

Ms Victoria Morrow

Office 1

Inspection summary

CQC carried out an inspection of this care service on 10 December 2015. This is a summary of what we found.

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

The inspection took place on 10 December 2015, and was announced. We gave '48 hours' notice of the inspection to ensure that staff would be available in the office, as this is our methodology for inspecting domiciliary care agencies.

Office 1 is a domiciliary care agency that provides personal care to people in their own homes in the West Surrey area of East Molesey and Windsor. People who received a service include those living with frailty, mobility needs and health conditions such as dementia. At the time of this inspection the agency was providing a service to 12 people. The frequency of visits ranged from one visit per week to four visits per day depending on people's individual needs.

During our inspection the registered provider was present. The provider was covering the registered manager's role. 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.

People told us that they received their medicines safely. During our visit we identified concerns with the medicine administration records (MARs) in use at the time of the inspection were not always completed correctly. After the inspection the registered provider provided evidence of new MAR charts and informed us of the new training and monitoring arrangements put in place. We

made a recommendation that the registered provider ensures that MAR charts is recorded in line with current guidelines and best practice.

People were supported by staff who had the knowledge and skills required to meet their needs. Everyone that we spoke with said that staff were trained and were competent in their work. All staff that we spoke with said that they were fully supported by the manager. As some of the staff are new to the service aspects of the training programme is still ongoing. Staff had received supervision but had not been long enough in the post to have an appraisal.

Quality assurance systems and arrangements to regularly assess and monitor the quality of the service were in place, but they were not effective enough for the management of medicines.

Risk assessments included information about action to be taken to minimise the chance of harm occurring. Staff were able to explain the procedures that should be followed in the event of an emergency.

People said that staff generally arrived on time and if they were delayed for a significant amount of time then they were informed. People also said that they knew the staff well and generally received a service from a group of known workers.

Recruitment checks were completed to ensure staff were safe to support people in their homes.

All new staff completed an induction programme at the start of their employment. Training was provided during induction and then on an ongoing basis.

People were supported at mealtimes to have the food and drink of their choice. The support people received varied depending on people's individual circumstances. Staff were available to support people to attend healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

People confirmed that they had consented to the care they received. They told us that staff checked with them that they were happy with support being provided on a regular basis. Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise.

People had care plans in place for identified needs. Staff understood the importance of promoting independence and this was reinforced in people's care plans. People were supported to express their views and to be involved in making decisions about their care and support. People told us that the agency was responsive in changing the times of their visits and accommodating last minute appointments when needed.

Positive, caring relationships had been developed with people. Everyone that we spoke with told us they were treated with kindness and respect by the staff who supported them. Staff were respectful of people's privacy and maintained their dignity.

People using the service and their relatives told us they were aware of the formal complaint procedure and that they were confident that the registered provider or staff would address concerns if they had any.

People using the service and their relatives said that the agency provided a good service. Staff were motivated and told us that they felt fully supported by the registered provider. They said that

the registered provider and senior staff was approachable and kept them informed of any changes to the service.

You can ask your care service for the full report, or find it on our website at www.cqc.org.uk or by telephoning **03000 616161**