Diamond Resourcing Plc

Better Healthcare Services (London)

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 10 and 11 February 2016 and was announced. The provider was given 24 hours' notice because we wanted to be sure there would be someone at the office when we called. This was their first inspection since registration with the Care Quality Commission.

Better Healthcare Services (London) is a domiciliary care agency which provides live in care for people in their own homes. This service is managed from the head office based in London, but also receives support from its regional offices located throughout the United Kingdom. The service received support from regional offices in Brighton, Bedford, Cambridge, Colchester and Norwich. At the time of our visit the service was providing support to 15 people.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (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.

People and their relatives told us they felt safe using the service and care workers understood how to protect people from abuse. All staff had received training in safeguarding adults from abuse and had a good understanding of how to identify and report any concerns. Staff also felt confident that any concerns would be investigated and dealt with.

People's risks were managed and care plans contained appropriate risk assessments which were updated regularly when people's needs changed. The service had a robust recruitment process and staff were subject to the necessary checks to ensure they were suitable to work with people using the service. People were given the same care worker for the duration of their live in shift to ensure they received consistent levels of care. The provider could also rely on care workers from their regional offices to cover shifts at short notice if required.

People who required support with their medicines received them safely and all staff had completed training in the safe handling and administration of medicines. When recording errors were identified they were addressed appropriately.

Care workers received an induction training programme to support them in meeting people's needs effectively and received regular supervision from management. They told us they felt supported and were happy with the supervision they received.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and issues relating to personal choice. Care workers respected people's decisions and gained people's consent before they provided personal care.

Care workers were aware of people's dietary needs and food preferences. Care workers told us they notified the registered manager or a care coordinator from a regional office if they had any concerns about people's health and we saw evidence of this in the weekly reports. We also saw people were supported to maintain their health and well-being through access to health and social care professionals, such as GPs, speech and language therapists and social services.

People and their relatives told us care workers were compassionate and caring and knew how to provide the care and support they required. Care workers we spoke with knew the people they supported and their life histories due to the amount of time they were able to spend with them.

Staff treated people in a way that respected their privacy and dignity and promoted their independence.

People were involved in planning how they were cared for and supported. An initial assessment was completed from which care plans and risk assessments were developed. Care was personalised to meet people's individual needs and was reviewed if there were any significant changes, with health and social care professionals being contacted to support the changes in care received. However there were concerns that not all staff handovers in the person's home were detailed enough.

People and their relatives knew how to make a complaint and said they felt comfortable contacting the registered manager if they had to. There were surveys in place to allow people and their relatives the opportunity to feedback about the care and treatment they received.

The service promoted an open and honest culture and care workers felt well supported by the registered manager and were confident they could raise any concerns or issues. Care workers were also supported by their regional offices however the level of support varied between offices.

There were processes in place to monitor the quality of the service provided and understand the experiences of people who used the service. This was achieved through regular communication with people and care workers, supervision and a programme of other checks and audits. However the registered manager failed to notify the CQC about an incident involving the police and a safeguarding concern that had been raised which is a legal requirement of the provider's registration.

We identified one breach of the Regulations in relation to notifications and you can see what action we told the provider to take at the end of the full version of this report.

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.

Medicines were administered and recorded by staff who had received relevant medicines training which was refreshed on a regular basis. Any medicines recording errors were detected and dealt with appropriately.

Staff had a good understanding of how to recognise and report any signs of abuse and protect people from harm.

Risk assessments were in place to identify the areas of risk and to reduce the likelihood of people coming to harm.

The provider took appropriate steps to ensure robust staff recruitment procedures were followed and there were sufficient staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People received care and support that met their needs and reflected their individual choices and preferences. Care workers received training and supervision to meet people's needs.

Staff understood the principles of the Mental Capacity Act 2005 and care workers gained people's consent before care was provided.

People were supported with meal preparation and assistance with eating, which took into account their preferences as well as their medical needs.

Staff were aware of people's health and well-being and responded if their needs changed. People had access to health and social care professionals, such as GPs, speech and language therapists and social workers.

Is the service caring?

Good

The service was caring.

People and their relatives told us they were happy with the care and support they received. Care workers spent time getting to know people and they were treated with respect and kindness.

Care workers monitored people's well-being and responded to their changing needs, such as contacting the GP or raising these concerns with senior staff.

Care workers promoted people's independence, respected their dignity and maintained their privacy.

Is the service responsive?

Good

The service was responsive.

Care records were personalised to meet people's individual needs and the information was detailed and updated if there were any significant changes. Care workers knew how people liked to be supported and respected people's views.

People and their relatives knew how to make complaints and said they would feel comfortable doing so. The service gave people and relatives the opportunity to give feedback about the care and treatment they received.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well-led.

The provider did not meet the CQC registration requirements regarding the submission of notifications about serious incidents, for which they have a legal obligation to do so.

People and their relatives told us that the service was well managed and the registered manager was accommodating and approachable. Staff spoke highly of her and felt supported by her however the level of support was not consistent throughout all of the regional offices.

There were audits and meetings to monitor the quality of the service and identify any concerns. Any concerns identified were documented and acted upon.

Better Healthcare Services (London)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 10 and 11 February 2016 and was announced. We gave the provider 24 hours' notice of our inspection as we wanted to be sure that somebody would be available to talk with us.

The inspection team consisted of one inspector. Before the inspection was carried out we reviewed the information the Care Quality Commission (CQC) held about the service and statutory notifications received from the provider.

We spoke with five people using the service, five relatives and 11 staff members including the registered manager, the care director, a care coordinator from a regional office and eight care workers. We looked at eight people's care plans, six staff recruitment files, staff training files, staff supervision records, medicines records and audits and records related to the management of the service.

Following the inspection we contacted four health and social care professionals who had worked with people using the service for their views and heard back from two of them.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe when they were receiving their care and when the care worker was in their home. One person said, "I feel safe when she's here, she's very good." Another person said, "I'm happy with everything that they do for me."

Staff had received appropriate training in safeguarding and were able to explain in detail what kinds of abuse people could be at risk of, the signs of possible abuse and what they would do if they thought somebody was at risk. This topic was covered during the staff induction and a copy of the safeguarding policies and procedures were given to staff, which was also outlined in the employee handbook. The registered manager showed us records of all the safeguarding training which was in date and refreshed on a yearly basis.

There were sufficient numbers of care workers to provide care to people who used the service. The registered manager told us they were always recruiting new care workers and at the time of our inspection there were 19 care workers employed in the service and three interviews scheduled for the coming week. The registered manager told us they were also able to utilise staff who were based around their regional offices in case any shifts needed to be covered. They also tried to keep the same care worker if people were happy with the care they received. One person said, "The lady I've had for the past year is excellent." A relative told us that the registered manager had been very accommodating when trying to keep the same care worker for their family member. The provider had a system where the care worker was able to log in at people's homes at the start of a shift. The office was alerted if a care worker had not arrived on time for their shift. In this situation the office staff could contact the care worker to find out where they were and then inform the person as to why they had not arrived yet. The care director said, "We do it to ensure the safety our care workers. If we haven't heard from them, we are alerted and can make contact with them."

The six staff files that we looked through were consistent and showed that the provider had robust recruitment procedures in place. Before potential care workers were invited to an interview the provider carried out a pre-screen assessment covering what kind of work they were looking for, what training they had completed and their previous work experience. We saw evidence of criminal records checks and photographic proof of identity. The provider asked for two verified references and people could not start work until they had been received. Staff files also included feedback from the interview question and answer process which covered topics ranging from safeguarding, privacy and dignity, medicines and moving and handling. The registered manager told us that permanent care workers from the regional offices who had covered shifts when needed went through the same recruitment process and we saw evidence of this. One relative said, "We are really happy with the carers provided."

There was a procedure to identify and manage risks associated with people's care. Before people started using the service an initial assessment of their care needs was carried out by either the registered manager, the care director or a care coordinator based in one of the regional offices that identified any potential risks to providing their care and support. Some of the risk factors that were assessed related to people's daily routine, mobility, medicines, eating and drinking and physical health and well-being. They also carried out

an environmental risk assessment. We saw information relating to certain doors that needed to be locked, floors that had non-slip surfaces and gaining entry to the property. This was highlighted as important as the care worker would be living in the persons home during their employment.

This information was then used to produce a detailed care plan and risk assessments around the person's health needs. The care plan contained details about the level of support that was required at specific times of the day and detailed information about any health conditions. The information in these documents included practical guidance for care workers in how to manage risks to people. Care workers knew about individual risks to people's health and well-being and how these were to be managed. Records confirmed that risk assessments had been completed and care was planned to take into account and minimise risk. For example, one person had been assessed as being at risk of developing a pressure sore. There was a separate pressure sore risk assessment in the care plan and it gave detailed instructions to staff about how to prevent pressure sores and what to do if they had any concerns. One care worker told us they had been on a pressure sore awareness course and had found it really helpful. Another person had been assessed as being at risk of financial abuse. We saw records of contact from the local authority who managed their finances and information for care workers about what to do if supporting the person with their finances and how to record it. Care plans and risk assessments were updated every six months or sooner if there were any significant changes to a person's needs.

Some people were supported with their medicines as part of the overall care package they received. Care plans contained information about people's medicines and included a consent form to administer medicines. The information detailed the name of the medicine, the dose, the frequency and the method of how it was administered. It also highlighted if people were able to self-administer their medicines or received support from relatives so the care workers knew the level of support they required. Care workers administered medicines to people safely and as prescribed. Care workers had received training to administer medicines safely which included checks on their competence and records we saw confirmed this. They recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. We looked at a sample of MAR sheets for two people over the past two months and found they were appropriately completed. Completed MAR sheets were returned to the office every month for auditing. Even though we saw information that highlighted omissions in medicines recordings, they were detected by effective checking processes and addressed appropriately. We noted that weekly reports, spot checks and staff supervision records addressed correct medicines recording procedures. Staff we spoke with confirmed this and knew to contact senior staff if they made a mistake or had any concerns with people's medicines. One care worker said, "I know I can call the office if I have any questions or concerns. If there are any concerns I will also call the GP or the pharmacy." People using the service told us they had no concerns with the management and administration of their medicines. One person said, "I have excellent support with my medication." One relative told us how he used to have concerns about his family member self-administering their medicines but after it was agreed for support to be provided and medicines were recorded it had worked out well since being implemented.

Good

Is the service effective?

Our findings

People told us they were happy with their care workers and felt well supported by them. Comments included, "I'm looked after extremely well" and "They're very good, they do all they can to help me and I'm very happy." One relative said the care workers were excellent, "They do an absolutely incredible job. I have to take my hat off to them."

The registered manager told us that staff completed a three day induction programme when they first started employment with the service and showed us the induction schedule for the next two months. This was a comprehensive programme covering training modules and a range of policies and procedures. The modules covered topics such as safeguarding, fire safety, first aid and teamwork and communication. We looked at their policies and procedures which included subject areas such as entering and leaving a person's home, health and safety, reporting of accidents and emergencies and the protection of vulnerable adults. Training was also provided as part of the induction which was made up of classroom based sessions and practical skills sessions such as safe moving and handling techniques. Staff were given mandatory training about moving and handling, infection control, medicine administration and food hygiene which was refreshed annually. They also offered training in Dementia Awareness, The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). All of the staff files we looked at had certificates that confirmed the training and induction process had been completed.

Staff also received training which was specific to people's individual needs. One care plan highlighted that the person needed support managing their continence. The registered manager showed us that there was specific training available and the care worker we spoke with had carried out training in continence care. Care workers also had to carry out regular electronic learning training covering the 15 standards of the Care Certificate. The service was registered with an online training programme and care workers could log into the system and carry out training in their own time and when a topic needed to be updated. The registered manager was notified when training was due to be reviewed and also when a care worker had completed an assessment. If the assessment score was below 70% they could reassign the topic to the care worker to take again. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. Care workers told us they carried out the online training and found it really useful. One care worker told us, "The training was excellent and we have to complete an assessment at the end."

As this service only provided live in care workers, sometimes it was difficult for the care workers to meet people before they started work with them. This was due to geographical location as some care workers didn't live in the area they would be working in. Some of the care workers we spoke with told us that they lived outside of the UK and would travel here when they were required to work. This ranged from anywhere between a week to a month. One care worker told us that they would sometimes work with the person for a month and then have a week off. If the care worker wasn't able to meet the person before starting, the registered manager told us they would speak with people and send them over the care workers profile or arrange a telephone call for them to introduce themselves. New care workers were introduced to people when they started work, with either the registered manager or regional care coordinator present in the

person's home. If the care worker they were taking over from was available they would also be present to help with the handover.

Care workers told us they received supervision and spot checks every three months, from the regional office staff and at times from the registered manager. We saw copies of documents related to supervision records and this showed it gave them the opportunity to discuss the people using the service, any concerns they had along with any training needs. One supervision record showed a care worker had asked for further training in helping a person with their exercises as they had mobility problems. We saw records that showed the registered manager contacted the physiotherapist to ask for support with this and they had arranged for the care worker to assist at their next physiotherapy session.

Staff also received annual appraisals. The registered manager told us that they would send an appraisal form to the care worker in preparation for it with activities to complete, then they would arrange a date and time that was convenient for both parties. If the registered manager was unable to carry out the appraisal they could ask one of the care coordinators at the regional offices to do it and they would feedback to the registered manager. We saw records of appraisals which gave the care worker an opportunity to discuss their training and development, summary of achievement and any action plans. One care worker told us, "I receive regular spot checks and supervision from the manager and the local office. I'm always able to give suggestions and they listen to my opinion."

Staff understood the main principles of the Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager had a good knowledge of their responsibilities under the legislation and told us that this was discussed with care workers during induction and if any concerns about capacity had been raised. One person had been assessed to lack the capacity to manage their own finances. There was documentation in place from the local authority about how their finances were managed and detailed information for care workers to support them with this.

Staff told us they always asked for people's consent before providing personal care. They told us that people sometimes needed encouragement when having personal care needs met and that they always gave them time to respond. One care worker said, "I always ask the person if they are comfortable with me helping them with their personal care." There was evidence in the care plans that people were asked for their preferences with regards to how they wanted aspects of their personal care to be delivered, even highlighting particular towels to use for specific body parts. Where appropriate, the views of people's relatives were sought when assessing risk and developing care plans. We saw people's care records contained consent forms, including consent forms for staff to provide first aid in the event of an emergency, signed by people to say they agreed to the care package being delivered.

Some people required care workers to help them prepare meals and support them whilst eating. People's dietary preferences with preferred eating times and whether they had any allergies were recorded in their care plans along with the level of staff support needed. We looked at a sample of daily log sheets which confirmed people were eating the food that they wanted. We saw records of weekly reports that care workers had to send to the registered manager which also highlighted the support that people received. This showed that care workers had read and understood the care plan and were familiar with the dietary requirements of the people they supported. One person who was at risk of choking during mealtimes was supervised during every meal to make sure they were safe when eating. We saw records in the weekly report

of how they were supported during mealtimes and if there had been any concerns. There was also information within the care plan about which foods were suitable and what was the best posture for the person to be in whilst eating to minimise any risks of choking.

Care workers told us that they helped people manage their health and well-being and would always contact the office if they had any concerns about the person's healthcare needs during a shift. One care worker told us that they recently had concerns for a person's well-being. They told us that they contacted the GP and asked for a home visit. They then informed the office and the next of kin. This was then recorded in the daily log and included in the weekly report sent to the registered manager. Senior staff and care workers also helped to support people attend appointments or make referrals to health care professionals. One care worker told us that they had supported a person to get a wheelchair as they wanted to access the local community. After the assessment had been carried out the person and their relatives were happy with the outcome. One care plan showed evidence of a physiotherapy appointment being made as the care worker had noticed a reduction in the person's mobility. We saw further records of health and social care professionals, such as GPs, district nurses and speech and language therapists, being contacted if care workers had concerns. One health and social care professional said that some of the care workers they had worked with had been very successful with providing care to the people they supported.

Good

Is the service caring?

Our findings

People told us that they were happy with the service provided and that the care workers were kind and caring. Comments from people included, "They always talk to me in a kind way. I'm very happy with the service" and "They're really good. I feel very lucky." Relatives were also positive about the staff and the care provided. One relative said, "They do a fantastic job, I can't fault them at all." Another relative, when talking about a specific care worker said, "She's brilliant, really friendly and a great help to us."

Due to the specific role of the job, people would have a care worker live with them full time for the duration of their contract and be replaced by another care worker when they had a break. If people got on well with their care workers the registered manager would always try to make sure they kept the same care workers to provide a reliable and consistent service. When a care worker had a break they were able to replace them with another care worker and would always try to ensure there was a detailed handover between them. We saw records of some handovers which were very detailed and highlighted important information about caring for that person. One care worker told us they had thorough handovers and on one occasion they visited the person and the care worker the day before when they were starting work with a new person.

As the care workers spent a lot of time with people, they knew the people they were working with and were able to give detailed information about personal histories, interests and medical conditions. One person said, "I'm always talking to the carer, I'm very happy." One care worker told us they supported a person with complex needs. "I did some reading up on the conditions before meeting them and after reading the care plan. I wanted to understand it more so I could help them." Another care worker told us that they had learnt some basic phrases in a person's native language to help communicate with them. We saw in one person's care plan that they had a fall. We noted that their care worker had recorded the accident and completed a body map chart. There were notes in the weekly report and records of emergency services being contacted. We saw the GP had been contacted for a home visit and a falls assessment referral. This showed care workers showed concern for people in a caring manner and responded to their needs in a timely way.

The people and relatives we spoke with confirmed they were involved in making decisions about their care and were able to ask care workers how they wanted to be supported. The registered manager told us they carried out visits to people in their homes and always made sure, where appropriate, a relative or health and social care professional was present with the person. One relative said, "We have been involved from the beginning and they always make sure that they satisfy my [family members] needs." There were detailed instructions in people's care plans about how staff should support people in their daily routines. This included information on how the person would like to be supported with their personal care, any other support that might be required throughout the day and what was important in people's lives. A copy of the care plan was left in the person's home and the registered manager told us they had regular contact to make sure their views were listened to. This was either by telephone or in person, including care coordinators from the regional offices.

One person told us that they felt comfortable when they were receiving personal care. Care workers had a good understanding of the need to ensure they respected people's privacy and dignity, especially as they

were living in their home. We were given many examples of how they supported people, particularly with personal care. One care worker told us they always encouraged the person to be as independent as possible and always gave them choices. Another care worker told us it was important to have the right attitude when respecting people's privacy and dignity. "When I help them with something it's important they know I'm promoting their independence." We saw evidence in care plans that privacy and dignity was discussed during the assessment. One care record highlighted how important it was to be patient with people, and talk with them, especially when they were supporting them using a hoist.

Good

Is the service responsive?

Our findings

People told us they were happy with their care and support and that they felt comfortable talking with the staff. One person told us, "They do all that they can to help me. If I want to go out, they always ask me where I want to go." Another person said, "I know that if I need to, I can always call the manager. They are good like that." Two relatives told us that there had been some problems in the beginning, due to the complex nature of the care package. However both were positive about the support they received and were happy with how initial concerns were dealt with by the registered manager. One relative said, "With the support they provide, I know they meet my [family members] needs and are there to help. I don't have any complaints."

We spoke with the registered manager about the process for accepting new referrals. Two thirds of people that received care from the provider were funded by the local authority whilst the other third were funded privately. Once contact had been made they would schedule a home visit to discuss people's needs and also liaise with the relevant local authority. When people were assessed for their eligibility for care, they would be present at the assessment to discuss with the person and their family what care and support they would be able to provide. They would then discuss their preferences for care workers and start to set up their care folder, with a service user profile and care needs and risk assessments being completed before delivering a service. We saw a copy of the service user agreement guide that was given to people to keep in their home. It set out a detailed overview of what people could expect and highlighted a range of policies and procedures. It was available in a number of formats, including easy read, audio and large print.

Once the contract had been agreed and people wanted to start using the service, the registered manager told us that people and, where necessary their next of kin were always involved in the development of their care plan. One person told us they were asked about decisions involving their care and they were pleased that their family member was present. One relative said, "I regularly speak with the manager and the care staff and am always updated with anything that goes on." We saw records within a care plan where a recent review had taken place and both the person and relative had been involved. The registered manager told us potential care worker profiles would be sent to people if requested or an arranged telephone introduction call was set up if the care worker was unable to meet the person beforehand. Relatives told us how important it was to match care workers to their family members due to the nature of the live-in role. People were contacted on a regular basis during the first three months of service with either telephone calls or home visits, depending on the needs of the person. If care workers had any concerns about the person the registered manager or a regional care coordinator would make contact to see if people's needs were being met. Care workers confirmed this and told us that if concerns were raised a senior member of staff would come out for a visit.

The service was reviewed every six months but if there were any significant changes in people's needs the review was brought forward. We saw records within people's care plans that when concerns had been highlighted, action had been taken. In one person's care plan we saw evidence that a care worker had highlighted their concerns that the person required more support and was struggling to manage alone. After a review, with a family member present, there was an agreement for another care worker to support the person at specific times of the day and also to cover when the care worker took an allotted break. There was

also evidence that staff had spoken with the GP and district nurse to make them aware of the person's change in care needs.

Care plans were detailed and easy to understand. Care workers felt there was sufficient information included which helped them with their job. Each care plan contained a service user profile which had details about the person which included information such as next of kin contact, their GP or other health and social care professionals, a brief case history including current health conditions and their level of communication. One part of the care plan also had information on how to promote people's independence. Care plans also had other relevant information, such as daily logs, medicine records, expenditure records and weekly reports. In some people's care plans there were food balance charts, fluid intake charts and turning charts, all dependent upon the needs of the person. A copy was kept in people's homes along with the daily logs which care workers filled out during their visit. Care workers recorded what care and support they had carried out including what medicines had been taken and what food had been prepared.

It was important for handovers to be detailed for when care workers were going off for a break and another care worker was taking over. When a care worker had a break they were able to replace them with another care worker and the registered manager told us they would always try to ensure there was a detailed handover between them. We saw records of some handovers which were very detailed and highlighted important information about caring for that person. One care worker told us they had thorough handovers and on one occasion they visited the person and the care worker the day before when they were starting work with a new person. Six care workers told us they felt the handovers were sufficient enough and we saw detailed handover notes that had been completed by a care worker before going on holiday. It gave a detailed overview of the person and included information such as their general health and well-being, recent food and fluid intake and skin care. However two care workers we spoke with felt there were occasions when not enough time was given so they weren't detailed enough and hadn't been fully updated about the person's recent care needs. Two relatives also commented that they had experienced problems with care worker handovers in the past however after speaking with the registered manager it had improved.

There was evidence that the provider listened to people's preferences with regard to how they wanted staff to support them. Each care plan had information about people's routines, health needs and the tasks that had to be completed. This was recorded within people's daily log sheets and also in a weekly report that was sent to the registered manager. We saw records of this either via email or hand written notes that had been collected or sent to the main office. One person highlighted how they wanted to have a bath at a particular time of the day. We saw information within the care plan which highlighted this, including information for care workers on how to support them due to their mobility issues. This was also recorded in the daily logs. Another person had expressed that they liked to attend church and visit the pub on a weekly basis. We spoke with the care worker who told us about these activities and how important it was to the person. This showed that staff actively listened to people and tried to accommodate their needs. One relative said, "They do listen and try to accommodate everything that is possible and try to help out."

People and their relatives said they were happy with the service and would feel comfortable if they had to raise a concern. Comments included, "I've never had any problems at all but I know I can call them if I do" and "I do have the number if I need to talk to them but haven't had to." One relative told us initially they weren't happy with how an incident was dealt with however after further investigation it had improved and they were happy with how the issue was resolved.

There was an accessible complaints procedure in place and staff told us that they actively encouraged people and their relatives to let them know if they had any concerns. One care worker said, "I always ask them if they have any concerns. It's important to build up a level of trust with them." We looked through

records of previous complaints and saw they were dealt with in line with their complaints procedure. The registered manager told us that depending on the complaint, they would always carry out a spot check and contact the local authority if required. We saw records of a complaint where the person wasn't happy with the care worker. We saw that the care worker was replaced straight away as they were able to use a care worker from a regional office until a live-in care worker was found. They contacted the local authority on the same day and met with the person who made the complaint. They responded formally within their stated timeframe and the person was happy with the outcome. We spoke with a care coordinator from a regional office who told us that if they received any concerns they would send somebody out straight away. We saw minutes of managers meetings where complaints were discussed including how they could learn from them.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Care Quality Commission (CQC) since November 2015. She was present on both days we visited the office and assisted with the inspection, along with the care director who was visiting the office on the first day of the inspection.

The registered provider is required by law to notify the Care Quality Commission (CQC) of important events which occur within the service. We saw records during our inspection about two significant incidents which should have been reported to us which had not been. These were safeguarding concerns that were raised in relation to medicines and an incident that was reported to the police.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We have requested that in future all notifications are sent to us in a timely fashion so that, where needed, action can be taken.

People using the service and their relatives told us they felt supported and were happy with the way the service was managed. People thought well of the registered manager and felt comfortable making contact if they needed to. One person told us, "On a whole it is very good and I know that I can call the manager if there are any problems." Comments from relatives included, "I can't say a bad word about them. I'm always updated and they are very responsive. They've really helped us" and "The manager is very effective and always does her best to help us out." Health and social care professionals told us the registered manager was always very helpful and had regular contact about the people they were supporting.

Care workers told us they were well supported by the registered manager and had positive comments about the management of the service. They said if they had any problems they could either contact the regional office where they were located or the registered manager. One care worker told us, "She [the registered manager] is a remarkable woman. She works very hard and is 100% supportive. I enjoy working here as they are very accommodating." Another care worker told us that they were very organised and their concerns would always be listened to. Care workers told us that they felt supported by their regional offices but some offices provided more support than others, including during the start of a care workers employment. For example, two care workers felt the induction was rushed and said they needed more guidance at the start of their contract.

The registered manager told us they felt supported by senior management and was confident contacting them if she needed extra support. She told us that she discussed the need for more support in managing the live in care service Senior management had agreed to recruit a care coordinator to support the registered manager and interviews had been arranged for the same week of our inspection. This would enable her more time to carry out supervisions and spot checks and meet with people in their homes.

The registered manager told us that she wanted to create an open and honest environment for staff and wanted staff to know they could rely on her if there were any problems. Care workers knew about the

whistle-blowing policy and felt confident that concerns would be dealt with. One care worker told us that the registered manager had actively listened to their concerns and resolved the situation straight away, which was very important to them.

The service carried out quality assurance surveys every six months and these were either sent out to people or carried out during their reviews. We saw some completed surveys in people's files which showed people were happy with the care they received. The survey focused on quality of care and covered areas such as showing respect, keeping people safe, listening and responding to concerns and following correct procedures. The care director told us that the positive and negative information was analysed and that action plans were created. Results were sent to people and any negative information would be reviewed with the aim to resolve it within 12 weeks.

There were internal auditing and monitoring processes in place to assess and monitor the quality of service provided. Specific audits, such as staff training and supervision, daily logs and medicines were completed at regular intervals. For example, the regional offices collected the daily records on a monthly basis and sent them to the registered office. We also saw samples of medicine administration record (MAR) sheets which had been checked for errors on a monthly basis. Where errors had been highlighted, we saw evidence in weekly reports or supervision records that it had been documented and the registered manager would arrange for further supervisions or a spot check to make sure people were safe receiving their medicines. The registered manager told us they had management meetings every four months with the care director and care coordinators from the regional offices. We saw the minutes from the most recent meeting where the registered manager was able to discuss the live in care service, give updates on people, recruitment issues, complex cases and reviews.

All accidents and incidents were recorded on a separate form and placed in people's files. We saw evidence that when an incident or accident had been recorded, it had been followed up and plans put in place to minimise the risk of it happening again. It had also been recorded in the weekly report and relevant health and social care professionals were notified.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered provider had not notified the Commission without delay about serious incidents in relation to service users. Regulation 18 (1), (2) (e)