Budden Care Ltd

My Homecare Crowborough

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 between 24 and 30 January 2018. The agency provided 36 people with a domiciliary service, for approximately 347 hours a week. Domiciliary care is a service where people are provided with personal care in their own homes. Many of the people were older persons, some people also lived with long-term medical conditions. People received a range of different support. Some people needed frequent visits, including visits several times a day, this could include two members of staff and the use of equipment to support their mobility. Some people needed support with medicines and meals preparation. Services were provided to people who lived in the East Sussex town of Crowborough and the surrounding villages.

The service had a registered manager in post. A registered manager is a person who has been 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. The provider for the agency is Budden Care Ltd, this is their only registered service. The service is provided as part of a franchise for My Homecare Limited, a national provider of care.

This was the service's first inspection since it was registered in February 2017. At this inspection, the service was rated as Good, with Requires Improvement under well-led.

Issues relating to the appropriate timing of visits to people, including travel time for staff between calls were identified. A phone app, used by staff and linked to the service's computer system was in the process of being introduced which would enable analysis of such matters. Once these systems were fully operational, management would be able to review relevant information and identify areas for service improvement. There were also some issues relating to recording of certain information about people's care needs. Some issues had been identified and improvements were being progressed. Other information would be improved once the phone app was fully operational and used by all staff.

People were safeguarded against risk, including risk of abuse. The registered manager performed a full assessment of people's needs before they agreed to provide them with a service. People had relevant risk assessments completed. Where risk was identified care plans, which were regularly reviewed, were put in place to reduce risk. Staff knew about how to ensure people's safety, including safety from risk of abuse. Where people used equipment, staff used it safely.

Where people needed support with medicines, this was done in a safe way. Staff completed relevant records about supporting people with medicines. These were regularly reviewed by management. Where people needed support to eat and drink, people had care plans, which staff followed, so their needs were met.

Staff understood the principals of prevention of risk of infection. Staff said they had ample supplies of items such as disposable gloves. Staff followed the provider's policies and procedures when they were with people

in their own homes.

There were enough staff to ensure people did not experience missed or shortened visits. Staff had been recruited in a safe way to ensure new members of staff were safe to support people.

Staff were supported by the agency so they had the skills they needed to meet their individual needs. This was through the provider's ongoing induction and training programmes. The performance of staff was also regularly monitored, including when they worked with people in their own homes.

People were supported with accessing relevant external professionals, including their GPs and district nurses. People told us the agency supported them appropriately when they needed additional support, including in the event of an emergency.

Staff understood the importance of gaining people's consent to care. Where relevant, people had mental capacity assessments completed, and best interests meetings were recorded.

People commented on the kindness, compassion and respect they received from staff. They also said staff encouraged them in remaining as independent as they wished to be. Staff supported people and their relatives in a kindly and supportive way. Staff clearly knew people as individuals, taking their preferences into account when providing care.

People told us they received a responsive service from staff, who knew them well. Staff told us people's care plans informed them of how each person wanted to have their individual needs met. Care plans about people's personal care needs were clear and up-dated when people's needs changed.

People said they felt confident if they raised complaints or concerns, these would be responded to. Records showed the registered manager followed the provider's complaints policy.

People commented positively on the management of the agency. Staff told us about the agency's positive culture. Managers were keen to make improvements and ensure people's needs were met. The provider had a system for regular audit of the service provided. If matters were identified, action was taken to address 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.

People were protected from risk of abuse.

People had assessments for risk and appropriate action taken to reduce any risks.

People were supported with taking their medicines in a safe way.

People's risk of infection was reduced by staff who supported them appropriately.

There were enough staff, who had been safely recruited, to support people.

Is the service effective?

Good

The service was effective.

Relevant assessments of people's individual needs were completed.

Staff had the skills and experience to meet people's needs. They were appropriately supported through both training and supervision.

People were supported to eat and drink in the way they wanted and needed.

People were supported to consent to care by staff who understood about the importance of the Mental Capacity Act (MCA) 2005.

There were established links with external providers to ensure people's health care and other needs were met.

Is the service caring?

Good

The service was caring.

People were supported by kindly, caring staff who knew their

individual needs well.

People's independence was supported and their dignity ensured.

People and relevant others, such as their relatives, were involved in making decisions about how their care needs were to be met.

Is the service responsive?

Good

The service was responsive.

People were responded to appropriately and they received continuity of care from staff.

People had individualised care plans, which set out how their individual needs were to be met. These were followed by staff.

People felt able to raise concerns and complaints. Where people did raise issues, the service's complaints policy was followed.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had not yet taken action in areas relating to timings of people's visit and certain records. These matters had been identified and the provider was developing systems for improvement.

People said agency was well-led in other areas.

Staff commented on the positive culture of the agency.

There were regular audits of service provision to ensure the quality of service provided. Where issues were identified during audit, action plans were developed to ensure improvements were made.

My Homecare Crowborough

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.

This comprehensive inspection took place between 24 and 30 January 2018. It involved visits to the agency's office, visits to people in their own homes, telephone interviews with people and/or their relatives and conversations with staff. The service was given two hours' notice of the inspection because it provides a domiciliary care service and we needed to ensure that staff were available in the office to be able to conduct the inspection. The inspection was undertaken by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the agency. This enabled us to ensure we were addressing any potential areas of concern. The provider had sent us an information return (PIR) in which they outlined how they ensured they were meeting people's needs and their plans for the next 12 months. As part of the inspection, we reviewed the PIR and other information about the service, including safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority to receive their comments.

We met with three people who received a service in their own homes and two of their relatives. We received comments from 11 people, eight people's relatives and one professional. We spoke with eight staff, the care co-ordinator, deputy manager, registered manager and provider. We reviewed eight people's records, including the three people we met with.

During the inspection we reviewed other records. These included six staff recruitment records, training and supervision records, medicines records, the rota of visits to people, risk assessments, quality audits and policies and procedures.

Good

Is the service safe?

Our findings

The agency had systems, processes and practices to safeguard people from risk of abuse. A person's relative told us the agency had raised a safeguarding alert on behalf of their relative in relation to a third party. They told us the agency had been, "Very supportive" to both themselves and their relative when they did this. All of the staff knew about, and could describe to us, factors which might indicate a person was at risk of abuse. They also knew what actions to take if a person raised concerns of abuse with them. One member of staff told us, "I would report it to a senior" and another, "Yes I know the procedure." A care coordinator told us if a member of staff told them about concerns about a person being at risk of abuse, "I'd always deal with it using our procedure and would not make judgements." The agency's records showed they had raised alerts in support of people with the Local Authority when relevant. All staff knew about the whistleblowing policy. One member of staff told us if they felt the registered manager had not acted appropriately, "I'd always go to the boss" (meaning the provider) and another said they would alert CQC.

Staff said if they went to a person's home and were unable to gain access, they were aware this might indicate risk for the person. They would first fully check the person's home, for example look through windows to see if the person had fallen and not be able to get to the door. They said they would not just assume the person had gone out. They would also always inform the office of what had happened. The registered manager told us they had experience of needing to alert emergency services in the past, including the police, where they had not been able to gain access to a person's home, so they could ensure the person who was not responding to a call was safe. The agency's policy on this matter had recently been revised to reflect latest guidelines.

Risks to people were assessed and their safety monitored and managed so they were supported to stay safe. All people had an environmental risk assessments completed. These were detailed and outlined assessments of the entrances and exits to people's homes and also included individual assessments of all the rooms the person used. Any hazards were outlined, including how staff were to ensure people's safety. For example one person's care plan documented before a member of staff moved them in their wheelchair, they were to ensure their passageways were clear of all obstructions. When we visited a person, a member of staff was very aware of risks to the person from having a cold room. They checked the person's wall-thermometer carefully to ensure the room temperature was safe before they started giving the person personal care. Some of the people were assessed as being at risk of falling. Where a person fell, even if care staff were not with the person when this happened, the fall was logged on the agency's computer system. This meant the agency could identify people whose risk was changing to enable the agency to liaise with relevant supports for the person.

Some people used equipment to help them move, including mobile and ceiling hoists. People's risk assessments documented that these hoists were regularly serviced to ensure the safety of both people and staff. When we visited a person, a member of staff carefully adjusted the height of their mobile hoist when they supported them to sit in their chair, so both the person and they were safe. Staff checked with each other and the person throughout the time they were using the hoist to ensure everyone's safety. This included checking that the person's head, arms and legs were safe while the person was being moved.

All staff were very aware of the risks of pressure damage for people. When we visited people, the care worker carefully checked the person's previous visit notes, when they saw a reddened area had been documented for the person, they acted appropriately to ensure the person's safety. This included applying prescribed skin creams and documenting what they saw when they visited. All people who had skin damage had a body chart completed, including what had been observed and the date it was first observed. The registered manager was fully aware of the risk of pressure damage to people. When we inspected, she was discussing with her deputy risk of pressure damage for a person who had been referred to them for care. This included additional equipment which would be needed before they would accept the care package, because they wanted to ensure the person's safety from risk of pressure damage.

The agency made sure there were sufficient numbers of suitable staff to support people to stay safe and to meet their needs. People, their relatives and staff told us there were enough staff employed to meet their needs. One person's relative told us, "They've enough staff and they're not rushed." The care coordinator told us there were enough staff to ensure visits continued to take place during unplanned absences like sickness. They told us they could also undertake visits if necessary, but they only needed to do this infrequently because there were enough staff employed. The registered manager told us they did not take on new care packages unless they had enough staff to ensure they could meet people's needs.

There were clear systems for the safe recruitment of staff. This included review of prospective members of staff's past working history, proof of identity, and Disclosure and Barring Service (DBS) checks. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable adults. This ensured that only suitable people worked at the agency. We looked at recruitment records and saw the agency was following its procedures, for example one member of staff showed gaps in their past employment record. This had been probed and the gaps satisfactorily explained.

The provider ensured people were supported to take their medicines in a safe way. One person told us, "I have to take so many tablets it's muddling, they sort it out for me and it's all safely done." A person's relative told us their relative was prescribed, "Lots of tablets and they are brilliant, they take their time to make sure they take each tablet." We watched a member of staff supporting two different people with their medicines. On each occasion they read the medicines administration record (MAR) carefully, watched to see the person had swallowed their medicines safely and did not sign the MAR until they were satisfied the person had swallowed their medicine. The member of staff knew in detail about both people's prescribed medicines, including relevant side-effects. One person had been prescribed painkillers on an 'as required' basis. The member of staff asked the person if they wanted a painkiller and carefully listened to their response. Staff also reported relevant matters of concern about people's medicines. While we were in the office, a member of staff phoned in because they had identified a person had not been taking their medicines and they were seeking advice about this.

Most staff said the instructions about supporting people with their medicines were clear, however a few said some instructions about prescribed skin creams were not clear. We looked at people's MARs and care plans and saw while the majority had clear instructions about supporting people with their prescribed medicines, on two occasions, instructions about supporting people with prescribed skin creams did not state where the skin cream was to be applied to the person's body. The registered manager told us this could happen where people were prescribed skin creams before MARs were returned to the office for audit. They would in future ask all staff to inform them about all newly prescribed skin creams, so the matter could be rectified more promptly. The care-coordinator showed us how they reviewed people's MARs when they were returned to the office and described their clear policy for following up with the member of staff involved where they had not signed the MAR. Records showed an occasion where a medicines error had been identified. The matter had been appropriately followed up by the agency, including reporting the issue to the Local Authority, to

ensure the person was safeguarded.

People were protected by the agency's systems for prevention and control of infection. People said staff ensured general principals of cleanliness and hygiene were routinely followed. One person told us, "They always wear gloves and dispose to things safely and make sure everything is cleaned after too," another, "They're very fussy about wearing gloves." We observed staff always wore gloves and plastic aprons when supporting people with their personal care. They changed their gloves when relevant, including when they supported people with taking their medicines and preparing any food and snacks. Staff disposed of such items safely. Staff told us there was a stock of gloves and aprons in the office and there was a good supply of these. The agency had an infection control policy from the franchisor. We discussed with the manager that it referred to 'local procedures' in relation to disposal of items. Because local procedures could vary across the country and within counties, it might clarify matters if they outlined what the local procedures were in their area to ensure all staff were aware of these local responsibilities.

The agency learned lessons and made improvements when issues were identified. A person's relative had raised concerns about a particular member of staff's performance. Records showed this was taken seriously and the agency had worked within its disciplinary procedures to ensure lessons were learnt. This meant the person and others were not placed at risk in the future. Some of the newer members of staff who had not worked in care before, had raised issues about their knowledge of supporting people with their medicines. This was because they did not have previous knowledge or experience of some of the medicines they supported people with. The agency had identified this as a potential risk and was in the process of setting up training programmes to support staff who were new to care who felt they needed additional support in relation to people's prescribed medicines.

Good

Is the service effective?

Our findings

People's needs and choices were assessed before a care package was offered, to ensure an effective outcome for them. One person's relative described how the registered manager had met with them and their relative in their relative's home for an assessment of the person's needs, before the agency confirmed they were able to provide their relative with a care package. During the inspection, the registered manager and care coordinator discussed a prospective new client. They agreed they could not assess if they could meet the person's needs until they had found out more, including the extent of the person's difficulty with mobility, if their bedroom was suitable for staff to support them in a safe way and if any relevant equipment had been provided, such as a hospital bed. The registered manager confirmed they, "Always go to see someone before we offer support." They told us this could include meeting with the person in hospital if relevant. They said they would not offer a support package unless they had assessed the agency were able to provide the person with effective care. A member of staff confirmed they never undertook the first assessment of a person, this was always done by the registered manager, her deputy or the care coordinator.

The agency made sure staff had the skills, knowledge and experience to deliver effective care and support. Many people told us staff were trained to meet their needs. One person told us, "Oh yes' they're trained" and a person's relative told us, "Yes I do think they're trained." Nearly all staff were positive about their induction. One member of staff told us their induction was, "Quite good, we went over quite a lot" and another that their induction, "Definitely fitted" their role. All staff shadowed more experienced staff when they started working for the agency. One member of staff told us shadowing a more experienced member of staff, "Made me feel comfortable," this was because they had not worked in care before, and another said it, "Helped prepare me for the clients." Staff were aware of how to support people who had specific needs. For example, staff knew about how to support people who had continence care needs, including the use of aids. One of the members of staff told us about their dementia care training and how it had helped them understand more about how to support people who were living with the condition. Staff had a good understanding of people's equality, diversity and human rights gained through their training. For example one member of staff was very aware of the difficulties experienced by disabled people living in a rural community with accessing services they needed.

Staff said they received regular supervision. One member of staff told us, "I can bring things up at supervision" and another said they received supervision but could also, "Approach my manager and mention concerns to them any time." Staff also had spot checks on their performance in people's homes, when they were providing care. These were unannounced. A member of staff told us, "We get loads of spot checks, that's fine." Another member of staff told us they were impressed by the way their manager checked the views of the person they were caring for to find out their opinion, not only watch what they were doing, which they said provided a, "Rounded view." The agency had only been in operation for a year, so only staff who had been in post for the longest were becoming due for refresher training. The registered manager told us the franchisor provided on-line refresher training but they were also considering other options to suit their own staff. The registered manager had a training, supervision and spot check plan. This enabled them to see at a glance when staff would be coming due for training such as first aid, who had received

supervision and spot checks, and who were due. We discussed with the registered manager that while staff told us they had been trained in areas such as supporting people who used catheters, this was not documented.
People who needed assistance with eating and drinking received the support they needed. One person told us, "They make my breakfast and do a nice cup of tea," and another, "They check I am eating, I've a very poor appetite." One person's relative told us, "I can't fault what the carers do about meals" and another, "They know how much they like to eat and do not put them off eating by putting their meal on too large a plate." When we visited a person who was not able to eat their meal independently, the member of staff supported them appropriately. They helped the person to take small bites of the sandwich their relative had prepared for them and checked they had safely swallowed each mouthful, before they offered them more. This was done in an unobtrusive, respectful way. We visited a person who was living with dementia. The member of staff asked them if they had eaten their meal. The person said they thought they had. The member of staff politely said they would check and identified that the person had not eaten their meal. When the member of staff gave the person their meal, the person ate their meal hungrily, and with enjoyment. Before they left the person, they also made sure they had enough drinks to hand, until their next visit.

Staff wrote down what each person had eaten and drunk. A member of staff told us some people were unable to support themselves independently or might not remember what they had eaten. They said writing down what a person had eaten and drunk was important, so the next member of staff or family member would know how much the person had eaten and drunk and enable them to support the person effectively. While we were in the office, a member of staff phoned in to discuss what actions they needed to take because a person they were caring for was finding a difficulty in eating and they were concerned for their general well-being.

Staff worked effectively with each other and across organisations, including healthcare services, to support people. People told us staff supported them with contacting their GP when needed. One person told us, "They've been very good and sorted things out for me when I've been ill" and another, "If something needs attention they do contact my GP for me." A person told us they lived with a specific medical need and described how the agency had found out more information about it, including taking photos, so they and the staff knew what to do. Relatives also described how the agency effectively supported people. One person's relative told us, "They recently found something, they brought it to our attention so we could get the GP involved," another, "They report any changes in medical care to me" and another, "Slightest little thing they call me and we decide the best course of action."

One person told us how they had become very ill and described how staff had needed to call an ambulance for them. They said how supportive staff had been, staying with them until the ambulance came and making sure their relative was contacted. All of the staff knew the actions they needed to take should a person be very ill when they visited. Staff also said they would write a report of what had happened, as well as contacting their office and people's relatives.

The agency worked with other professionals. When we visited a person, a member of staff told us they had identified that the person's chair no longer suited their current needs. They told us occupational therapy support had been requested and the person had a new chair on order, which was to be delivered shortly. Several people needed support with equipment such as catheters and stomas. Staff told us about how they liaised with district nurses where a person needed additional medical support. This included timing one visit a week to coincide with a district nurses' visit so the person could be more effectively supported. One member of staff described their, "Really good relationship with the district nurse." The registered manager told us a meeting had been set up with the local authority to further explore how information could be more

effectively shared when plans were being made for discharge from hospital for a person who already had a care package.

Consent to care was sought in line with legislation and guidance. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the agency was working within the principles of the MCA.

When we visited people, care workers always sought their permission to support them, this included asking them if they could come in to their house or room. They asked people if they were ready for personal care and explained how they going to help them. They also sought their consent for the use of any equipment. One of the people used bed rails for their safety. Their records showed the use of this equipment and the fact that the rails had the potential to act as a restraint had been discussed with the person and their relatives and all relevant parties had been involved in making the decision about their use. Several people had their medicines stored in locked containers. Where this was the case, a mental capacity assessment had been completed and a best interests meeting documented to ensure that the decision taken was the least restrictive for the person and in their best interests.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and respect. A person told us, "They help all they can," another, "Oh yes they're nice and friendly" and another person laughed and winked at us, saying warmly, "Yes, they do know me." These comments were supported by people's relatives. One person's relative told us, "They're so pleasant to her" and another told us staff were, "Always polite, and on time." One person's relative told us their relative had not wanted to receive a service at first but because of the manner of staff towards them, they now accepted the help they needed. When we visited people, staff were consistently polite and friendly towards people. One person had limited verbal communication. The member of staff supporting them used lots of eye contact and smiles, speaking to them in a friendly and kindly manner.

People told us they were emotionally supported and treated with compassion. One person told us, "They're all very nice, I'm so pleased with the care." Another person told us they appreciated the way staff understood what was important to them. They told us staff also looked after their pet because their pet was so important to them. Another person told us staff did what they wanted, telling us, "They get so much done that I want doing when they're here." When we visited one person, the member of staff, clearly knew the person well. They chatted and joked with the person, which the person clearly enjoyed. The member of staff also knew about individual matters which were important to a person, including when they were planning to have their hair done next. The member of staff told us it was so important, when caring for a person, to know about the person's life, so they could support them in the way they wanted. The registered manager told us they had involved an advocacy service for one person who had needed additional support with a personal issue. An advocate is someone who can offer support to enable a person to express their views, access information and advice, explore choices and promote their rights.

People told us they were actively involved in making decisions about their care and staff supported them in remaining as independent as they wanted to be. One person told us, "They do a good job, I like to do as much for myself as I can and they respect that," another, "If I need anything different, they do it" and another, "I tell each carer what I want them to do and they do what I ask." One person's relative told us, "They don't do anything without asking him first." When we visited one person both members of staff introduced themselves to the person before offering support and they also asked them how they wanted be helped that day.

People's relatives told us they were also supported by staff. One person's relative told us, "They're helpers and they help me too." When we visited a person, staff started by politely asking the person's relative how the person had been since their last visit, before they started providing care. The person's relative told us they really appreciated the way all staff always did this. For another person, the member of staff told us their relative wanted to be involved in caring for their relative as much as they could, so they made sure they were supported in doing this.

People told us staff asked their permission before they supported them. A person's relative told us, "I like the way they always ask permission." When we visited people, staff asked people's permission before they started providing care. We observed a person who needed supporting to move using a hoist, the two staff

explained what they were doing throughout the time they were supporting them. When they finished supporting the person using the hoist, they checked with them that they were comfortable. With another person, staff were very respectful of the person's own home environment, making sure they left the person's home as they wanted it to be. A member of staff told us they knew that people's, "Active involvement in care and decision-making" was a key area.

People told us staff supported their privacy and dignity. One person told us they did not like to be hurried and they appreciated there was, "No rush with anything they do." One person's relative told us staff were, "Very professional" about their loved one's privacy and dignity. When we visited one person, the member of staff checked the person's curtain was drawn before they provided them with care. Another person used a catheter bag. The member of staff ensured their bag was placed discretely under their clothing and was not visible to anyone coming into their home.

Staff were very aware the agency provided a service in a rural area, where ensuring confidentiality could be complex. The registered manager told us confidentiality was an area they needed to, "Keep an eye on, because people knew each other and they tend to keep on asking staff about the people they were caring for." All of the staff told us of strategies they used to protect people's privacy, for example if they were asked personal questions by a person's neighbour. They stressed the importance of always remaining polite to external people, while not telling them about how the person was. Staff told us where personal information about people needed to be sent to them via the agency's app, the app was fully password-protected so no-one else could gain access.

Good

Is the service responsive?

Our findings

People told us the agency was responsive to their needs. They said they appreciated receiving continuity of care from the same group of staff. One person told us, "We have more or less the same people every time." One person's relative told us, "We have the same group of staff." Staff echoed these comments. One member of staff told us they had worked for the agency for ten months and had the same group of people to provide support to throughout this time. Other staff told us that on occasion, due to sickness amongst staff, they needed to provide care to different people, but this did not happen often. One member of staff told us, "Continuity of care is pretty solid".

People told us they had a care plan, which had been agreed with them. One person told us, "All staff follow my care plan." One person's relative told us, "Their care plan was agreed with them before we started." Another person's relative told us, "Yes we've got a care plan and they keep to it." People also told us their care plans were regularly reviewed and up-dated if necessary. One person told us, "They review my care plan every three months and they do listen." One person's relative told us, "They come out every three months and go through with them to check if changes are needed." Staff told us people's care plans enabled them to provide the care people wanted. One member of staff told us each person's care plan, "Tells me everything I need to know" and another, "Everyone has a care plan, it tells you what to do."

Care plans about people's personal care were detailed, outlining how each person needed and wanted to be supported; they included practical details where relevant. For example, one person had a care plan about having a wet shave. The care plan described how the person wanted to be supported and included hazards staff needed to take into account when giving the person a shave in the way they wanted. Another person had a clear care plan about how they were to be supported with their personal care. This included when the person's hoist battery was to be put on charge so their mobility needs could be supported in the way they wanted. We saw staff consistently checked people's notes before they started providing them with care so they could take any relevant matters from the person's previous visits into account before they started supporting the person. When they had finished providing people with care, staff completed records to outline what care they had given to the person. Where two members of staff were providing care to a person, they always checked with each other, to ensure all relevant matters had been included in the report.

Some of the people who were provided with a service had care needs relating to equipment such as catheters or stomas. All of the staff said they had been trained by a more senior member of staff and felt because of this training they were confident they could provide people with the support they needed. What staff told us showed they had a clear understanding of how they were to appropriately support such people. Where people had care needs relating to such equipment, some care plans were not clear and would not outline to a person unfamiliar with the person's specific needs how they needed to be supported. The registered manager showed us they had already identified this matter during an audit. They had designed new care plans relating to such areas and were introducing them, to ensure all staff had clear information on how people needed and wanted to be supported with such equipment.

The registered manager was aware of the diverse needs of people in the community they served. They described a specific faith community in their locality. They told us how they had worked with this community, and other relevant professionals, to ensure people in the community received the care they needed, in the way they wanted. The franchisor had recently up-dated its policy on Accessible Information Standards (AI).The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager was aware of their responsibilities under AI standards. They told us about a person who had complex visual needs and how they had supported them with this. They told us for people who were living with dementia, they tended to work with their relatives so they could explain relevant information to the person in the way that suited them best.

People told us they felt they could raise issues of concern to them and bring up complaints. One person told us, "I've complained about one issue and it was sorted at once." A person's relative told us, "If I've concerns, I tell the office" and, "Yes they do take action." A person's relative told us, "One time the carers were running late, I was not told. I told the manager, it was looked into and I received an apology." One person's relative told us they felt safe to make complaints to the manager and they appreciated the way they were able to do this, because with a previous care provider, they hadn't felt safe to raise issues or complaints.

We looked at the provider's complaints records. Relevant matters were documented, including verbal complaints. In one complaint record, an issue had been raised by the person's relative about one member of staff who was not following the agency's policies and procedures. The registered manager had taken relevant action about this within the provider's policies and procedures. Another complaint related to a member of staff and how they supported the person with their medicines. Again it was clear action had been taken by the registered manager within the provider's policies and procedures. If matters were identified, improvements were made. For example more than one person had raised issues about the reliability of the messaging service on the out-of-hours answerphone. This had been addressed and the out-of-hours phone now logged all messages left on it.

The registered manager told us they had in the past provided a service to people at the end of their lives. No-one currently needed this type of care. The registered manager told us when they had provided end of life care in the past, a key area had been liaising with the person's relatives and other professionals involved, particularly the district nurses. They said they were aware people might need a flexible service at the end of their lives and in the past, some members of staff had been happy to provide a flexible care service during this key area in a person's life.

Requires Improvement

Is the service well-led?

Our findings

We received mixed comments about if the service was well-led. Some people raised issues about staff not coming to their home at the time they were expected, but others did not. For example one person told us, "They have been over half an hour late at times," and another, "They come too early – very irritating." This was not echoed by other people. One person told us, "They're never delayed" and another, "They're always on time." We also received mixed comments about if people were informed when staff would be late. One person told us, "I'm never told if they're late," another, "They usually phone and say what's happening but not always" and another, "If they're going to be late, they always phone." Some people gave us mixed comments about the timings of their visits. One person told us, "Agreed times not always kept to, some visits are too close together, we want a similar time to each visit" another, "Mostly good but one or two problems" and another, "I'm really pleased with them," about the timings of their visits.

We asked staff about these matters. Again we received mixed comments. One member of staff told us, "There are too many calls in the time available," another, "I feel sometimes there's not enough time between calls" and another, "We always get good travel times, I've worked for other agencies and this one is not like them." We asked staff whose responsibility it was to tell people if they were going to be late. We received mixed replies, some staff said they phoned people themselves to let them know, others said they expected the office to do this. When we went out with staff, we noted we were 20 minutes late for one person's visit, this was due to the traffic on the road between the two people we were visiting.

We looked at visit rotas, they were incomplete for a range of visit times, so the extent of the issue for people could not be fully assessed. We asked the registered manager about this. They told us they had introduced an app which staff were meant to use on their phones. The app linked into the computerised roster, so visit times could be monitored and management information obtained about visits. The app was quite new and as yet not all staff were used to using it. They said at present, if issues were raised with them they could take action on individual issues. They were planning, once the app was fully operational, that they would be able to identify wider issues. For example, this would include, if the time taken between certain calls was always longer than anticipated or if this varied day by day. They also said once all staff used the app, they would be able to identify issues relating to visit times and take action even if they had not been noticed by the person receiving the service.

When we looked at rotas, we saw some people had a variance in when they were visited each day. For example one person had over an hour and a half's difference in visit times between different days for their tea-time visit. The registered manager said they had identified this and was in the process of developing more person-centred care plans, because for some people visit times were a key area in their life but for other people timings were less significant. Once they had done this, they would be in a position to plan their rotas of visits more effectively to meet different people's individual needs and preferences.

Some relevant matters were not being documented. Two people told us they had told the member of staff caring for them about the need to change a visit time due to an appointment. Staff told us about the app system which meant they could easily leave messages about changes for people on the computerised rota,

so all relevant staff could be made aware. For example, the rota we were shown had information included about a person who had told the member of staff that they felt sick during a visit and another record related to a person who was showing beginning signs of an infection. Some staff told us not all staff completed the app for such matters or passed it on to the office, so the person's changed need had not been acted upon. The registered manager told us this matter also related to some staff, following training, not yet being confident with the new system in practice. They would be supporting staff in this area to ensure the app was used by all staff, to benefit people and assist in the monitoring of the quality of the service.

People told us, apart from these areas, they received a person-centred, inclusive service which gave them good outcomes. One person told us, "I'm very satisfied with it all," and another, "I feel I can phone them if I need to, not like the firm I had before." People's relatives also made positive comments. One person's relative told us, "I think they're brilliant" and another, "I often phone the office, they're very helpful and always do what I ask." These comments were echoed by staff. One member of staff told us, "The manager knows what's happening and they get on to it at once," another described the registered manager as, "Friendly, approachable, helpful" and another described the provider as, "Very nice."

The service was provided under a franchise from a national provider of care. This company performed regular audits of the quality of the service. Their recent audit had identified some areas for action. This had included that MAR charts and people's daily records had not been regularly returned for audit by the registered manager. The care coordinator showed this had now been actioned and they were currently analysing the records. They said they would take action if any issues were identified which needed attention, this included following up with individual members of staff if they had not correctly completed MAR charts. One issue relating to one member of staff's recruitment file had been identified in the franchisor's audit. This had been acted upon.

People told us they regularly met with a manager and the manager asked them about what they felt about the service they received. One person told us, "This agency is a lot better about that than the agency I was with before." One person's relative told us, "When they come they check if things are right," another, "I can absolutely contact the office and they're supportive." While we were in the office, two people phoned up about matters relating to their care needs, the registered manager listened to them, gave them a clear explanation about the situation and checked back with them that they were happy with what had been agreed.

Staff told us they felt involved and consulted with by the agency. One member of staff told us, "I don't feel like a cog in a wheel here," another, "Any problem, you pop in to the office and ask" and another, "Client care is at the forefront of all our work." While we were in the office, one member of staff came in to discuss how they were to support a person with particularly complex care needs. The discussions with the registered manager were two-way, with the registered manager listening carefully to the member of staff and both coming to a decision together about the most appropriate way to support the person.

The registered manager held regular staff meetings. The last one had taken place in December 2017, among other areas, confidentiality and visit rotas had been discussed. One member of staff told us, "I feel consulted about how the agency works" by the agency's managers, another, "If I need to get something off my chest, I do" and another, "I've no problems bringing things up," during staff meetings.

Staff knew who to go to with issues. As well as the registered manager, the provider was involved in the running of the business on a day-to-day basis. This meant the provider was familiar with issues which might affect people, their relatives and staff. The agency also employed a deputy manager and care-coordinator who people, relatives and staff could also bring issues up with. There was an out-of-hours number for

people and staff to ring when needed. Staff told us they felt safe working alone. They said if they raised any issues about working alone, managers responded. One member of staff described the ethos of the agency as, "Family orientated," another told us, "We're a good team" and another, "We work together well."

The registered manager was experienced in her field. She was used to working with a variety of other agencies, including local hospitals, mental health services, GPs and district nurses. Her deputy and care coordinator knew the locality well and were aware of the types of supports available for people in different areas in the community they supplied a service to. This included which village communities were more isolated and support networks available to people.