East Sussex Brighton & Hove Crossroads-Caring for Carers Limited

East Sussex, Brighton & Hove Crossroads Care

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 the 25 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a support care service. We wanted to be sure that someone would be in to speak with us.

East Sussex, Brighton & Hove Crossroads Care is a charity providing home and respite care services for carers in East Sussex, Brighton & Hove. This included children and adults with various conditions including older people living with dementia, people with a learning disability or autism and people with a physical disability. The focus of the service is to, 'Provide support to carers in their own home, and give carers 'time' to be themselves.' At the time of our inspection around 160 people were receiving a care service.

The service had a registered manager. 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.

Staff spoke of a difficult last year with a number of changes in office staff. This had resulted in some slippage in systems in place such as reviews. However, new staff had been recruited and the registered manager demonstrated this had been addressed with a robust plan in place for staff to follow and the registered manager monitoring the completion of this.

People told us they felt safe, and the care they received was good. One person told us, "They do all I require. Absolutely safe." Another person told us," Have always felt safe. They are friendly and professional." There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. One member of staff told us," You have to use you practical skills. We went on an all-day course. If I thought someone was being physically or mentally abused I would report it. There's also things in the home that could cause an accident, we have to make sure their home is safe." Another member of staff told us, "Yes, we have our own clients. They fit the right person to the right client and this is also done with holiday and sickness cover. Crossroads are good at matching people to their clients."

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. Care staff had received medicines training. One member of staff told us, "I've had medication training. I occasionally give meds. The carer will leave the tablets in a blister pack, we record it in the meds sheet in the daily record."

Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded. One member of

staff told us," A person is assumed to have mental capacity unless deemed otherwise by a health professional. Everyone should be given the opportunity to express themselves. Mental capacity can fluctuate from one day to the next." Another member of staff told us, "People have consent form in their care plan. Other than that it would depend on the context of what you are asking but yes we ask for consent." A third member of staff said," We know what's right and wrong for them and we make the appropriate decisions. We explain what we're doing and make the appropriate decisions. We make it light hearted."

People told us they were involved in the planning and review of their care. People's needs were assessed and regularly reviewed and they received support based upon their needs and preferences. One member of staff told us, "The manager goes in to do a review when things change. A gentleman who recently had a bad fall. The manager went in and did a re-assessment." Staff were proactive in recognising and supporting changes in people's needs. We found the support plans to be person centred and details recorded were consistent.

Robust recruitment procedures were in place. There were a number of staff who had worked in the service for many years. One member of staff told us, "We have got a fantastic team who have been with us a long time. We keep the staff and support the staff. I would not want to work anywhere else."

Staff felt fully supported by the registered manager to undertake their roles. New care staff undertook and induction. New staff trained alongside experienced staff on support calls They were given training updates, supervision and development opportunities. One member of staff told us, "Last year I did stack and stacks of training. I did an all-day moving and handling course, first aid, infection control, food hygiene, safeguarding, and Parkinson's. I think I did dementia training. Meds training was a half day course." Another member of staff told us, "I've just done safeguarding children last week, I've also done first aid and every year we do manual handling. We have someone who tells us when we need to do our training. We do a refresher if we have done something recently or a full day if it's been a while. I did safeguarding online and also some of the others. I did mine in the office as I needed help to log on. We do infection control every two or three years. If we go to someone with dementia, we do dementia training."

Staff received supervision and appraisal. One member of staff told us "I had supervision a couple of months ago. We have them quarterly. We had a staff meeting last Thursday. The next one is due 10th/11th of August. We have them at the day centre once a month." Another member of staff told us," Yes, we can say what we like at the meetings." Another member of staff told us, "I've had supervision in the last month, it was three or four weeks ago. We have a main staff meeting once a month and an office meeting once per week."

People told us staff were kind and caring. Care staff were able to tell us about the people they supported, for example their likes and dislikes and their interests. People told us they always got their care visit, that they were happy with the care and the care staff that supported them. Comments received included," Very kind and caring. Their whole attitude, the way they talk and interact." Another person told us," He is not conversant. They talk and listen. Very kind and caring. They want to please him and try hard." A third person said, "Very kind and caring. Yes very respectful." People confirmed staff respected their privacy and dignity. Staff had an understanding of respecting people within their own home and providing them with choice and control.

People were supported at mealtimes to access food and drink of their choice if required. One member of staff told us they supported one person by," I look after a person with severe dementia. He puts too much food on his fork or spoon and misses his mouth sometimes. I support him gently without actually feeding him directly just by guiding the spoon or fork into his mouth. You have to be careful not to take their dignity away."

People said they were happy with the management of the service. There were clear lines of accountability. The service had good leadership and direction from the registered manager and the provider. Staff felt supported in their roles and felt the management team were approachable. When asked if staff felt supported one member of staff told us, "Yes, 100%." The registered manager monitored the quality of the service by the use of regular checks and internal quality audits to drive improvements. Feedback was sought through surveys which were sent to people and their carers. Survey results were positive and any issues identified acted upon. People we spoke with had not made any formal complaints, but were aware of how to make a complaint and felt they would have no problem raising any issues.

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.

Assessments were undertaken of risks to people who used the service and staff. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people.

People were supported to receive their medicines safely when required. There were appropriate staffing levels to meet the needs of people who used the service.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Is the service effective?

Good

The service was effective.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005.

Staff had the skills and knowledge to meet people's needs. Staff received an induction and regular training to ensure they had up to date information to undertake their roles and responsibilities.

People were supported at mealtimes to access food and drink of their choice in their homes if required.

Is the service caring?

Good

The service was caring.

People and their carers told us the care staff were caring and friendly.

People's privacy and dignity were respected and their independence was promoted.

People and their carers were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive.

Assessments were undertaken and care and support plans developed to identify people's health and support needs.

Staff were knowledgeable and aware of people's preferences and how best to meet those needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Is the service well-led?

Good

The service was well- led

The values of the service were embedded and staff were committed to providing good quality care.

The service was well managed by the registered manager who actively led and supported the staff team.

There was good oversight of the service and processes in place for monitoring the quality of care provision and for seeking feedback in order to continuously improve.

East Sussex, Brighton & Hove Crossroads 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.

We last inspected this service on 1 February 2014 where we found no concerns. This is the first inspection where the service will receive a rating.

The inspection took place on the 25 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a support care service. We wanted to be sure that someone would be in the office to speak with us. The inspection team consisted of two inspectors 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. The expert by experience helped us with the telephone calls to get feedback from people who used the service and their carers.

The provider had completed a Provider Information Return (PIR). This 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. Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection. We contacted a local authority commissioning team, who have responsibility for monitoring the quality and safety of the service provided to local authority funded people. We also received feedback from two health and social care professionals about their experiences of the service provided.

During our inspection we spoke with 15 people who use the service or their carer over the telephone and

seven care staff. During the visit to the services office we spoke with two care managers, the financial director, office staff and the registered manager. We observed staff working in the office speaking with people and staff over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for seven people, six recruitment files, staff training records, quality assurance audits, incident reports and records relating to the management of the service.

Good

Is the service safe?

Our findings

People and their carers told us without exception that they felt people were safe. Comments received included, "They do all I require, absolutely safe," "Have always felt safe. They are friendly and professional," "Yes both carers are very experienced," "Excellent care," and "Definitely. I wouldn't use them if I was not confident."

Risk assessments detailed and identified hazards and how to reduce or eliminate the risk. For example an environmental risk assessment included an analysis of a person's home inside and out. The condition of pathways and access to a person's home considered whether a risk of trip, slip or fall for either the person or the staff member and if there was adequate lighting. Other potential risks included the equipment people used and how staff could ensure they were used correctly and what to be aware of. This meant that risks to individuals were identified and managed so staff could provide care in a safe environment.

People were protected from the risk of abuse because staff understood how to identify and report it. The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. These had been reviewed to ensure current guidance and advice had been considered. This included clear systems on protecting people from abuse. Senior staff told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. Care staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. We talked with care staff about how they would raise concerns of any risks to people and poor practice in the service. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Care staff demonstrated a good understanding of safeguarding people. One member of staff told us, "We learnt to look out for behaviour that's out of the ordinary, bruising, depression, not eating, looking at things around the house. With regular clients you know what they are like. We know if there's something out of the ordinary." Another member of staff told us, "There are physical and mental signs, changes in behaviour, unusually withdrawn, and marks on the body. We get to meet people's carers so we pick up a lot about their relationship. We go in week on week so we would notice things." A third member of staff said, "It was part of the induction training. We have to be aware of anything that doesn't seem right. Anything that you are uncomfortable about or not quite right, I would discuss it with the office. Things like unexplained bruises. I recorded something recently and mentioned it to the office."

Staff were also knowledgeable of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. One member of staff told us," Yes, we have the information in out pack and we have the numbers to phone. I'm more than happy to report a whistleblowing." Another member of staff told us, "Yes, definitely. I would go to my manager and discuss it. She would then follow it up." Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

Procedures were in place for staff to respond to emergencies. Care staff had guidance to follow in their handbooks and were aware of the procedures to follow. They told us they would report any concerns to the

office straight away. One member of staff told us," Yes, I keep it at home. When there is a new policy we get sent an updated one or it's handed to us and I add it to my file." For example care staff were able to describe the procedures they should follow if they could not gain access to a pre-arranged care call. The care staff told us they would report this to the office straight away and enable senior staff to quickly locate the person and ensure they were safe. One member of staff told us, "I would ring a few times, then ring the office or the on-call number. They will ring the carer. It happened last week at six in the morning. I phoned the on-call manager, she was brilliant." Another member of staff told us, "I would look at their details and phone the office. Might have to phone the police to get access. They might have had a stroke or a heart attack." There was an on call service available so that care staff had access to information and guidance at all times when they were working. Care staff were aware how to access this and those who had used this service told us it had worked well. One member of staff told us, "The managers are quite accessible. There's an on-call number out of hours." Another member of staff told us, "We've had training in CPR (Resuscitation), I would call an ambulance if it was serious. I would phone the office and ask the carer to come home. If it was just a cold, I would make sure the client is comfortable and inform the carer." A contingency plan was in place in case of emergency or untoward events, for example, in the event of snow or other severe weather.

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and an interview. The provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff. One new member of staff told us, "I filled out an application form, had an interview, gave two references and had a DBS check."

The service had skilled and experienced staff to ensure people were safe and cared for on visits. People told us they usually received their visit from regular care staff and at the time it was needed. They said they were happy with the care staff who undertook their care calls. Comments from people included, "They have never let me down. Incredible service," "Very prompt. Have never let us down," "Always on time. Very kind and compassionate," "Never missed. Always on time," "Yes. She lets me know if she is going to be late. No never let me down," and "On the dot. Yes, not missed any calls. If they are running late they call immediately. Girls are well matched and work well together."

Rotas were planned in advance and care staff were informed of their shifts and were provided with a rota. Staff told us that the staffing levels were satisfactory. One member of staff told us, "I know we are recruiting. We are pretty much covering everything. The office are brilliant. They move us around to cover. They ask me and I can cover." Another member of staff told us, "Yes. I've got enough time to see people. I get to people on time the majority of the time. I'm only ever five minutes late."A third member of staff said, "I'm given plenty of time, there's half an hour of travelling time between visits. They place great emphasis on the continuity of regulars, it's the ethos of the place." We looked at the rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service.

Any incidents and accidents were recorded and the registered manager told us they kept an overview of these, and the provider was also informed and kept an overview of these to also monitor any patterns and the quality of the care provided and provide guidance and support where needed. One member of staff told us, "We are told about them and how to learn from them. If we are doing something wrong we need to know." Another member of staff told us," Absolutely 100%, we learn from them. We have staff meetings and we can raise issues. We listen to other care workers. It's good as we're lone workers." A third member of staff said, "We are encouraged to report mishaps, incidents and accidents. If an accident happens I would report it immediately. The office would look at the information and review the care plan to see if someone needs

something or a re-structure of their visit is needed."

People were supported to receive their medicines safely. The majority of people self-administered or had support by their carers to take their medicines. Where people had assistance with their medicines, they told us this had worked well. One person told us," No medication but will cream his head and feet." Another person told us, "As required yes. Mainly they remind me." We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Staff received training on medicines administration. One member of staff told us, "We did a training session on giving meds. It it's in the care plan, the office will write it down and we give it. It it's not in the care plan I wouldn't give it. I shadowed on the job that I was taking over. Someone watched me do it." Another member of staff told us, "I've had medication training. I occasionally give meds. The carer will leave the tablets in a blister pack, we record it in the meds sheet in the daily record." A third member of staff said, "We don't give medication unless it's out of the packet." Staff were able to describe how they completed the Medication Administration Records (MAR) in people's homes and the process they would undertake if it was required. Audits on medicine administration MAR were completed to ensure they had be completed correctly. Any errors were investigated, for example, if a missing signature had been highlighted for the administration of a medicine. A senior member of staff would investigate and the member of staff would be spoken with to discuss the error and invited to attend medication refresher training if required.

Good

Is the service effective?

Our findings

People and their carers felt confident in the skills of the staff and felt they were trained well. One person told us, "Very much so. So far so good." Another person told us," We have a regular team of three carers. They are very good, caring and seem to be well trained. They note his moods and work with him." A third member of staff said, Yes, I have the same nice lady. She understands me very well." People were asked for their consent before any care was provided. One person told us, "She never presumes, always asks." Another person told us," Yes they put cream on my joints. I have arthritis. They ask if it's OK."

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. Staff had knowledge and an understanding of the (MCA) because they had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. One person told us, "Yes they always ask." Another person told us, "Yes, they ask what he would like or if he needs something." One member of staff told us," Our remit is to enable people to make their own decisions as much as they can themselves. Encourage independence and make their own choices about what they want to eat etc. I ask a client if he would like to climb out of the bath himself as he can do it. It's all been risk assessed. People should be encouraged to do as much as they can." Another member of staff told us, "Yes. I have a lady that isn't very talkative. So I don't bombard her with questions. We listen to them. They are in their own environment and we respect that." A third member of staff said, "To make sure that the person you're looking after has got enough capacity to be left alone and be safe. Can they make decisions without anyone there. If they couldn't I would be concerned."

People were supported by care staff that had the knowledge and skill to carry out their roles. An induction was completed to ensure that all new staff received a consistent and thorough induction which was in the process of incorporating the Skills for Care, care certificate to ensure that new staff were working toward this. The care certificate is a set of standards that social care and health workers can work in accordance with. It is the new minimum standards that can be covered as part of the induction training of new care staff. New staff also trained alongside experienced care staff on support calls. The registered manager told us, "They go out and shadow. They can go out four to five times if needed. I want them to feel confident when they go out with clients." One member of staff told us," I had an induction and loads of training. I was slightly anxious but felt like I had an idea what to do. It was fine. "It was reasonably long and felt thorough. It did quite a few shadow visits. The office are brilliant, they are really supportive." Another member of staff told us, "It was a very thorough induction process. I did several visits, at least three if not four."
Care staff undertook a variety of essential training which equipped them with the skills and knowledge to provide safe and effective care.

Training schedules confirmed care staff received essential training, which included training in moving and handling, medication, first aid, safeguarding, health and safety, food hygiene, equality and diversity, and

infection control. In addition care staff were able to develop by completing further training for example in dementia care. They said this ensured they were able to meet people's needs. One member of staff told us," I've done moving and handling, first aid, safeguarding, food hygiene, dementia, epilepsy and MCA training. I'm getting emails now to renew my training. We've done meds training. At the end of each assessment, you answer questions and hand it in to the trainer."

There was a supervision and appraisal plan in place which managers were following to ensure staff had received regular supervision and appraisal. They provided regular supervision through one-to-one meetings which included an annual appraisal. There was also regular contact with care staff through regular telephone contact and unannounced visits. This was confirmed in the documentation we viewed. Care staff told us that they received regular supervision throughout the year. During this, they were able to talk about whether they were happy in their work, anything that could be improved for staff or the people they supported and any training they would like to do. Other issues discussed during supervision included health and safety, lone working, safeguarding, nutritional reporting and achievements since their last supervision. Staff told us the registered manager was always approachable if they required some advice or needed to discuss something. In addition staff said that there was an annual appraisal system at which their development needs were also discussed. One member of staff told us, "We have supervision and appraisals, I had an appraisal two weeks ago. We also have a free counselling service we can use for staff. During my appraisal I discussed things I was worried about. The manager is very supportive. Management ask us if we are worried about anything and anything we are not sure about."

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by peoples carers or by themselves and staff were required to ensure meals were accessible to people. One person told us, "They will get his lunch and make a cup of tea. They also wash up and if I'm here they offer to help." Another person told us, "They have got him a drink and a sandwich if he has been hungry, and usually make sure he has food when I'm not here." A third person told us, "She will prepare my veg if asked." Where people were offered assistance one member of staff told us this could be by," Prompting and encouragement, cutting things up into pieces so they can eat it. Making their food and making sure their hands are clean." Another member of staff told us, "Most of mine are independent. I go out with them to eat and drink and I'll support them with money and paying for it. We would have specialised training if we needed it in the future." A third member of staff said, "The carer will leave the lunch rather for me to cook or serve. I sit with them and supervise them."

We were told by people that their health care appointments or health care needs were co-ordinated by themselves or their carers. However, staff were available to support people to access healthcare appointments if required. One person told us, "She has badgered me to ring the doctor when she felt I wasn't well." Another person told us, "If she was under the weather they would bring it to my attention." One member of staff told us, "I look after a client with epilepsy. If she had a seizure I wold follow the guidelines as stated in the care plan which would be phone the ambulance first, her mother second and the office third." Another member of staff told us they, "Keep an eye on them. If they are issued medication, you know what to give and when as it's put in the care plan. I would phone an ambulance if it was anything serious."

Good

Is the service caring?

Our findings

Every person we spoke with told us staff were caring and kind. Comments from people included ," Very much so. One of his carers has been in the business for 16 years, and is very respectful," "Incredibly kind and caring. Always find things to do with him that they know he enjoys," "Exceptional. Keep him totally engaged. He looks forward to them coming. He doesn't communicate much," "They have been very kind and caring, and always have his best interests at heart," "Right from the beginning, they have bent over backwards to help. They are very kind. They come in and sort me out, change sheets, make the bed, do things without me asking, and "Very kind and caring, always do what I need." One member of staff told us when asked what the service did well," We get a reasonable amount of time with people. You don't have to rush. You get time to talk to people and establish a rapport. We get to know them a bit and understand what their worries are and what their like and dislikes are."

Staff were knowledgeable of the people's needs and spoke about them with genuine warmth and compassion. It was apparent that positive relationships had been developed between staff and people, some over years. The registered manager aimed to ensure that the people received support from a consistent team of staff to enable positive relationships to develop. People told us they usually saw the same member of staff that visited them. Staff spoke warmly about the people they supported and provided care for. Staff were able to detail people's needs and how they gave assurance when providing care. During our conversations with staff, they were able to tell us about the people they supported and their interests and preferences. Staff told us they got to know everyone well and staff were matched to people so that staff had long term relationships with the people and families they worked with.

It was apparent that people were treated as an individual, their differences were respected and support was adapted to meet their needs. The registered manager ensured that the support provided to people was person-centred and enabled them to receive the type of support they chose. Staff told us that wherever possible and needed people were encouraged to maintain their independence such as undertaking their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. One member of staff told us, "I encourage people to do as much for themselves as they can. People need supervising, so I prompt them. If they don't want to go out, I encourage them as it's needed as part of their physio." Another member of staff told us,"If they are able to do it, let them do it. Mine only need supporting. I let them do as much as they can do safely. One of my clients isn't good on roads so she links my arm." A third member of staff said,"Always talking to them and listening to what they need at all times. Never using constraint and using as much mobility as they are able to do. If someone wants to do the washing up, I can provide help with the mobility part and help them to balance".

Staff were aware of the need to preserve people's dignity when providing care to people in their own home. People confirmed their dignity and privacy was always upheld and respected. One person told us, "They are very respectful, quite willing to empty his catheter bag when necessary without causing him any embarrassment." Another person told us, "Completely. They treat him like any able bodied person. Ask permission, and close doors." A third person told us,"Yes they are always respectful of our home and his privacy when he needs changing. They will take him to the bedroom and close the door." Staff told us they

took care to give privacy to people when needed. Care staff told us they had received training on privacy and dignity and had a good understanding of dignity and how this was embedded within their daily interactions with people. They were aware of the importance of maintaining people's privacy and dignity, and were able to give us examples of how they achieved this. One member of staff told us, "I assist one person with transfers onto the commode. I allow them to have time on their own, I go into another room and say call me when you are ready. I keep him covered at all times." Another member of staff told us," Things that you get told you don't discuss unless it's a safeguarding. Over people up with a towel when getting changed".

People told us they could express their views and were involved in making decisions about the support they received. People and their carers confirmed they had been involved in designing their support plans and felt involved in decisions about their care and support. People's confidentiality was respected. One person told us, "If I want to make a private phone call they will leave the room." Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care for others. Information on confidentiality was covered during staff induction and training.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to them. Independent advocacy is a way to help people have a stronger voice and to have as much control as possible over their own lives. Senior staff were aware to tell who they would contact if people needed this support.

Good

Is the service responsive?

Our findings

People and their relatives were involved in making decisions about their care wherever possible. People told us they received care, support and treatment when they required it. One person told us, "They know what he likes to do and act accordingly." Another person told us," They know he likes to be read to. His grandmother used to read to him often. They also take him swimming they are very good with him." A third person said, "Very much so. So far so good."

A detailed pre-admission assessment had been completed for any potential new people wanting to use the service. This identified the care and support people needed to ensure their safety and was used to inform the care and support plan. Where possible people had been involved in developing their care and support plans. They told us they felt they had been listened to and their needs were taken into account. One person told us, "Yes it was all explained." Another person told us, "Yes she was fantastic. Spent two hours here." A third person said," Yes they did come out and discuss timings, preferences and risks."

Care and support plans were comprehensive and gave detailed information on people's likes/dislikes/preferences and care needs. These described a range of people's needs including personal care, communication, eating and drinking and assistance required with medicines. This information ensured that care staff understood how to support the person in a consistent way and to feel settled and secure. Care staff demonstrated a good level of knowledge of the care needs of the people. One member of staff told us, "We get to know them really well as we go in every week. We've done personal care training. They have their preferences. They tell you how like it to be done." There was a system in place to ensure that people's care and support needs were reviewed. Comments received from people included, "They are coming into review as I have started going to a counsellor two hours a week. They are very flexible," "Yes, they follow up every year," "We have a review every year," "We had a review three months ago," and "Yes everything was taken into consideration. Likes and dislikes. Yes it has been reviewed." One member of staff told us," Yes they do. Somebody comes out and does a re-assessment every once in a while. It might be six months or client dependant. They seem up to date. We get informal sheets from the office about people's likes and dislikes, hobbies, sugar in their tea and what they like to talk about." Another member of staff told us," Every year someone comes in to do it. Their preferences are on the front cover for everyone to read. The office will tell you everything you need to know anyway. You get a run down with any changes, it runs like clockwork." A third member of staff said, "Once a month we have the opportunity to raise concerns on each client and as a result of that the care plan can be reviewed. It's done in response to whatever we have raised in addition to the usual reviews."

People and their carers told us there was good continuity of care staff covering people's care calls. Comments received included," Definitely, (Person's name) knows all his carers and relates well to them," "We have three regular carers, one of whom he gets on with extremely well," "It is normally one of the three he knows," "They are very helpful and flexible. I use them on a need to basis. I have lots of medical appointments and they are very flexible," and "Continuity is fantastic. Had the same carer for years. When she is away- I have another one who I know. My carer keeps me informed." When asked what the service did well one member of staff told us, "The training is better. People who have come to us have been surprised at

the training put into place before they go out on visits. The continuity is better than other organisations." Another member of staff told us, "I have had most of my clients for over five years."

People and their representatives were asked to give their feedback on the care provided through quality assurance questionnaires which were sent out regularly. The feedback had been collated and an action plan drawn up to ensure any issues were highlighted to be addressed. Following the last quality assurance survey in 2016 feedback received was that 98% of responses stated staff had the skills needed to look after people, 98% stated they had a regular worker,96% stated they were fully consulted with arrangements, and 100% stated the care was provided at a time that suited people.

The compliments and complaints system detailed how any complaints would be dealt with, and timescales for a response. It also gave details of external agencies that people could access such as the Care Quality Commission and Local Government Ombudsman. Compliments received included, 'Worth every penny and all the staff have been very helpful,' 'I realise you try your best to make everyone happy,' and 'The support mum and I have had from your people has been as much as I could have asked for.' People were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people in the information given to them at the start of the service. The people we spoke with all confirmed they had never had a reason to make a complaint. Comments from people included Yes details are in the book. We've met the supervisor," "Oh yes I am often in touch. Never had a concern "and "Oh yes have all the contact nos. has been no need." One member of staff told us, "Everything is in the pack and every single number they need to phone. I insist that they know where the numbers are. I open up the pack and show them the numbers so they are aware". "Within their care plan there is information on how to make a complaint. I would support someone to do this if needed."

Good

Is the service well-led?

Our findings

People and staff told us the organisation was well led and people and staff were happy with the care being provided. We observed the registered manager to be committed and responsive to the needs of people and staff. Comments from people when asked if they were satisfied with the service they received included, "Yes I am very grateful for their help," "Yes very never had a problem," "Very satisfied," "We are very happy," and "It is excellent. They offer flexibility often finding a carer with two days' notice." One member of staff told us, "I do think that our company looks after their staff financially and we are well supported. Other companies limit visits to 45 minutes – we don't have that. I don't want to rush, you can't build a relationship in 45 minutes. I'm glad we don't take anything less than an hour, most of mine are three to four hour visits. The family don't worry about their loved ones they have left behind. We do pretty well compared to most companies out there." Another member of staff told us, "As far as the clients are concerned, everything is done to make their experience the best it could be. We always ask ourselves what could we do better."

The atmosphere was professional and friendly in the office. Staff spoke highly of the registered manager and management team and felt they were approachable and supportive and took an active role in the day to day running of the service. Staff appeared very comfortable and relaxed talking with them in the office. While we were on the inspection we observed positive interactions and conversations were being held with staff in the office and on the telephone. Management took time to listen and provide support where needed. One member of staff told us, "I generally feel well supported." Another member of staff told us," Yes you can raise issues. The manager is always there. I think you should be able to raise issues. It's always listened to." A third member of staff said, "Yes, and she is approachable. You feel you can talk to anybody in the office".

There was a clear management structure with identified leadership roles. All the staff told us they felt the service was well led and that they were well supported. One member of staff told us, "We have a good registered manager who is very person centred. We try making the service as person centred as we can. There is an open door policy and she is always there to listen She is very on the ball about things." When asked if the service was well led comments from people included, "Yes, communication is pretty good," "Yes very well organised and led," "It is excellent," "Absolutely," and "Certainly seem to be kept informed of any changes." One member of staff told us it was well led because, "Yes, they are completely on the case. You get listened to and action is taken." Policies and procedures were in place for staff to follow. Staff were able to show us how these had been updated to ensure current information and good practice guidance, which had been used to inform the regular updates of the services policies and procedures. Staff told us that they attended staff meetings and when they were not able to attend, the minutes were copied and made available to them. Staff advised these were open meetings and they could raise agenda items and were encouraged to put forward new ideas. One member of staff told us, "We discuss general things at the meetings. They would say 'We are thinking of doing this and what do you think?"

Feedback from the visiting health and social care professionals was that staff in the service worked well with them and there was a good working relationship. Staff contacted them appropriately and followed any guidance given.

There were systems in place for senior staff to monitor the quality of the service. This was by regularly speaking with people to ensure they were happy with the service they received, and undertaking unannounced spot checks to review the quality of the service provided. This included arriving at times when the care staff were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed. Also the completion of formal reviews where people and their representatives could discuss the care provided. The registered manager monitored the quality of the service by the use of regular checks and internal quality audits. The audits covered areas such as complaints, staffing and support plans. The registered manager had support from the board of trustees for the organisation and regular supervision. The registered manager told us, "I receive excellent support. She is always at the end of the phone, and we meet quarterly." They completed a bi-monthly governance report, which was reviewed by the Board .This enabled the provider to be kept up-to-date with the running of the service. This was also an opportunity to review any complaints, incident and accidents which had occurred, review the outcome of any investigations and have an oversight of quality assurance undertaken and any improvements completed.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They were aware of the importance of notifying us of certain events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions were being taken. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.