Ideal Home Care Solutions Ltd

Ideal Home Care Solutions Limited - Head Office

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

This inspection took place on 31 July to 3 August 2018 and was announced giving five days' notice so that we could obtain information to help us with the inspection.

At the last inspection on 15 to 21 December 2016, we found the provider was in breach of Regulation 9 (Person centred care), Regulation 12 (Safe care and treatment), Regulation 13. (Safeguarding service users), Regulation 17 (Good governance), and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We rated the service as 'Requires improvement' in all areas with an overall rating of 'Requires improvement'.

Following the inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve all the key questions to at least 'Good'.

We found significant improvements had been made to the service when we returned on 31 July 2018, and the service was no longer in breach of the Regulations. We have judged their rating to be 'Good'.

Ideal Home Care Solutions provides a domiciliary care service. It is registered to provide the regulated activity of personal care and treatment of disease, disorder or injury to people in their own homes, including older people, people with dementia, people with a physical and sensory impairment and younger adults. At the time of the inspection, the service was caring for 145 people with 74 staff supporting them.

There was a registered manager in post. 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.

Systems were in place to ensure people felt safe. Missed and late calls had been significantly reduced through the implementation of technology which monitored staff movement of calls, rota arrangements and identified early action to take. The service had reviewed its staffing levels and arrangements and sufficient staff were in post to keep people safe. Additional management staff had also been employed to supervise the day to day delivery of care.

Care was provided in a safe way as the service now managed the risks to people's health and wellbeing. Improvements had been made to people's assessments of need and any risks associated with providing their care. These were carried out and provided detailed guidance to staff in caring for them safely. People told us that they were listened to, respected and communication with the management of the service had significantly improved.

The management of medicines had been improved and staff now recorded accurate information about how they administered people's medicines. Systems were in place to ensure medicines were monitored and,

staff competency to administer them, was checked and recorded.

The recording of information in people's care plans had been improved to ensure staff understood and implemented the guidance and advice from professionals so that people received effective care. The recording of people's needs and the review of their care was now accurate and consistent. The daily notes were person centred, respectful and clear.

Systems to monitor the quality of the service had significantly improved and were all in place to ensure the oversight of the service and the provision of high-quality care.

Staff knew how to protect people from the risk of harm. They had received training in how to recognise the signs of abuse and knew how to report any safeguarding concerns to their managers.

People were cared for by staff who had been safely recruited. Staff did not start work until all required employment checks had been carried out. Staff had the skills and knowledge to care and support people effectively.

Staff understood how to minimise the risk of infection, they had been trained, and had access to personal protective equipment such as gloves and aprons.

All the necessary training and supervision was in place for staff and they knew how to support people effectively. People were supported with a healthy diet and sufficient fluids. The service worked well in partnership with other professionals to ensure that people received the health care support they needed. Staff ensured people's healthcare needs were met in a timely way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by friendly, kind and caring staff. Their independence was encouraged while minimising any risks to help keep them safe. People told us staff gave them the time they needed and what they expected and respected their dignity and privacy. Confidential information about people was stored safely in line with the new data protection requirements.

People and their relatives were very complimentary about the service. They told us they were kept involved in decision-making and had good contact with the management through visits and calls.

People received care that was responsive to their needs. Care plans had been improved as they were now written in a personalised, detailed and respectful way. People's wishes to have a male or female staff member provide their care for example was recorded and now acted upon. More recorded information about people's diversity would ensure the service acknowledged their different needs.

There was a complaints procedure in place and people had confidence that any complaints would be dealt with quickly.

The service was well led and managed. There was a clear vision for the future of the service. Staff displayed sound values when talking about how they cared for people. Staff could tell us about the improvements to the service for people who used it and in their day to day work.

The registered manager learnt from audits and investigations and made the necessary improvements.

Further information is in the detailed findings below.

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.

Risks to people's health and wellbeing were assessed and recorded.

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

People received their medicines and records were checked to ensure these were administered as prescribed.

The service had effective infection control measures in place and staff had access to protective clothing.

Lessons were learnt from accidents and incidents to reduce risks.

Is the service effective?

Good

The service was effective.

People were fully involved in the assessment process and consented to their care.

Staff had received training, support and supervision to make them effective in their role.

Where people were supported to eat and drink, they had sufficient to meet their needs.

The service worked well with other professionals and provided people with effective healthcare support.

Mental Capacity Act 2005 assessments had been carried out where required.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion. Their privacy, dignity and independence was respected and promoted.

People and their families were fully involved in making decisions about their care arrangements.

Information about people and staff was kept confidential.

Is the service responsive?

Good

The service was responsive.

People received personalised care that reflected their changing needs. Staff were flexible and responsive.

Care plans contained relevant information about people's requirements and circumstances.

There was an effective complaints system in place and people were confident their concerns were dealt with quickly.

The service could offer end of life care to people as and when needed.

Is the service well-led?

Good

The service was well led.

The provider had learnt from feedback and taken action to make improvements.

The leadership and management was effective with greater clarity of management roles and responsibilities.

Staff were supported and involved in the development of the service.

There was an effective and robust quality assurance system in place to assess and monitor the service.

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Detailed findings

Background to this inspection

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

The inspection took place on 31 July to 3 August 2018. We gave the service five days' notice so that we could obtain information to help us with the inspection.

Before the inspection, we reviewed the action plan, information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We also received feedback from the local authority. We used this information to plan what areas we were going to focus on during our inspection.

The inspection team consisted of two inspectors, an assistant inspector and two experts 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. Our two experts by experience had experience of using this type of service.

We visited the office location on 31 July 2018 to see the registered manager and office staff and on 1, 2, 3 August 2018 made telephone calls to people who used the service and relatives.

During our inspection, we spoke with the registered manager, the finance director, field care supervisor and two service managers, a human resources manager and eight care staff. We also spoke with 12 people who used the service and 12 relatives on the telephone.

We reviewed 11 people's care files and eight staff recruitment and support records. We also looked at a sample of the service's quality assurance, training, supervision, medicine administration and complaints

records.

Good

Is the service safe?

Our findings

Safe was rated as 'Requires improvement' at our last inspection in December 2017. We found a breach of Regulation 12 (Safe care and treatment), Regulation 13 (Safeguarding service users from abuse and improper treatment) and Regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was due to concerns with the assessment and management of risk; medicine administration; missed and late calls resulting in people's safety and security being disregarded and sufficient staff were not deployed appropriately to meet people's needs.

At this inspection, we found that significant improvements had been made and we have judged safe as 'Good'.

People told us they felt safe. One person said, "I do feel safe because they're like family." Another said, "Yes, I do feel okay with them as they do everything I ask them to." A family member told us, "My [relative] relates and responds well to the staff. They are happy and relaxed." Another family member said, "My [relative] is absolutely safe as I've got confidence in the staff they have got." Another said, "Ideal workers are always on time, very good at how they communicate with my [relative] and trustworthy."

Improvements had been made to the assessment and recording of people's needs and the risks associated with supporting them. Risks to people's health and safety were being managed effectively to ensure they were safe. Detailed information included people's mobility and risk of falls, moving and handling them and any difficulties with eating and drinking. Risks to their skin such as pressure ulcers, use of bed rails, taking their medicines and the internal and external environment were recorded in a clear and person-centred way.

Guidance for staff was available for people who had specific needs. For example, where people had difficulty eating and drinking, information was available to staff to know how to support them and supervise with meals and fluids. Speech and language therapists had completed assessments of people's needs in relation to eating and drinking which the staff were able to follow.

There was robust guidance for people who used equipment such as hoists, stand aids and wheelchairs. One person's care plan said, "Ensure belt is worn, hand contracture is on, and cushion placed under right arm for support. Point me towards the kitchen and I can self-propel myself." People who used equipment told us, "I don't mind it [using the hoist]. The staff are very careful when they move me. I feel confident with them," and, "It's perfectly safe with them and they know how to use these things," and, "They help me to move around very safely."

The registered manager had devised guidance for staff about a range of medical conditions which they might come across in their work. They told us, "We flag up specific risks to people so that each staff member going to that person knows that they have an ailment, what they should look out for and how to manage it." Risk assessments also included the training requirements of staff in relation to supporting people safely.

There was sufficient staff who were deployed effectively to keep people safe. The rota arrangements had been reviewed and redesigned to give adequate travel time so that staff had enough time to deliver the care people required. The registered manager told us that the new electronic recording system had enabled them to monitor any late or missed calls and deal with them as soon as they occurred. Travel time had been introduced as part of staff rota arrangements. This had made a difference to the wellbeing and retention of staff

Staff were spending the required time with people because they didn't need to rush and this had made a difference to both staff and people who used the service. Staff told us that the monitoring system provided up to date information about rota arrangements; more effective communication between them and the office; that there was enough time and staff to provide good care for people. One member of staff said, "It's so much easier now with the handsets. Getting up to date details about people saves time and money and means things are more coordinated and less frustrating."

People told us that staff arrived within the required time and, if they were going to be late, they had a call to let them know. One person said, "My staff do come on time and stay the full length of time allocated. I did have one missed call as the staff member wasn't well but they phoned to say and we managed that day." Another said. "My staff come the same time every day. If they are running late, someone always phones me. No missed calls at all and they often stay even longer sometimes." A third person said, "I don't have an actual time for the staff to arrive which is okay but they don't always stay the full length of time. It should be half an hour. I tell them to go if everything is done." Family members told us that, on occasions there had been missed and late calls, but were complimentary about the improvements the service had made. One family member said, "Rarely do we have late calls now and no missed calls." Another said, "The staff stay the whole time they should. We had one missed call about six months ago. The office rang and told me why and they sent someone else later in the day."

The recruitment process had been improved. Staff were now recruited more safely. We saw that Disclosure and Barring (DBS) checks, a photograph, identification and references had been received and were recorded on staff files. Application forms had been completed correctly and where there were any gaps in the person's employment history, these had been risk assessed. The recruitment files were in good order and well managed.

People told us they were happy with the support they received with their medicines. One person said, "They do help if I need a patch put on and do it at the time I need it and its all fine." One family member told us, "Medication is so important as it affects [name of relative] daily routines and mood swings." A person's friend said, "The staff help [name of person] with their medicines. They put them in china cups and give to them. They keep their gloves on to handle the tablets. They're quite good."

Information about people's medicines and how they were managed had been improved. The introduction of the electronic monitoring system had shown how medicine management could be more efficient, responsive and safe. People's care plans included the medicine the person was taking, dosage, amount, frequency and, if they needed assistance with taking their medicines. Information also contained the use of creams, and their application and eye drops if people needed them. Any risks and side effects associated with the person's medicine were recorded and guidance was available to staff. For example, "[Name of person] requires blood thinning medicine. Observe for bleeding, especially gums and monitor that bloods are regularly checked by the district nurse."

The system had shown a reduction in the number of medicine errors in completing paper work which had occurred previously. Also, changes or concerns about people's medicines were communicated to staff

immediately through their handsets so that staff could take the correct action to keep them safe. The pharmacy supplied dossett boxes which had a bar code and these codes were added to the system and recorded the medicines people were taking.

Staff completed the medicine administration records (MAR) on their mobile handsets and this recorded that people's medicines had been given to them. Reasons why the medicines had not been given were also recorded such as, "Medicine offered for pain but refused." Any changes to their regular medicines such as the need for anti-biotics, or when a person was discharged from hospital, were added so that staff could see the more recent changes and be prepared when they visited the person. We saw from the system that medicines were given between an agreed timescale. The system also flagged up if medicines, which needed to be given at a specific time, were not given. The service manager told us that the field care supervisors would follow up to see why this has not happened and act where needed.

We looked at the MAR from April to July 2018 and saw that people had all received their medicines correctly and as prescribed. The system showed that it was a very efficient tool for managing and administering medicines in a safe and effective way. Staff told us that it had taken a while to get used to it but now it was simple and easy to complete. One staff member said, "It makes you very aware of completing it right and it's okay to do. We always note things in the daily log as well. Any issues with medicines, we get onto our manager if we are not sure of something."

Staff had received training in infection control procedures. People said that all the staff wore gloves and aprons when being supported. Staff told us that there was a supply of protective equipment available at the office whenever they needed it. We saw that uniforms were clean and staff were professionally dressed. Care plans included food hygiene instructions relevant to people's needs such as people needing food prepared in a certain way. Managers looked at staff competence in understanding infection control during their spot checks at people's homes. One person said, "Staff are good with personal hygiene, have a professional nature and good qualities." Another said, "They [staff] are good with cleaning up and always wear their gloves."

Staff knew how to protect people from the risks of abuse and harm. They could describe the signs of abuse and what they would do if they saw, heard or suspected that a person was being harmed. One staff member said, "I would know if something was not good with my ladies, like a change in their mood or if they didn't look at me, I would just know and have to talk about it." The registered manager raised safeguarding alerts quickly with the local authority and notified us of their concerns and actions taken.

A process to record, learn from and reflect on accidents and incidents had been put in place. The registered manager told us that the implementation of the software and people planner computer system had meant improvements in the recording of information and more timely responses. The service had analysed, learnt from and developed tools to provide the management and staff with actual real scenarios to help them with their practice. The service had listened to people's views about missed and late calls. Travel time has been introduced to ensure that staff had sufficient time to get to their visits and that people had the required time and support to meet their needs.

Good

Is the service effective?

Our findings

Effective was rated as 'Requires improvement' at our last inspection in December 2017. We found a breach of Regulation 9 (Person centred care) of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was due to the lack of information and advice from professionals recorded in people's care plans. Also, improvements were required in staff knowledge and training.

At this inspection, we found that improvements had been made and we have judged effective as 'Good'.

People's care plans had been improved to include information, advice and guidance from a range of professionals involved in their care and support. This included GP's, district nurses, speech and language therapists, social workers and occupational therapists. Staff recorded all information of liaison, visits and discussions with professionals. Written advice was added to the care plan so that staff could refer to and follow the advice given.

People's day to day health care needs were met and they received appropriate support to access health and social care services. Staff worked well in partnership with other organisations to ensure that they delivered effective coordinated care and support. People had agreed for the service to share information between services on people's behalf. Referrals for appointments and requesting equipment were made in a timely way and all correspondence recorded. One person told us, "Staff have contacted the nurse for me when they've thought it right. It's good they do this, they know me and know when to do things." A family member said, "They've [staff] been good at noticing if there is anything wrong, if [name of relative] isn't 100%. They've always let me know straight away, and they always ring me which is so good."

People's needs and choices were assessed to ensure the service could meet them. Care being provided was in line with current legislation and guidance. After the last inspection, the registered manager told us that they had reviewed all care plans and related documentation and had made them individual and person centred. Having made the changes, however, they decided to introduce the new computerised care management software. The software chosen enabled them to input all information moving away from a paper based to electronic form of record keeping. This had proved successful in achieving better outcomes for people in receiving care which was on time, reliable and supported their independence.

Improvements had been made to the induction and training of staff. The registered manager told us that staff training had been high on their agenda for the past year. They had reviewed the quality of the training and induction that staff received. Staff completed the company's induction process which included the completion of the Care Certificate. The Care Certificate was introduced by the Government to ensure care staff had a wide theoretical knowledge of good working practices within the care sector. They shadowed experienced staff, were observed in their practice and introduced to people before they started working with them alone.

The written feedback from the observations was positive showing that good induction had taken place. One staff member told us, "I shadowed at first observing how to look after [persons' name] and attended

handovers at different times of day. It was thoroughly explained to me what kind of experience and what Ideal expect from me. I was open minded and willing to take on this job."

The registered manager told us that a review of the skill mix of staff had taken place. This had highlighted areas of improvement such as the need for training to be completed in a classroom setting face to face and a change to the training provider. This had proved very successful with staff who had welcomed this approach. They told us, "It's such good training when doing it together," and, "I have learnt so much more doing it in a group. Some things are hard like the MCA, so doing it with others helps you understand what it means for people."

We saw a very effective training programme with planned refresher training to ensure that all staff were skilled and knowledgeable in their role. Some staff had additional specialist training such as continence care, dementia awareness, epilepsy, diabetes and dysphagia (difficulty with swallowing/chewing) if they worked specifically with people who needed support in these areas. One staff member told us, "The speech and occupational therapists gave me some lessons on how to feed and prepare meals for [person's name], forms to monitor their swallowing and observing me on several occasions. Moving and handling I had renewed two months ago."

An effective supervision and appraisal process was in place with spot checks, observations of practice and personal discussions recorded. The personal files reflected the staff member's ongoing development and experience.

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 service was now working within the principles of the MCA.

All staff had received MCA training in the past year and were up to date with current good practice. Staff understood their responsibilities in relation to people's human rights and how the MCA protected them. Mental capacity assessments had been carried out where appropriate and recorded, to ensure that decisions were made in people's best interests. We saw information relating to a person's mental health and how it affected them. It said, "Look out for changes in behaviour, mood being very flat or very high, speech inappropriate or flat."

People or their representatives had been fully involved in the reviews of their care and had given their consent and had signed their care plans to confirm this. They told us that the staff checked with them first before starting any task. One person said, "Someone from the agency came out to my home and we talked through everything I needed. They fully involved me." One family member told us of ways the staff had of obtaining consent where a person's capacity to make their own decisions was lacking, "The staff always ask, they explain and get their agreement and co-operation. It's so important with people with dementia to explain and get the person on side." Another family member said, "[Person's name] is involved and makes their own decisions about their care."

People told us the staff supported them with preparing, cooking and assisting them to eat their meals. One person said, "I have support getting my breakfast and I'm happy with it. I don't always want anything but they say it's good if I do. I choose what I like and they make me a drink. They chat with me all the time and I'm very happy." A family member told us, "The staff do meals for [name of person]. They always take a few out of the freezer and let them choose, they don't do it for them. They leave plenty to drink out and they

always make lots of cups of tea when they're here."

Good

Is the service caring?

Our findings

Caring was rated as 'Requires improvement' at our last inspection in December 2017. We found improvements were required to the staff rota arrangements so they had sufficient time to spend with people.

At this inspection, we found that improvements had been made and we have judged caring as 'Good'.

Staff received the time, training and support to deliver care which was compassionate and caring. Staff member's working arrangements had been reviewed and improved. The inclusion of travel time and changes to the geographical areas in which staff worked had increased the benefits for both people who used the service and staff. Staff spent the correct amount of time on the visit, unrushed and focussed on people's needs giving them security and respect. Staff morale, wellbeing and retention had also improved.

People received a service from staff who were friendly, kind, respectful, caring and thoughtful. The care and support was provided as people needed it and in a way and time they decided. People felt they mattered, staff listened to them and talked with them appropriately. One person told us, "I think my staff are lovely, a friendly bunch. They'll do anything for me that I ask." Another said, "Very caring and they talk to you about things, like about yourself, it's like having a friend." A third told us, "My staff are so kind. They always ask me if there is anything else I want doing before they go." A family member said, "When staff come in they always ask how [name of relative] is. They talk to them all the way through the visit and relate to them. They are warm, friendly and considerate. They make sure they are happy." Another said, "[Staff member] brought a book from home that they thought would interest [name of relative]. Very caring and thoughtful."

Staff were aware of how to remove the barriers to communicating with people. People's individual communication and preferences had been discussed and recorded so that staff knew what they needed and how to provide care appropriately. For example, how people communicated yes and no, the signs and the body language they used. We saw information in one person's care plan which was written in a respectful and person-centred way. It said, "I am blind in left eye so please stand on my right side. Please be patient with me because I become anxious the greater my speech is disrupted. The more reassurance I am given the calmer I become." One staff member told us, "[Person's name] is non-verbal so will use their finger for pointing up for yes and down for no. I ask questions which may relate to what they are feeling which are simple and closed. They will point where it's hurting or the object of reference."

People were happy with their care and staff knew people and their history. Relationships had developed between people, the staff and their families. One family member said, "Ideal staff are brilliant with my [name of relative], cheerful, making them laugh, having a joke. Going the extra mile to keep their spirits up." Another said, "My [name of relative] is young and staff have a laugh and tell funny jokes and they interact fantastically with them." A third said, "One of the staff goes round the shops and buys things for [name of relative] and all the staff know about them and their life and what they like and don't like." A fourth said, "I see the staff put their arms around my [relative's] shoulders, they are so very caring. They joke and say, '[name of person] your hair needs cutting,' as it is quite long and they make them laugh. They take an

interest and comment on [relative's] paintings, it makes them feel proud." One staff member said, "I just want to say I'm happy with how I get on with [person's name]. They have not been hospitalised since I started looking after them. That's a great achievement for all of us."

The service involved people in the assessment of their needs, making choices, taking decisions and maintaining their independence. People felt listened to, respected and their views acted upon. Advocacy support was available so that people had someone to act on their behalf if they needed it. People had attended or been invited to the Service User Forum which was run every six months by the service. One person said "I was collected by car and went to their office and spoke to several others. We spoke about lots of things about the service and they listened to our opinions." The registered manager told us, "This way of involving people yields very good results in our quest for an inclusive service and a service that listens to the views of its customers. After the last inspection, we heard that people were not happy and this showed we were not caring so the changes we have made are so much for the better for everyone involved."

Staff respected people's privacy, dignity and confidentiality. One person told us, "Staff draw the curtains every time and cover my bits we're not doing straight away. They do respect my home and treat it like it's their own. They are careful and thoughtful." A family member told us, "When staff give my [name of relative] a full body wash they use towels and cover any part of their body not being washed so they don't feel exposed. The staff respect their privacy and minimise it although understand I'm here if needed. The staff support our relationship and my caring role."

People's records were kept confidential, in a locked filing cabinet at the office and on the password protected computer software system. The service had in place a process for meeting the requirements of the General Data Protection Regulations.

Good

Is the service responsive?

Our findings

Responsive was rated as 'Requires improvement' at our last inspection in December 2017. We found a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because people's care records did not provide all the necessary information to meet their needs, were not consistent or person centred.

At this inspection, we found that improvements had been made and we have judged responsive as 'Good'.

The service had made significant improvements to the way people's assessments were undertaken, the quality of the information gathered about them and the personalised way in which they were written.

The service manager told us that full assessments were completed with the person at the start of the care package. Whilst they had information about the person from social services or the hospital, they no longer relied on this to create the care plan. This was now done directly with the person and their family. People told us they were fully involved in the arrangements for their care. One person said, "Someone came around when I first started and we went through lots of questions about what I wanted." Another told us, "The person from the agency came out to my home and we talked through everything I needed. I am fully involved."

Following the last inspection, new care plan templates had been implemented and all information about people's needs had been reviewed and recorded within the computerised software programme. This provided staff with the structure to follow and the care plans we saw were now consistent, clear and written in a respectful person-centred way.

The 'knowing me' section gave staff a picture of the person and their current circumstances at the start of the care plan. People's assessed needs and any risks associated with them included their daily routines and personal care, ways of communicating, any social and leisure activities, capacity to make their own decisions and their mobility and equipment used. Nutrition and hydration, skin care, medicines taken and people's mental health were also recorded. Staff had a clear understanding of people's needs before they assisted them with their care.

People's likes, dislikes and preferences had been discussed and recorded. People's wishes to have a male or female staff provide their care for example was recorded and now acted upon. One person said, "My wishes are very respected. The staff know the order I like things done, where to put my clothes while I'm washing and so on." A family member told us "The staff are very attentive and have taken the time to get to know [relative]. They even know how she likes her tea." The recording of people's age, gender, marital status, ethnicity, sexual orientation, religion, culture and preferred language could be more robust so that people could be assured that their diverse needs and human rights would be acknowledged and met. We were assured by the registered manager that this would be improved.

People's sensory and communication needs had been identified, recorded, flagged, shared and met by the

service as required by the Accessible Information Standard. Records showed if people used a hearing aid or wore glasses. One person said, "They always ask if I want my glasses cleaned." People had access to information in a format or language they required and this was discussed at the start of the service.

Reviews of people's care took place on a regular basis or if their needs changed. One family member said, "They come from the office at about three-monthly intervals to chat and check if we are happy with everything. They ask both of us which is nice. If there are any changes to my [name of relatives] care in between this time, I would start the ball rolling by ringing them."

The daily notes had also improved significantly as they were no longer written in paper based note books. Instead, staff typed on their mobile handsets. All information about people's wellbeing, changes to their needs, arrangements for medicines for example, went straight into the system and could be seen and read by the office immediately. Action could then be taken quickly if needed. The way in which staff described people's needs was respectful and person centred.

People were very complimentary about the way in which care staff and office staff responded to them. One family member told us, 'My [name of relative] had one fall and hit their head on the table. The staff member immediately got on the floor with them and told me to call an ambulance. The response from the staff member was excellent." Another family member said, "The agency is very adaptable and they are happy to change the time. If [name of relative] suddenly wants to do something different when the staff member is here, they're very good at listening and changing what they do." One person told us, "If you want to go out or if you have a hospital appointment I just have to tell them. They are very good at adapting." Another person said, "We know the staff well, they know what they're doing and personally if I don't like them, they don't come again, Ideal Home Care Solutions find someone else for [name of relative] and I."

People told us they knew who to make a complaint to and managers had dealt with their concerns or complaints seriously and acted upon them. We saw that there was a complaints process in place and people had this information within their service user handbook to refer to should they need it. The registered manager had dealt with six complaints appropriately and we saw that they had responded to these complaints in writing and all had been concluded satisfactorily. People told us if they had cause to complain, they would not have any concern about contacting the office. One person said, "The staff will chat to me and we talk about everything. I can talk to the manager if I have any worries." Another person said, "Complaints, we just phone Ideal and speak to the relevant person."

The service had processes in place to support people at their end of their life. The registered manager told us they were not currently caring for anyone needing palliative care. However, they could provide this should it be needed as policy and procedures and trained staff were available to support people and their families at the end of their life.

Good

Is the service well-led?

Our findings

Well led was rated as 'Requires improvement' at our last inspection in December 2017. We found a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because a system to monitor the quality of the service was not in place which included lack of risk assessments, audits and some gaps in staff members' knowledge.

At this inspection, we found that improvements had been made and we have judged well led as 'Good'.

As part of the action plan, the service had reviewed its management structure. The organisational restructure had provided more effective day to day management of the service. Service managers oversaw the role of field care supervisors. The supervisors had been appointed to monitor care visits and manage risks in the service as part of their responsibilities. This had reduced the amount of missed and late calls, increased communication with people and any concerns, incidents and day to day circumstances had been picked up and dealt with in a responsive and timely way.

Significant improvements in the monitoring of the quality of the service had taken place. The introduction of the software computer system had provided a robust data management system with clear oversight to be able to more effectively manage the service overall. All information in and out of the service was logged, recorded and monitored. Up to date information about people's care needs, risk assessments, daily notes and medicine records was accessed easily and audited. The registered manager could access information at a glance and keep track of complaints, safeguarding concerns and staffing issues. Actions were therefore taken quickly and appropriately.

The service was continuously learning and improving to ensure its sustainability. The ongoing action plan had targets to meet and included learning from incidents, investigations such as safeguarding, complaints and compliments to drive the improvement needed. The registered manager told us that real life scenarios were used in meetings and training, which had been developed from lessons learnt. They said, "This kept staff up to date with good practice and raised professionalism within the team."

Changes in staff recruitment and retention such as improved working conditions and rota arrangements had meant a more consistent and trained workforce. Staff employment, their training and supervision and their ongoing development was monitored. The staff were respected and valued and included in the development and delivery of the service. Any gaps in staff knowledge was flagged and training provided. We saw that training in the Mental Capacity Act 2005 had been completed as required following our last inspection and staff were able to demonstrate that knowledge.

The service had a clear vision and strategy to deliver high quality care to people. There was a positive culture which was open and empowering, and from the feedback we received, people and staff experienced using and working for a good service. One person told us, "I speak to someone from the management team most weeks, to arrange shifts." Another person said, "I think the service is run well. The fact we have contact with the management team is good, and any issues, we're kept well-informed. We are offered a chance to air our

views, what we want to happen and they work hard to try to achieve the best for my [name of relative]."

There was more effective dialogue and communication across the service. Regular management, staff meetings, service user forums and surveys to ask people and staff their views were undertaken. This provided an opportunity for engagement, feedback and inclusion in the service. At staff meetings for example, key topics and the supporting policies and procedures were discussed to enhance staff knowledge and understanding on how to care for people with specific needs.
One family member said "Every now and again we get a questionnaire and we are asked our views when the manager comes every three months. It's nice because they don't just ask my [relative], they ask me too how it is, am I happy and I am." Another said, "I often get a newsletter and I have had letters regarding changes to the service."

Staff told us about the benefits of working for Ideal Home Care Solutions and what was expected of them. One said, "Ideal workers are brilliant and work as a team, I have been employed nine years and my views are taken on board, I'm happy and I wouldn't be here otherwise. The boss does considerably well to maintain this company." Another said, "There is such an openness here, we come in the office, everyone is friendly and supportive and you get everything you need to go and care for people." A third said, "The expectation is that you have the right attitude to care for people. They [management] don't put up with staff who don't have the right approach. Two words describe what staff have to be, caring and compassionate."

The registered manager understood their responsibilities and met the CQC registration requirements. The service also worked in partnership with a range of health and social care organisations. The registered manager attended the Essex County Council providers meetings as well as health and safeguarding meetings to support joined up working. They shared information as appropriate with other agencies for the benefit of people they supported. The registered manager said, "We had a good report from the quality improvement team at Essex County Council and this shows that we work more openly, listen and learn. The proof that our improvements have paid off is that I can now go down to three days a week and trust everything will run as smoothly as it should."