Crofton Care Partnership

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 1 November 2016 and was announced. At the previous inspection of this service on 24 September 2014 the service was meeting the regulations for the areas we inspected.

Crofton Care Partnership is a domiciliary care agency. They provide care and support to people, in their own homes, in the Fareham and Gosport area of Hampshire. On the day of the inspection the service provided care and support to 78 adults with a range of needs including those living with dementia and older people. They employed 26 care workers.

There was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was clear leadership and management at this service. The registered manager and general manager were described as fair, easy to talk to and part of the team. They promoted the values of the service and we saw that they led by example. They had met their obligation to notify CQC of any events that affected the running of the service.

There was sufficient staff with appropriate skills and knowledge working at the time of the inspection to meet people's needs. They were recruited safely. We saw that checks of their background had been completed and two references had been obtained to ensure that they were suitable to work with people who may be vulnerable.

Measures had been taken by staff to ensure that the security of people's homes was maintained.

Risk assessments were completed for the environment to ensure the safety of people who used the service and staff.

Risks to people's health were clearly identified. These were recorded in people's records and there was clear guidance for staff about how to manage those risks. People's medicines were managed safely.

Accidents and incidents were recorded and reviewed with appropriate actions taken to prevent any reoccurrence.

Staff received an induction and training which gave them the skills and knowledge required to carry out their role. They were supported through supervision and appraisal. They were clear about their roles.

The service had good links with Hampshire local authority. They attended a provider group with the council where they could share good practice.

The risk of infection was minimised because staff were provided with personal protective equipment such as gloves in order to carry out personal care.

A variety of methods of communication were used to ensure staff received information and were kept up to date. Staff carried their own telephones and the service sent them text message to update them about calls.

Staff were working within the principles of the Mental Capacity Act and sought people's consent before providing any personal care. When staff handled anyone's money it was with their consent or that of the person with lasting power of attorney for finance.

People received support from staff to make sure they received their meals. They had pre-prepared meals which staff heated for them. They made sure that people received drinks when that was required.

Staff were aware of peoples current healthcare needs. If someone required a visit from a GP staff would arrange that for them.

People told us that staff were caring, kind and friendly. We saw that staff were focused on the person and people mattered to them.

People were given information about the service and clear explanations about any care provision. They were involved in decisions about their care. They contributed to their care planning.

The care plans reflected people's current needs with associated risk assessments. They were reviewed every six months unless changes were made before that when they would be reviewed.

Staff took care to maintain people's privacy and dignity.

The service had a policy allowing 15 minutes either side of the planned call time. This allowed for any unplanned events. If staff were late someone else would carry out the call. People told us that staff stayed for the full time booked.

Complaints were dealt with in line with the service policy and procedure. People were encouraged to give feedback and the provider was proactive in asking people for their views.

The general manager was undertaking a research project looking at quality assurance within the service as part of their leadership and management training. There was a quality assurance system in place and the general manager felt that this could be an area which would benefit from further development.

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

This service was safe.

There were systems in place to support the safety and security of people in their own homes. Staff understood how to safeguard people and who to alert when they had concerns.

Risk to people's health and in their environment was clearly identified and where appropriate action taken to support peoples safety. People received their medicines safely. Personal protective equipment was provided for staff to minimise the risk of infection.

Staff were recruited safely and there were sufficient staff to meet people's needs.

Is the service effective?

Good

This service was effective.

Staff had the skills and knowledge required to support people's needs. Staff were supported through induction, training, supervision and appraisal.

Staff were clear about people's current healthcare needs.

The staff worked within the principles of the Mental Capacity Act seeking people's consent before providing any personal care.

Is the service caring?

Good

This service was caring.

People described staff as kind, friendly and caring. People felt that they mattered to staff.

When people received any services they were given information and clear explanations.

Staff took care to protect people's privacy and dignity.

Is the service responsive?

Good

This service is responsive.

People were involved in planning their care. The care plan reflected their needs and preferences and where necessary there were risk assessments in place.

Reviews were completed every six months or more frequently if necessary.

The service dealt with complaints in line with their policy and procedure.

Is the service well-led?

Good

This service was well led.

There was clear leadership and management at this service. There was a registered manager in post as well as a general manager.

The values of the service were embedded into practice through training and supervision. Staff were clear about their roles.

The requirement to notify CQC of events that affected people who used the service or the running of the service had been met.

Crofton Care Partnership

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 inspection took place on 1 November 2016 and was unannounced. The provider was given 48 hours' notice because the location provides a domiciliary care service and may be out during the day; we needed to be sure that someone would be in.

The inspection team was made up of one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at this document, other information we held about the service and statutory notifications made to CQC by the provider to help us with planning the inspection. Statutory notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service.

We sent 44 questionnaires to people who used the service and/ or their relatives, 25 members of staff and five community professionals. We received responses from 19 people who used the service, nine members of staff, five relatives and no community professionals. People were invited to make additional comments about the service which were positive.

We visited the registered office and during the inspection we spoke to the general manager, care supervisor and eight members of staff out of a staff group of 26. We looked at care and support records for four people including a new referral, medicine administration records, policies and procedures and other documents related to the running of the service such as six staff recruitment and training records.

Following the inspection we spoke with five service users and five relatives to gather their feedback about the service. In addition we spoke with a care purchasing officer and a safeguarding officer from Hampshire

local authority.

Good

Is the service safe?

Our findings

People told us that they felt safe being supported by staff from this service. Relatives and professionals we spoke with were in agreement with this. One person we spoke with told us, "Yes I feel very safe" and another said, "Yes I'm safe. If they're going to be a little late they let me know and they help me with my medicines." A third person said, "Yes I certainly am safe. They always come when they say they will come and I have had no calls missed." One relative told us, "I certainly feel my [Relative] is safe."

When care workers visited people in their own homes they sometimes had to gain entry using a key code. This was an identified security risk and so the service had devised a way of sharing the key code with staff in a particular format which would not be recognisable to other people. This meant that the security of people's homes was protected.

The service had an on call system for people to access should they require assistance out of office hours. The telephone number for people to use was in each person's folder in their home and staff had the numbers. The service had a policy allowing 15 minutes each side of the planned call time before considering staff were late. People who used the service were aware of this and told us they accepted this as unexpected things could happen. If a member of staff was very late the person could ring the office and senior staff would check on their whereabouts. If there was a problem one of the senior staff would carry out that call to make sure that no-one was left without a service.

Staff used their own mobile telephones. In order to ensure visits were completed and identify the length of time the member of staff was in someone's home, Hampshire council had a system in place in people's homes. Staff used a free phone number to log in from the clients home when they arrived. Each member of staff had a unique identifying number. They completed their call and followed the same process to log out. This information provided electronic real time evidence of calls carried out directly to Hampshire council. Four clients had chosen not to use this system in their homes and so more traditional methods of recording calls, such as paper records were used for them.

Where it was necessary for staff to handle people's money this was done in line with company policy. People gave their consent and if they were not able to do so the service liaised with the person who had lasting power of attorney for finances. Some people asked care workers to do shopping for them. This meant handling people's money. The registered manager told us that the service never handled people's bank cards. Staff were able to describe the procedure they followed in detail and told us they always telephoned the office before handling people's money. The records kept of any transactions were checked each month during visits by lead co-ordinators.

In order to ensure that suitable staff were recruited the service carried out robust pre-employment checks. We saw that staff completed an application form, attended an interview and had their employment history checked. Each staff record we looked at contained two references and identified that a Disclosure and Barring Service (DBS) check had been carried out. DBS checks provide information about any convictions, cautions, warnings or reprimands and identify whether people are barred from working with certain groups

of people. The registered manager had taken copies of documents such as passports as proof of their identity and these were kept in the staff file. These checks helped the provider make safer recruitment decisions.

We saw that there was sufficient staff to meet the needs of people who used the service at the time of our inspection. Several staff had worked at the service for over 20 years providing a stable core group of experienced staff. The general manager told us they were in the process of recruiting more staff at the time of the inspection. They explained that existing staff worked additional hours if there was a need. In the event of no-one being able to cover any additional hours needed, managers were able to carry out those visits to maintain safety and continuity. When we spoke to people who used the service they told us they had received care from the registered manager on occasions. The local commissioning officer told us that staff recruitment was an on-going issue for providers in the area and confirmed that Crofton Care Partnership would not accept contracts from them unless they could meet people's needs. They said, "They do not overload themselves." The registered manager met with the council for open and frank discussions about recruitment, capacity and how they could be supported.

We saw that all the staff had received training about safeguarding people and could tell us about the types of abuse and who they would alert if they had any concerns. One care worker told us, "If there are any concerns I report to the office" and "I would tell [Name of registered manager] and [Name of general manager] if I was concerned." There were clear policies and procedures in place with a protocol to guide staff. This meant that people could be confident that staff could recognise any signs of abuse and knew how to alert someone. There had been one safeguarding alert made to Hampshire council in the last twelve months but this had been dealt with through the company complaints process.

There was a whistleblowing policy for staff to refer to. Whistleblowing is when a person who is employed by the company reports any wrongdoing. As a whistle-blower you are protected by law. One care worker told us, "I understand what it means to whistle blow and feel that [Name of registered manager] would respect my anonymity as far as possible and deal with the matter professionally."

Staff maintained people's safety by making sure the environment was safe when they visited them at home. A visual check was carried out of equipment and a gas and electrical risk assessment completed in people's homes. During the initial assessment risk assessments of the environment were carried out to maintain the safety of both people who used the service and staff. One care worker told us, "I informed [Name of general manager] about environmental hazards at one person's house. [General manager] immediately raised these with the family and made sure that measures were put in place to protect the person we were looking after and staff." In addition personal protective equipment was provided to staff. We saw staff collecting items such as gloves from the office ensuring they were reducing the risk of infection when carrying out personal care.

Risk assessments were in place in people's care plans when they had specific needs and were reviewed regularly.

Any accidents or incidents were clearly recorded in people's records and care workers completed an incident form which was handed in to the office.

We reviewed how people were supported to take their medicines and saw that this was done safely in line with the service medicines policy and procedure. The level of support required by each person was clearly identified in their care plans. The system for recording the support given to each person had recently changed. Although staff had found the change difficult the new system had identified some pharmacy errors

which may not otherwise have been seen. This had protected people from avoidable medicine errors. We found that people's medicine administration records (MARs) had been accurately maintained. Staff told us that they completed the record for each medicine and used specific codes to identify what action had been taken. For instance one code identified medicine had been administered and another identified that the person was prompted to take their medicine. The staff training matrix and training records we saw confirmed that all staff had completed training in managing medicines. Their supervision records identified when they had been checked for competency in medicine administration. There was a medicines champion employed at the service to support staff in management of medicines.

The service had a business continuity plan in place to be used in the event of an emergency. The plan looked at possible short and long term interruptions to the service and planned for them. There was an alternative base for operations identified if the staff were unable to use the current office. In addition there was a business contingency plan. This identified possible interruptions to the business and the preventative measures in place as well as any action staff needed to take. For example, if the service found that they had insufficient staff to meet their scheduled visits there were plans in place which would enable them to continue to provide a service.

Good

Is the service effective?

Our findings

People told us that staff knew what they were doing and had the skills they needed to carry out their role. One person said, "Carers know what to do" and "I need people with specialist knowledge and the carers are fully aware of the implications of my condition." A relative said, "They appear to know what they are doing" and a second relative said, "They're so good at their job." The person responsible for purchasing services from the provider for Hampshire council told us, "Crofton Care is very good. Once you place work with them it rarely goes wrong."

All new staff received a thorough induction and spent time shadowing more experienced staff. We saw evidence of inductions taking place in peoples files. The general manager explained that the staff were supported by two lead coordinators who also visited staff randomly in people's homes to check what they were doing and to check their competency when administering medicines. Staff confirmed this and one care worker told us, "[Name of lead co-ordinator] visits us in people's homes. She did my supervision only the other day." The lead co-ordinators also carried out a community staff review which looked at areas such as staff appearance, time keeping, communications with clients and how staff completed paperwork. This helped reinforce the expectations of the provider to the staff. Records were completed following these checks recording discussions and action points. Staff told us they had an annual appraisal and we saw appraisal records which looked at their development. This focus on staff development meant that people were receiving services from staff who were well trained and supported.

The provider was proactive in their support of training and development. The general manager had attended train the trainer courses and provided much of the training, together with the registered manager. Where necessary, training was provided by other agencies. We saw from staff records and the training matrix that staff were up to date with all their training. This included health and safety, moving and positioning, food hygiene, safeguarding and mental capacity awareness. In addition 50% of staff had a National Vocational qualification (NVQ) or other qualification in care at level two or above. An NVQ is a work based qualification which recognises the skills and knowledge a person needs to do a job. Two care workers had started to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers use in their daily working life. It is the new minimum standard for care workers and included modules on equality and diversity, dementia and privacy and dignity. Staff had also completed more specific training about dementia, Parkinson's and other conditions which supported their work.

Staff told us and we saw that they were well supported working at this service. We saw the staff supervision matrix in the registered manager's office. This showed that all staff had supervision and/or appraisal meetings with a senior member of staff during 2016. One member of staff said, "I feel well supported. If I don't understand anything I am happy to ask" and "The senior staff are very supportive and approachable." Another member of staff said, "I suppose we are all a family; a professional family. I enjoy working for Crofton." People we spoke with confirmed that senior staff visited their homes to check staff. One person told us, "When senior staff visit they check everything." Another person told us they were asked for feedback when senior staff visited.

The service had good links with their local authority. They were a member of a collaborative of three domiciliary care agencies for commissioning purposes and took part in regular meetings with Hampshire local authority. The service attended regular information sessions led by Hampshire Domiciliary Care Providers who provided updates on best practice in domiciliary care. Best practice is accepted as being the correct or most effective way of working.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. This is a deprivation of liberty (DoLS). When people live in their own homes an application to deprive someone of their liberty is made to the Court of Protection. We checked whether the service was working within the principles of the MCA and saw that they were.

The training records evidenced that all staff had completed training on MCA awareness. This meant that staff had been provided with information to help them to understand the principles of the MCA. When we spoke with staff and asked them about their understanding they were able to explain the principles of the MCA to us and confirmed they had received training recently in this subject.

Staff told us that they asked people for consent before they assisted them with any aspect of their care, such as personal care. People we spoke with confirmed this. One person told us, "They [Staff] are always very careful to ask what I want to happen and they do as I say." One care worker explained, "If I wasn't confident that the person understood what was happening I would seek advice from the family and report to the registered manager." A second care worker described how they sought consent from a person living with dementia. They told us, "I ask if they want the care and they may refuse so I leave them for a while and do something else. I then come back and suggest it again when they usually agree. I use different ways to communicate with them." Some people had key safes and staff had consent to access the key from the person or their representative.

The service communicated with staff via email or text. Rotas had been provided by email with at least two days' notice. We asked whether or not the staff based in the office were helpful when people telephoned them. One person told us,"The office staff are extremely friendly and helpful" and "I have the office telephone number if I need to speak to anyone." The care purchasing officer for Hampshire Council told us, "When I call they are very polite. They appear very well organised and caring during discussions."

People were supported by care workers to eat and drink if they required assistance. Staff told us that the people they visited did not require their meals cooking as they received pre-prepared meals which staff would heat for them. They had been trained in food hygiene and safety so were aware of the principles of safe handling of food. The care plans relating to people's nutrition gave clear details of what support people needed. For one person the care plan stated "I use a beaker with a top on for my water" which gave staff clear instructions about how that person could drink safely.

People who used the service told us they were involved in decisions about their health and welfare. They accessed their own GP when necessary and also had input from other professionals such as the district nurse and chiropodist. Any contact with health care professionals organised by care workers was recorded in people's care plans and staff were aware of people's healthcare needs.

Good

Is the service caring?

Our findings

People told us they were happy with the care and support they received from Crofton Care Partnership. Their comments included, "Staff are very caring. I would say they really cared about me", "They're really lovely", "We have a good laugh with each of them" and "This is the best agency I've come across." One relative told us that," The carer is brilliant with [Relative]. They get on very well" and another said, "They're very good."

Staff told us, "We have a lot of people who live alone and they sometimes run out of essential items such as food. If necessary we will go shopping for people to make sure they have food in the house" and "We carers all work in the same way and are carers that care. We trust each other."

When we spoke with people some said that the same care workers had been coming to provide their care and support for many years. One person said, "We have the same carer all the time" and another said, "We have regular carers. That is nice as it makes it more personal." Some people told us that although they did not always have the same care worker the staff were, "On the whole very good" and "Everyone I've seen I am happy with. They are very friendly and nice."

People gave us positive examples to demonstrate why they believed that staff were caring. We saw very positive comments from the most recent survey of clients on the service website such as, ""I am very fortunate to have such lovely people caring for me" and "Had it not been for the support your colleagues gave us, it would not have been possible for mother to remain at home."

Staff told us that they believed care workers and other staff genuinely cared about the people for whom they provided support. One member of staff said, "I try and treat people as I would want my mum and dad treating." The core values of the service were dignity and respect in care, choice for people, privacy, involvement and maintaining people's independence and these were reflected in the conversations we had with staff and people who used the service.

The registered manager told us in the PIR document that care plans were developed with people who required support and/or their families. People we spoke with told us, "When we had a first assessment I gave them information about myself and told them what I wanted" and a relative said, "The family helped with the care plan. We were very involved."

Written notes and copies of the care plan were kept in people's homes for care workers to refer to. The care workers completed the daily record at each visit. The lead co-ordinators collected the daily notes regularly and these were scanned into the computerised record in the office. The care plans gave a clear picture of the person and their likes, dislikes and preferences. Staff told us that they were given this information prior to visiting people at home. This meant that they had the information they needed to provide care. One care worker told us, "Sometimes this goes wrong and when we arrive things are not as they seem." They told us that they report this to the lead coordinator or registered manager who would arrange for a review of the person's care and for further input from staff if that was necessary.

Where specific issues around communication were identified access for people had been considered. For instance one person had poor eyesight and so the contact numbers in their folder had been printed in large bold font. Another person was deaf. Their relative told us, "She can lip read and so carers are careful regarding his communication. They look at her when speaking and sometimes write things down."

Staff had a sound knowledge of communication techniques to use for people living with dementia. They told us that they supported some people who were living with dementia but able to cope living at home. They explained how they communicated with those people. One care worker said, "I use simple, clear language. I offer one thing but if that is not accepted I will offer a second alternative. For instance if they do not want to accept a wash I might offer to soak their feet. I find that if I talk softly people respond." All of the staff we spoke with were aware of the benefits of using different communication techniques according to what worked for each individual.

People told us that staff encouraged them to be as independent as possible and only assisted them with the things they found difficult or could not achieve. One person told us, "I like to do what I can and they let me" and another said, "They are always very careful to ask if there is anything I prefer to do myself."

Staff considered and respected people's privacy and dignity. One person told us, "They give clear explanations about what they are going to do." Another person said, "When they shower [Relative] they are very discreet." A relative said, "They support [Name of person]'s privacy. They take him to the bedroom and close the door when carrying out personal care. "Staff explained how they would maintain privacy and dignity for people. One care worker gave an example and told us, "I would take the person to the bathroom keeping them covered using towels when washing them. I would ask what they wanted me to do and give them the option of doing whatever they could. I am there to promote independence."

Good

Is the service responsive?

Our findings

People were consistently positive when telling us about how the service responded to their needs. They told us they received person centred care and support. Person centred care is a way of thinking and doing things that sees people as equal partners in planning, developing and monitoring care to make sure it meets their needs.

When a person was referred to the service an initial assessment was carried out by a senior member of staff to ascertain that person's needs. They devised a care plan with the person and completed the 'blue folder'. This was a folder that was kept in people's homes and contained details of the service, contact numbers, copies of the care plan, medicine administration sheets and daily notes. The person carrying out the assessment was qualified to NVQ level 3 and was employed in a senior role by the service as they were considered competent.

People told us that they and/or their relative were involved in developing their care plan and one person said, "I have been involved in planning my care and developing the care plan" and "I have been involved in my husband's care planning but they still asked him things and explained everything." A second relative told us, "[Name of registered manager] came to look at needs and see what we wanted. She involved us both."

People's needs, likes, dislikes and preferences were all recorded and set out in a care plan. Topics covered included maintaining a safe environment, aids, eating / drinking, personal care, staying healthy and support with medicines. There were clear descriptions for staff about how they should meet people's needs within the care plans. Assessment tools had been used to identify if there was any level of risk, such as the Waterlow assessment tool in respect of skin care. When risks had been identified, there were appropriate risk assessments in place that detailed the identified risk and the action that needed to be taken to minimise the risk. For example one person was identified as being at risk of skin damage. The staff were clearly instructed to carry out daily skin checks and apply prescribed cream to maintain the person's skin integrity. Care workers were able to tell us in detail about people's healthcare needs. For example one care worker told us about a person who required hoisting but their bedroom was small leaving little space for the manoeuvres required. They explained how that had been resolved with the help of the family and general manager. One person who used the service told us that care workers were able to meet their specific needs and that they understood what impact their condition had on them. They said, "They are 100% focused on me."

When people's needs changed care workers contacted the office and a senior member of staff carried out a re-assessment with the person. The system for logging visits also recorded the time taken on calls. If the time was going over what was commissioned the registered manager or general manager would contact the local authority to ask them to reassess the person's needs. The timings of the visit were evidenced within the system and allowed discussions to take place between the provider and local authority about longer visits being arranged to ensure people's needs were met. One care worker told us, "If a person's situation changes we let the office know straight away" and "If someone's time goes over regularly we feed that back to the office so that the managers can get additional time commissioned for people." A third person said, "I have

had people whose needs change so that they need help from two people. I have fed this back to [Name of general manager] who has fed back to the commissioners. They have reassessed and extra time has been organised."

Changes to care plans were recorded and care staff informed by email and/or text. For more complex changes the care workers involved were contacted by telephone or came into the office to discuss. People did not always have a choice about who provided their personal care but all the people we spoke with were happy with the care they received from the care workers. Where there had been any difficulties these were resolved by the registered manager to ensure that people who used the service were happy with the care workers providing their care and support. One care worker supported two people who were living with dementia. They said, "We try to make sure the same staff goes in for continuity." Another said, "Where possible Crofton try to keep familiar faces with people, which lets them build up that trust with you."

The service identified people at risk of social isolation and recognised the importance of social contact. Call times were dictated by the amount of time the person or the local authority had booked and people told us that staff stayed for the full time. Relationships had been developed with people which enhanced their wellbeing. One care worker told us, "Some people have been clients for nine or ten years. You build up a professional relationship but it is also a friendship after that length of time."

Families were involved in supporting their family member and staff made sure they maintained those links with families. One relative told us, "They're very good and helpful when I call" and another said, "The registered manager responds well if we have any concerns."

People were regularly asked for feedback about their experience of the care and support they received by the lead co-ordinators who visited people's homes. There was a complaints procedure given to people in the service user guide as well as contact details for the service. We checked the complaints register and saw that there had only been one formal complaint made to the service this year. The service was able to demonstrate clearly that that they took complaints seriously and that they were explored thoroughly. We saw that the complaint received had been dealt with in accordance with the company policy.

People and their relatives told us that they felt able to express their opinions and if necessary, raise a complaint. Two relatives told us that they would not hesitate to call the registered manager if there were any concerns. One person said, "I would phone the office first and foremost. I always speak to the registered manager who is very good." A relative said, "I have the office phone number. I haven't had to complain but I would ring [Name of registered manager]. .

Good

Is the service well-led?

Our findings

There was a clear management structure within this service which was a partnership, with each partner having specific roles which supported each other. There was a registered manager in post who was the managing partner. The service had been established since 1983 and the registered manager had managed the service since that time. They had previously qualified as a nurse and had NVQ qualifications in health and social care and management.

There were two other managers in the partnership. The first had a consultative role with responsibility for much of the administration such as payroll and policies and procedures. They had a certificate in management studies. The second was the general manager. They had worked as a part of the staff team and had acquired an NVQ in care. They were currently studying for a leadership and management award. The general manager was planning a research module as part of that training and planned to look at quality assurance for the service and how that might be developed further in order to improve the service.

People who used the service and relatives knew who the registered manager was and told us they could approach them to talk about any problems they might have. They were visible and relatives told us, "I have met [Name of registered manager] who seems very nice" and "The registered manager has been out to see us a couple of times." A person who used the service said, "The registered manager is very friendly and efficient. They are very focused on what I require." A second person said, "The manager [Registered manager] is a very pleasant person who responds well to concerns.

Staff told us that there was good management and leadership at the service and we determined from what had people said that they led by example. One member of staff said, "If you have any problems you can talk to [Name of registered manager] or [Name of general manager]" and another said, "She [Registered manager] is very good. She will bend over backwards to help you. A fair boss." A third said, "[General manager] comes out and works with us and we find him easy to speak to. He knows the clients well." Other comments received from staff were, "I enjoy my work and enjoy working for [Name of registered manager] and [Name of general manager]"; "Very approachable [Managers] and if there are any problems they will always discuss with you. They are part of the team which is very nice."

The core values of the service were demonstrated by managers and formed part of the staff induction. They were linked to staff supervision to ensure they were put into practice and that staff understood their role.

The service had good links with Hampshire local authority and regularly attended meetings with them. They were members of a consortium with two other local providers in order to commission services. The service had to develop new ways of working in order that the consortium was managed to the best advantage of each partner and for the benefit of people who receive services. In addition, new ways of working with the local authority have been developed. This was because, although each service was operated separately, the local authority purchased services from the consortium and not individual providers. Earlier in the year they had secured a contract with the local authority to provide services from a provider that had closed. To ensure the transition went smoothly the service employed several of the staff and an experienced co-

ordinator. The officer with responsibility for purchasing services for Hampshire council told us, "They do very good work."

Providers that provide health and social care services to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. Notifications had been received as required which demonstrated that the provider was meeting their legal obligations.

Records were up to date and managed appropriately. We asked for a variety of records and documents during our inspection, including people's care plans and other documents relating to the running of the service. We found that these were well kept, easily accessible and stored securely in paper format and online. A new computerised system had been developed to the specification of the service. Different levels of access were allowed for different staff which protected people's private information. Each person had individual log in details which meant access could be audited. All calls to the service were logged on to the system which kept a clear record of contacts. This was particularly important whilst people's records were being developed. People's documents were all kept online with paper records kept in people's homes. These were scanned on to the system regularly so that the office had an up to date record of all actions carried out for each person including staff daily notes.

Records were kept in line with the Data Protection Act 1998. Peoples private information was collected with their consent and was not excessive. Records were only kept for as long as it was necessary. Computers were password protected and files locked away.

There was a quality assurance system in place. We saw that care packages, staffing, finance, policies and other documents were reviewed and audited annually. Where changes were required these were identified. Monthly environmental visits were carried out by lead co-coordinators to ensure that staff upheld the standards expected by the service and that the care they provided was of a high standard. This highlighted any shortfalls and was recorded and then checked at the next month's visit to see that corrective action had been taken.

The provider sought feedback from people who used the service and/or relatives. A satisfaction survey had been distributed to people who used the service in the past but was now due to be distributed again. The information in the surveys that had been returned to the service had been collated and analysed, and comments made by people were displayed on the providers website.

The service had found it difficult to get staff together as a group because of the variety of hours worked and so training sessions were also used as an effective way of meeting with staff which made best use of their time. Staff were supported through supervision and one to one meetings with lead co-ordinators. These were documented and signed by both staff and supervisor.