensuring there was an accurate record of people's healthcare needs.

Good

Is the service caring?

Our findings

People who used the service told us how they had experienced good levels of care from staff, who displayed caring and patient attitudes and behaviours. One person told us, "We're more like friends," whilst another said, "They're all very kind and gentle." Relatives we spoke with were similarly complimentary, saying, "The carers are always lovely. They can't do enough for [person]," and, "[Carer's name] is really interested in [person] as an individual. They know [person] and the family and it means they can chat to [person] about the family." When we spoke with staff they demonstrated a good knowledge of the individual circumstances, likes and dislikes of people who used the service and had formed meaningful relationships with them. One member of staff told us, "You get a chance to make a bond with people." People who used the service confirmed this to be the case, meaning they received care and support from staff they knew well and felt comfortable with.

One person who used the service said, "They take it at my pace so it never feels rushed or pressurised." Another person said, "They are not rushed. They are very patient with me and are always saying, 'Don't rush, take your time.'" This was a consistent theme in feedback from people who used the service and demonstrated that staff treated people as such rather than focussing on the task they needed to complete before moving to another care visit.

People also consistently told us they were treated with dignity and respect, in line with the expectations set out in the statement of purpose and the service user guide. One relative told us, "They're very respectful with my [person] and always maintain their dignity, which is very important." Another relative told us, "The member of staff is very caring. They maintain [person's] dignity and makes sure they have some independence when carrying out personal hygiene."

We found staff had a good knowledge of how best to communicate with people. People who used the service told us staff communicated well with them, explaining aspects of care before delivering it. One person was deaf and used type talk, a system whereby an operator converts the caller's words into a written message so the person without hearing can communicate with them. We spoke with this person and they confirmed, "I have been satisfied with the way they are in touch and they always seem happy should I have any questions to ask." They also confirmed that care staff had regard to their communicative needs, stating, "I can lip-read and they know to stand in front of me when they're talking. It's very clear and very rarely do I have to write anything down." This demonstrated that staff had regard to people's differing communicative needs and ensured they followed people's wishes to meet these needs.

This person also confirmed, "I usually have the same carer, unless they're on holiday or not working." This was another consistently positive area when we spoke with others. One relative told us, "They make sure [person] gets the same carer if possible and they really get on," whilst one thank–you card stated, "The support provided helped my parents stay at home for as long as possible and meant dad had a familiar and friendly visitor each week." We also saw the service had in place a specific policy to follow for when the same care worker could not be accommodated. This included actions like, "apologise, sympathise and identify someone with a similar skillset." Through speaking to a range of people who used the service and

relatives we established that the registered manager had successfully maintained a level of continuity of care for people in line with best practice. The importance of maintaining a continuity of care was highlighted as an area of best practice for domiciliary care providers in guidance issued by the National Institute for Health and Care Excellence (NICE) in their publication, 'Home care: delivering personal care and practical support to older people living in their own homes' (September 2015).

Care plans contained a range of information about people's backgrounds and were used to ensure people's diverse needs were met. Staff displayed a good knowledge of this. For example, one person's religious beliefs meant they wanted to be ready to leave the house regularly at the same time to attend a prayer ceremony. Their relative confirmed staff always had regard to the importance of this, stating, "Staff are aware of [person's] faith and are aware of the festivals – I help them with that. Staff take [person] to a nearby relative's house to celebrate those festivals." This demonstrated staff had regard to people's religious beliefs and also that they actively involved family members in the planning of care to ensure people's needs were planned for and met.

We saw that people were involved in their own care planning, consenting to care where they were able. We also saw the registered manager had previously involved people who used the service in the interviewing process and, whilst this was not currently happening, they planned to reintroduce this to ensure they were more involved in the planning and delivery of care. Staff consistently demonstrated a good awareness of what was important to people they cared for in terms of how they liked to be spoken with and supported in their own homes.

We reviewed compliments received by the service, which provided further feedback regarding the caring approach of staff. One card, for example, stated, "I'd just like to say a big thank you to all the carers who looked after my [person]."

We saw people's sensitive personal information was securely held in locked cabinets in the office and that computer systems were password protected.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to them using the service, including their mobility needs, environmental risks, dietary requirements, family background, medication needs and likes and dislikes. We saw documentary evidence of these assessments being completed in line with the service user guide, whilst all people who used the service we spoke with agreed they had their needs assessed.

People who used the service and their relatives were satisfied with the ability of staff to meet their changing needs. One person said, "They recognise individual needs." One relative told us, "[Person] had been in hospital a couple of times prior to Care Direct taking over and with another organisation previously. Things have improved since then. We're very pleased with how they've been able to increase their capacity according to [person's] needs. They're also good at communicating any health changes to us and there is always someone we can get hold of." This person and others confirmed that the transition between using services was a smooth one thanks to staff.

The registered manager and other staff liaised well with external healthcare professionals to ensure people's needs were met and staff regularly reviewed people's needs to ensure changes were identified and appropriate advice sought. For example, we saw one person had previously behaved in ways that could be challenging for staff and that, initially, staff had adhered to guidance provided by social services regarding how best to interact with them. Subsequently the person's mobility deteriorated and we saw further advice was sought from the integrated care team regarding how to minimise the risk of this person over-leaning and falling. We saw the updated advice was incorporated into care planning and the recommendations made by the external professional were acted upon, for example the use of a new slide sheet. One relative told us, "They need to improve on general communication," but all other relatives and people who used the service we spoke with agreed staff communicated well with them and healthcare professionals. We also observed one member of staff liaising effectively with a member of the sensory team during our inspection, in order to ensure one person's sensory equipment was working properly. This demonstrated that staff identified people's changing needs then sought and acted upon advice from external healthcare professionals.

Care plans were reviewed with people after six weeks and then on a six monthly basis, or sooner if people's needs changed. The service regularly assessed a range of input to ensure people's care plans were accurate and responsive to the changing needs of people.

Where contact was made with external professionals, this was documented and updates were incorporated into people's care files. Relatives confirmed with us that care delivered by staff was in line with this up to date information in the care file. This demonstrated staff ensured information regarding people's changing care needs was accurate and up to date.

Relatives also confirmed they were regularly involved in people's care reviews and consulted regarding changes to people's needs. One relative said, "They even update me after the district nurse has visited which is really helpful," whilst another said, "The carers always ring me if there are any issues – they always

keep me updated."

Care plans were person centred to a degree. They contained information that gave staff details that would assist them beyond meeting people's basic care needs, such as the person's family background and hobbies and interests. We found some care files contained more information than others in the 'background' section and the registered manager agreed to review and improve these to ensure new staff would have a fuller picture of the people they would be caring for. All existing staff we spoke with displayed a comprehensive knowledge of people's backgrounds.

We found one recent care plan which did not contain a significant amount of information about the person's likes, dislikes and personal history. At the 'goals' section of the care plan we saw these were limited to the tasks to be carried out by care staff and did not list any goals for that person. We found this was not the case in the other care files we reviewed, for instance one person had a clear goals section which stated, "I used to go out every day before I became ill so I wish for staff to ensure that I'm ready and that I've had my breakfast and medicine." The registered manager undertook to rectify the one care plan that required updating, as well as reviewing how they documented person-centred care in future.

We found care plans generally to be easy to follow, with a range of information from the local authority and other professionals, as well the person's care plans and reviews.

Whilst the majority of care visits were to help people who used the service with personal care or household tasks, people's independence was supported. One person had been supported to get a new bus pass by a carer, who took them out to pursue their own interests, such as arts and crafts. Another person told us, "They even took me to a funeral this morning, which I wouldn't have been able to attend without them." This demonstrated people were supported to maintain levels of independence.

We saw the service routinely gathered people's opinions about their care through a range of means. This included regular telephone calls to people who used the service to ensure staff were meeting their needs. People who used the service told us they felt able to raise queries or concerns and that they did feel staff were responsive to this. They confirmed queries were promptly addressed. This demonstrated people who used the service could raise any queries or concerns, and that staff responded to such queries appropriately. The registered manager also sent out annual surveys to people who used the service. We saw these were being sent out at the time of inspection. Previous results had been positive, with the results shared with people who used the service via a newsletter.

We saw there had been no recent complaints. When we spoke with people who used the service and their relatives they told us they had the confidence to raise any issues they had, and who to raise these issues with. One relative said, "I wasn't comfortable with one carer and they were great when I contacted them about it." Another said, "They're very flexible for changing dates and times on my request." We saw the service user guide, whilst containing contact telephone numbers, did not explain the service's complaints policy. This meant any new person using the service may be unclear on how to complain about an aspect of the service. This was an area that required improvement.

One external healthcare professional told us, "They did do some matching to make sure the carer was well suited to [person]. In general they have been personalised and flexible." This professional confirmed staff regularly attended multi-disciplinary meetings and came to the meetings with accurate updates regarding people's needs.

Good

Is the service well-led?

Our findings

At the time of our inspection, the service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. The registered manager had extensive experience of working in adult social care and displayed a good knowledge of people who used the service as well as the policies and processes of the organisation.

We saw the registered manager had previously engaged with a range of external organisations to enhance the knowledge of staff but also to contribute more widely to how society supports and understands people living with dementia and people in receipt of adult social care more generally. For example, the registered manager contributed to the Skills for Care document, 'Better domiciliary care for people with dementia: Best practice case studies from domiciliary care employers developing their workforces to support people with dementia' (2014). This document used Care Direct Salford as a case study to demonstrate the benefits of person-centred care when supporting people living with dementia who had displayed behaviours that may challenge. We saw that, more recently in October 2015, the United Kingdom Homecare Association (UKHCA) had requested if they could use the same example in the 'Prime Minister's Dementia Health and Care Champion Group' report.

We saw the registered manager had a period of extended leave after this but planned to re-engage with these areas of work that could contribute to adult social care more widely. Similarly, the service had signed up to the Social Care Commitment and achieved this in 2015 but had not revisited this since. The Social Care Commitment requires a service to promise to uphold standards for people who need care and support. Likewise the registered manager had previously signed up to the I Care Ambassador scheme, although acknowledged they had not been able to find time to develop this as part of the service. I Care Ambassadors are a national team of care workers who talk about what it's like to work in social care.

We also saw the service had achieved the Investors in People (IIP) Gold standard in 2014. IIP is an internationally recognised framework providing accreditation for a service provider's people management processes.

Whilst these pieces of work had yet to be revisited, they showed that the registered manager had a track record of strong partnership engagement and understood the importance and relevance of revisiting these areas when planning for future improvements in the service. We saw they were appropriately delegating areas of work in order to do this.

The majority of people who used the service we spoke with confirmed they knew who the registered manager was, or another senior member of staff, and that they had regular contact from the management team. The majority of people we spoke with were positive about the management of the service. One person said, "There is no room for manoeuvre," but more representative comments regarding the registered manager and office staff included, "Can't praise them enough," "They're very professional and caring," and, "We've always found the manager efficient, approachable and very pleasant – they're a massive improvement on the previous company we used."

The service and staff had a good local reputation and we saw documentary evidence of this, with one social work professional writing to one of the managers, "Without the continued support of you and your staff, we would not be able to maintain such a high degree of success in terms of supporting our mutual clients to maintain their independence, dignity and contentedness. And, importantly, helping people to achieve their desired outcomes." Another social care professional said, "On the whole, they are proactive."

Staff were consistent in their descriptions of a, "Really supportive" registered manager who took an interest in them and their roles. Staff were particularly complimentary about the levels of support they received to achieve NVQ qualifications. We saw the registered manager encouraged and supported staff to gain further qualifications, which benefitted the members of staff but also gave the service more flexibility should it grow in the future. This also meant people who used the service could be assured of a consistency of service in the future.

With regard to oversight of the service and service improvement, we saw the majority of spot checks had been delegated to the care co-ordinator. Following each spot check, the care co-ordinator would undertake an audit of the person's support plan to undertake a range of checks, such as whether up to date information had been added and that the file was tidy and accessible. The care co-ordinator made a record of each audit and these were discussed with the registered manager, who undertook a proportion of the audits and ensured corrective actions were taken if needed.

We found staff morale to be high and staff told us they felt valued by the organisation. They also told us they felt part of a team and we saw regular team meetings were held at different time slots so a higher number of staff could attend. One member of staff told us, "There is always someone at the end of the phone if I need help. We aren't left alone." We saw the registered manager used regular supervisions with staff not only to identify areas for improvement but to identify areas worthy of praise and recognition. This was done in the 'Achievements since last supervision' section and we saw a range of examples of staff receiving positive feedback from people who used the service, and being given the opportunity to celebrate this by their manager. One member of staff told us, "You get praised a lot, which makes a difference."

We found staff to have a consistent understanding of the policies relevant to their roles and saw the registered manager reviewed and updated policies regularly in line with local and national guidance and good practice.

We found the registered manager, office staff and care staff had successfully delivered the dignified, flexible and individual care as set out in the service user guide. They had successfully developed and maintained a caring culture that was focussed on meeting people's needs.