Care at Home Services (South East) Limited

Care at Home Services (South East) Limited - Hastings

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place between 11 January and 1 February 2016. The inspection involved visits to the agency's office and telephone conversations with people, their relatives and staff, between the beginning and end dates. We also interviewed care workers at the agency's office. The agency was given two working days' notice of the inspection. The agency provided approximately 155 people with a domiciliary service. Most people were older people or people who lived with long-term medical conditions. People received a range of different support in their own homes. Some people received infrequent visits, for example weekly support to enable them to have a bath. Other people needed more frequent visits, including daily visits, and visits several times a day, to support them with their personal care. This could include use of aids to support their mobility. Some people needed support with medicines and meals. Some people needed visits from two care workers to support them with their personal care.

Care at Home – Hastings, supplied a service to people in the town of Hastings, and rural areas around the town. The provider was Care at Home Services (South East) Limited who provided domiciliary care services to people from different offices in the South East of England.

Care at Home – Hastings had 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.

The agency was last inspected on 26 November 2014. No issues were identified for action at that inspection.

The provider's systems for auditing of people's assessments, care plans, staff files and documentation required improvement in some areas. This included ensuring that people who were at risk of pressure damage and falling had relevant assessments and care plans in place. It also included ensuring all prospective staff were fully assessed for their suitability to work with people on their own. Certain documentation required improvement, for example care plans about meeting people's individual needs in relation to continence equipment, so staff who were unfamiliar with people had relevant information on how to meet such needs.

People told us they did not always receive a rota. The registered manager had flexible systems to provide people with such information, however this was not included in information given to people about the service or considered during care reviews.

The provider's systems for medicines management were mixed, for example they had inconsistent systems for ensuring all people had their prescribed skin creams applied as they needed. Systems were being progressed to ensure relevant information was available on people's files.

People said they felt safe with the service provided by the agency. Staff had been trained in safeguarding

people who could be at risk of abuse and knew what to do to appropriately support people. Staff were trained in, and aware of their responsibilities under the Mental Capacity Act (2005).

People said staff showed a caring attitude, their independence was encouraged and they were respected as individuals. They said staff visited them on time and they had a stable team of care workers supporting them.

People and staff said they could raise complaints and issues of concern with managers. They said such issues were responded to in a supportive way. The registered manager regularly audited the quality of the service provided and acted on comments made by people and staff. The provider was currently developing its systems to make improvements in the auditing of the quality of the service.

Staff said their induction, ongoing training and support, like supervision, enabled them to be effective in their role. People said staff knew what to do if they became unwell. People and staff said there were no concerns about staffing levels

Where people needed support with their meals, the agency had systems to ensure people's individual needs were met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People's risk assessments did not identify all relevant areas of risk or actions to be taken to reduce risk.

Systems for medicines management did not ensure staff had all relevant information they needed about prescribed medicines. The provider had identified this as an area for action.

The provider's systems for assessing suitability of some newly employed staff did not ensure all relevant areas were considered. The provider had identified this as an area for action.

Staff were aware of how to safeguard people from risk of abuse.

People and staff said staffing levels were satisfactory.

Is the service effective?

Good

The service was effective.

Systems for supporting newly employed staff were effective.

Training was provided in key areas, including the Mental Capacity Act (2005), and staff received supervision and spot checks.

Staff were fully aware of how to support people in an emergency and if they showed changes in their medical conditions.

Where people's packages included support with meals, there were systems in place to ensure people received the support they needed.

Is the service caring?

Good

The service was caring.

People said staff were caring in their approach and they were supported by staff who were polite and respectful.

People said staff took their individual preferences into account, and they consistently provided their preferred gender of care worker for personal care.

People were supported by care plans which included clear profiles of their circumstances and past lives.

There were full systems to ensure people's confidentiality.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Some people's care plans did not always outline how care workers were to meet their individual needs.

People said they did not always receive a rota to know who would be visiting and when. They reported staff visited them on time and they were supported by a consistent team of staff.

People said any complaints and concerns were listened to and acted on.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had not identified all relevant areas for action in their audits.

Both people and staff said the service was well-led.

Both people and staff commented on the friendly and supportive approach of the agency.

Care at Home Services (South East) Limited - Hastings

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 between 11 January and 1 February 2016. The inspection involved visits to the agency's office on 11 January and 1 February 2016. Between these dates, we spoke with people, their relatives and care workers on the phone. We also met with care workers at the office on 25 January 2016. The provider was given two working days' notice because the location provides a domiciliary care service. The inspection was undertaken by two inspectors.

Before our inspection we reviewed the information we held about the agency, including previous inspection reports. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We spoke with 12 people who received a service and five of their relatives. We spoke with seven members of staff, the registered manager and a senior manager for the provider.

During the inspection we looked at nine people's records and four staff recruitment, supervision and spot check records. We also looked at training records, quality audits and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with said they felt safe with the service provided by the agency. Several people told us they felt safe with the agency because all staff carried ID, wore a uniform, and they always identified themselves to them. A person said because of this, "I do feel safe." Another person said they had needed to phone up the out of hours on-call line more than once and because it was "Always answered," this made them feel safe. A person said they felt protected from risk of scalding because their care workers were always "Very careful" to check the temperature of hot water before they started washing them.

However we found the agency had systems which varied in effectiveness for ensuring people were protected from risk. Several people's records indicated they were at risk of pressure damage. Some people did not have risk assessments or care plans about this. This included a person whose records documented they were unable to move and remained on their back in bed all the time. As the person was unable to move independently and remained in the same position in bed, they were very likely to be at risk of pressure damage. A different person had records to show they were turned in bed on every visit but they did not have an assessment or care plan to ensure care workers who were not familiar with them were aware of their actual risk. While most people said they were visited by the same care workers, they also said there were occasions, for example due to care workers' holidays, when they were visited by a care worker who was unfamiliar with their care. Another person's records documented they were at risk of pressure damage and what interventions staff were to do to prevent this risk. The lack of consistency in relating to preventing people's risk of pressure damage is an area which requires improvement.

People had clear care plans about how they were to be supported with their mobility. A person's mobility care plan had recently been updated to reflect changes in their needs. Where people required hoists to support them with moving, there was full information on file to show the hoist had been regularly serviced. This ensured hoists continued to be safe for people and care workers to use. A person's relative told us the person had bed rails to ensure their safety, so they did not roll out of bed when they were on their own. The person had a clear risk assessment and plan to ensure their safety. This included the safety checks on the bed rails care workers were to complete before they left the person's home. A person was supported in going out of their home for shopping, and for walks. They had a clear risk assessment about this. The risk assessment included individual risks for the person such as that due to their memory loss, they must never be left on their own whilst away from their own home.

People said they were supported by the agency in taking their medicines. A person told us staff gave them their medicines in a safe way, always writing down what they were given, saying "They're on top of that." A person's relative said the person was prescribed "Quite a few creams" and the care workers "Do it in the right way," when applying the prescribed creams to the person.

However the agency's systems for ensuring people were supported in a safe way with medicines varied. People had limited information on their files to inform care workers about their prescribed medicines. For example, one person was prescribed a drug for their breathing and another person for their bowels. Neither person had information on the side effects of these medicines, which both these medicines could cause.

This meant care workers did not have information on these side effects to ensure the person could be safely supported, and relevant healthcare professionals alerted if relevant. Several people were prescribed skin creams. Care workers told us information on where and how often people needed these creams applying was variable. We also found this to be the case. Some people had full information on their files, including body maps, while other people did not. The registered manager told us they were aware matters relating to medicines had been identified during CQC inspections of other agencies. They were currently performing a full review of information about all people's prescriptions. One of the care-coordinators showed us they were in the process of undertaking this review.

Other systems to support people with their medicines were safe. A person's relative told us their relative could refuse medicines at times. The person had a care plan and full records of when they had refused their medicines. A person was supported in applying pain patches. They had clear documentation about rotation of sites on their skin, to prevent tissue damage. A care worker told us about a person who liked their medicines to be left out for them to take later in the day. This was fully documented in their records and their medicines administration record (MAR) was completed using the appropriate code to show this had taken place.

The provider's systems for staff recruitment not always effective in practice. The suitability of all prospective staff had not always been fully assessed to ensure they were safe to work on their own with people. For example a staff file documented their references were of 'a high standard.' However the references on their file did not support this statement and showed some referees had identified shortfalls in relation to the prospective member of staff. At the time of the inspection, the provider had started a process of auditing all staff files to identify any issues which needed attention. This was because issues about the provider's recruitment systems and necessary documentation had been identified at CQC inspections of other agencies owned by the provider.

There were other systems to ensure prospective care workers were assessed as safe to work with people on their own. One member of staff had declared a previous criminal conviction in their application, this was confirmed by their Disclosure and Barring Service (DBS) certificate. The DBS enables organisations in the public, private and voluntary sectors to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, such as working with children or vulnerable adults. The agency had completed a risk assessment about the care worker's safety to work with vulnerable people. This had taken into account relevant factors like how long ago the reported offence had occurred and the prospective member of staff's conduct since then. A different prospective care worker had been identified at interview as having no previous experience of care work. A plan had been put in place to ensure they were appropriately supported when they started working on their own. There was evidence on their file that this plan had been followed.

All of the staff we spoke with were aware of the importance of safeguarding people from risk of abuse. They were also aware of a range of factors which could indicate a person was being abused. All of the staff we spoke with knew any issues of concern must be reported to the office promptly. For example, a care worker told us they had been taught during their induction that they must report any unexplained bruising on a person's skin. They said they knew they needed to fill out a body map if they observed unexplained bruising, as well as reporting the matter to their office. A care-coordinator was aware of their responsibilities for documenting matters of concern and either reporting them to their manager or directly to the local authority safeguarding team, if the registered manager was not available. The agency had clear procedures for identifying and supporting people who were at risk of abuse. They had made referrals to the local authority safeguarding team in the past, in support of people who might have been at risk of being abused.

None of the people we spoke with reported they had ever experienced a call being missed through staff shortage. A person said staff "All have time for a chat" and were not under pressure to leave them as soon as they were able. Care workers confirmed this to be the case. They said they were able to always remain for their full allocated time to support people and were not pressurised by concerns about staffing levels to move on to the next person.

Good

Is the service effective?

Our findings

People told us the care provided by the agency was effective and staff were trained in their roles. One person told us "Oh yes they're trained," another "They always seem to know what they're doing," and another "They do everything right and efficiently." A person whose relative was living with dementia told us "I think they're trained, they're so very good with them."

Staff we spoke with were positive about the training provided. A newly appointed care worker told us their induction had been "Great fun." Another care worker told us their initial training had been at the agency's main office. They said they had been new to care work and had shadowed experienced staff before working on their own. They said they did not go out on their own until they felt confident in doing this. They also said they had been trained in meeting people's individual needs. For example one of the clients on their rota had a catheter. They had been trained in how to support them with the catheter, before they started working with them on their own. The registered manager said because they planned which people new care workers would be caring for, they could make sure they had relevant training before they started working with them on their own.

Staff said the on-going training supported them in providing effective care to people. One care worker told us "We've loads of training," another care worker told us "I've done all the training." A care worker told us they provided care to people who were living with dementia and said the training in this had been "Useful." Care workers were aware of other areas, for example risks to people of pressure damage and how to prevent such risks. They said this was because of their training. The provider had training a matrix which enabled them to review ongoing training for staff in key areas such as fire safety and safe moving of people. The matrix enabled them to identify areas where staff needed updating in their standard training programme.

Care workers said they had been recently trained in their responsibilities under the Mental Capacity Act 2005 (MCA). A care worker told us "The MCA training was useful." Another care worker told us the MCA training had been "Very interesting." A care worker told us the MCA training had been so interesting it was now "One of my favourite areas."

Care workers told us they received regular supervision, 'spot checks' and appraisals. Care workers all said 'spot checks' were effective because they were unannounced. One care worker told us "They just turn up" about spot checks. A different care worker told us 'spot checks' were "All a complete surprise." Care workers said such support systems were effective. One care worker said their supervisions were "Fantastic," particularly when they needed advice. The provider had a supervision, 'spot check' and appraisal matrix which enabled them to review which staff had been supported and which staff were due such support.

People said the agency was effective in supporting them when they needed assistance if they were unwell. A person's relative said they had been concerned because their relative had fallen out of bed. The agency had contacted the community nurses about this and action was taken to meet the person's needs. A person's relative told us if their relative was unwell, the agency always let them know so they could "Take action." They also said care workers wrote clear records which helped them when discussing the person's condition

with healthcare workers.

Care workers knew what to do if people needed additional healthcare. A care worker said they had phoned the office for advice recently when a person was not feeling well and the office had advised them on how to ensure the person's healthcare needs were met. A care worker told us they were aware district nurses relied on them to inform them of relevant matters, for example if a person developed a "Sore bottom." A care worker told us if they went into a person's home and found they were very ill, they knew they needed to keep calm, stay with the person and inform the office, who would get in touch with the person's family. A different care worker told us they thought the person they were caring for had a stroke. They had dialled 999 and were pleased the ambulance staff told them they had done "Really well" in the way they had supported the person until they arrived.

Several people told us the agency supported them with eating and drinking. A person told us care workers supported them with their lunch and "I like the way they do me a jacket potato." A person's relative told us the person could vary in what they wanted to eat and the care workers "Always work with them," so they ate what they liked, and needed. A person's relative told us the person was "Not easy to cook for as they're fussy about what they have." They described how "Staff work with them so they do eat."

Care workers were aware of the importance of supporting people to eat a balanced diet. A care worker described a person who remained in bed all the time, who only liked a limited variety of foods, describing the specific way they helped them. This was clearly documented in the person's care plan. A different person's care plan showed they were being supported in cooking, to increase their independence. Their daily records showed care workers were helping the person to develop these skills. People who needed support to eat and drink had clear care plans about how they were to be supported. A person's records showed they were showing changes in swallowing both food and drink. Their records showed this had been referred to healthcare professionals, so the person received additional support. A person who was living with a physical disability had records which showed they had increasing difficulties with griping utensils. A therapist had advised care workers on how to support the person with eating and drinking.

Good

Is the service caring?

Our findings

All of the people we spoke with said care workers, and the office staff, were caring. A person told us "They do whatever I need, they're very kind, very trustworthy." Another person said "They're always very helpful." A person said about their care workers "We like them very much – we have a laugh and a joke." A person's relative said the care workers "Chat with them, they get on well." A different person's relative said they appreciated the way the care workers "Spend time" with their relative. People spoke warmly about individual care workers. A person told us "I like both my carers." A different person told us "One of them is so special." A relative commented on the office staff, saying their relative, who was living with dementia, "Phones up a lot, even out of hours; they are always polite."

People said care workers supported them in being independent and making their own decisions. One person told us "They let me do what I want." Another person said "Anything that wants doing, they do it, they're very good." Another person said "They help me with things I need doing." A person told us they needed support with caring for their lower legs. They said care workers supported them in their independence by letting them do as much as they were able to do themselves, before supporting them. A persons' relative said the person was only sometimes able to open their door independently. The person had a key lock system, so care workers could get in to the person's home when they were unable to open the door. The person's relative said the appreciated the way the care workers supported the person's independence by only using the key lock system on days when the person could not open their door by themselves. A person who was living with dementia had a clear care plan about their difficulties in making decisions. This care plan described the ways care workers were to support them, so they could continue to make decisions as much as they were able to.

The agency's systems monitored how they fostered people's independence. In responses to a questionnaires sent out by the agency, 100% of people who responded that the agency supported them in remaining independent. Managers monitored how care workers supported people's independence during 'spot checks'. For example one care worker's spot check commented positively that the care worker "Explained everything they were doing" before and while they supported the person.

People said care workers ensured their privacy and dignity. A person described their care workers as "All polite and friendly." A person's relative described care workers as "Professional and polite." Managers commented on this during 'spot checks.' One care worker's 'spot check' documented the care worker "Maintained dignity throughout" and another described the care worker's "Good rapport with the client."

People said they were always were given personal care by a care worker of the gender they preferred. A person told us the office had phoned them up once to ask them if they would mind a care worker of an opposite gender for personal care, because their care worker was off sick. They told the office they did not want a care worker of the opposite gender for personal care and it had been "No problem." A person told us they had never had a male care worker before but the office had asked them if this care worker could support them with their meals, not personal care. They warmly described this care worker as "Really lovely."

People said care workers were aware of the importance of confidentiality. A person told us this had worried them before they had a service because they lived in sheltered accommodation where other people also received support from care workers. Having received a service for a period of time, they were confident "They never talk about me to other people." A different person told us they felt safe because they knew "All matters were kept confidential." Care workers were aware of the importance of ensuring people's confidentiality. A care worker told us they always politely changed the subject if they were asked by people about how other people were. The agency had safe systems for ensuring people's personal information was passed on to care workers in a confidential way. People's personal information was never sent out to care worker's own phones via email.

Care workers knew about people they cared for as individuals. A care worker told us about how they needed to be aware of people's past and present lives to ensure they provided appropriate individual care. For example they described one person who could be anxious. They showed an understanding of the person's circumstances which could cause this periodic anxiety. We saw all care plans included a section on the person's past life and preferences. Some of these were detailed, for example describing the person's former working life. A person's care plan showed they had been born and brought up in another country and described the ways care workers were to support them, as it affected them in their current life. A different person's records detailed their preferred meal choices, due to their individual background.

Requires Improvement

Is the service responsive?

Our findings

People were positive about the responsiveness of the service provided. One person told us "I think they're really good." Another person told us their care was "Always as it should be." A person told us "They're very good, they do everything." People said care workers were flexible in their approach. A person said care workers "Do odds and sods for me," which was "Really nice of them." Another person said care workers "Help with other things too, if I want anything, they do it for me." A person's relative told us their relative could refuse care at times and they appreciated the way the agency kept in touch with them whenever this happened, so they knew and could take relevant action.

People were positive about how the agency followed their assessments and care plans. A person who had been recently provided with a service told us they had a full assessment of their needs with a manager before they started and had been given "Lots of information." A person told us "They follow my care plan to the letter." A person's relative told us "I've seen them there doing it properly," about their observations of care provided by care workers.

However we found people's care plans were not consistent . Some people's care plans were not sufficiently clear to enable care workers to know how to respond to their needs. For example a person had a catheter. Their care plan only stated "Assist with toileting needs," with no information about if they used an overnight bag, how often their leg bag needed to be changed or any other details about supporting them with their catheter care. Another person's records showed they had a stoma. There was no information about supporting then with hygiene for their stoma site. A person was documented as living with diabetes. Their care plan did not include information on management of their diabetes and areas the care worker might need to be aware of when providing care, such as signs and symptoms of low or high blood sugar levels.

Other people's care plans were completed in detail and clearly documented how care workers were to support people. A person who needed four visits a day, due to complex needs, had a detailed care plan which outlined the range of support they needed. The information was clear, so a care worker who was unfamiliar with the person would know what to do. A person who had mental health needs had clear daily records which showed how their condition varied during and between visits. Records were completed in a non-judgemental way and clearly showed how the person was at each visit. This enabled care workers and others involved in their care, to respond effectively to their changing needs. Care workers told us where people were new to the service a full assessment of their needs was completed before they went in to support them. A care worker told us managers "Always go out and assess before carers go in to support," this included where people were provided with a care package at short notice, including in an emergency. A care worker told us they were "Always" given full information about a new person and they were "Not thrown in at the deep end" when visiting people for the first time.

We asked people how they knew when and which care workers were coming to provide them with care. We received mixed replies. A person told us "I don't really know who's coming, no list." Another person told us they did not have a rota sent to them and they would like to know who was coming to support them. Another person said "I never know who's turning up." This was not echoed by other people. A person told us

"They ring me every Friday and tell me who's coming and when." We discussed these comments with the registered manager. They showed a flexible approach. They said they had a range of different systems for letting people know who would be coming and when. They said they told people about such systems when they offered a service. This information on how people might be informed of who was visiting and when, was not included in the service users' guide given to people when they started a service. It was also not routinely reviewed during people's planning reviews to find out if they had changed their mind about how they received such information. The registered manager said they would review information systems for people so they could improve information for them.

People made positive comments about the timings of their visits. A person told us their visits were "Not at all bad as to time" and another person said care workers were "Never late." People said if their care worker was delayed for any reason they were "Always phoned" by the office. Care workers told us they were, at the most, only ever five to ten minutes late. They said the office were "Very good," at taking into account local traffic flows and geography when planning calls so they were not late or too early. A care worker told us if circumstances in the area changed, so affecting journey times, they let the office know and they responded and adjusted visit times. The provider asked about visit times during quality audits. All the responses about timings of visits were positive. One person reported "Time-keeping is good" in their quality audit form.

People said they mainly had the same care workers visiting them. A person said it was "Nice to have someone you recognise caring for you." A person told us they had "Nearly always the same carers," another person said they had "Regular" care workers and another said they had "Mainly the one person" visiting them. This was echoed by care workers. A care worker told us they had "Regular, familiar clients." A newly employed care worker told us they had been regularly sent to the same clients since they had started. This meant they got to know them and could build up relationships with them. When we looked at notes from care workers' appraisals many documented that care workers appreciated having the same people to provide care for. The provider asked about continuity of care workers during their quality audits. People responded positively. One person stating "Staff don't change often."

People knew about how to raise issues of concern and to make complaints. They were confident such matters would be responded to. A person told us they had phoned up the office once because they didn't like the attitude of a care worker. They said the office had taken 'full action' to address their issues of concern. A person told us they would tell the office about any concerns, they were "Sure they would do something." A person told us "Surely I would complain if I had concerns," they were "Sure they would" take action. A person told us they had never needed to raise an issue or concern but were confident action would be taken if they needed to do so. They, named one of the care coordinators who they said was "Very good" at listening and sorting things out for them. We saw a person had raised an issue of concern to them. This was clearly followed up, with notes of the investigation and outcome. People who responded to the questionnaire sent out by the provider all said it was easy to raise issues and make a complaint.

Requires Improvement

Is the service well-led?

Our findings

People told us they thought the agency was well-led. A person told us "They're brilliant actually," another said "I can't fault them" and another "I just like the team." When we asked people if they would recommend the agency to a friend or family member, everyone we asked confirmed that they would. For example one person said emphatically "Yes I would" when asked this question. Staff also said they thought the agency was well-led. One care worker described the managers as "Brilliant," another said "I wish I'd come to work here years before," and another said "I'd definitely recommend" the agency to a friend or family member.

The agency's systems for auditing the quality and safety of the service were mixed. We looked at the records of a person who had been referred to the service due to a fall. They did not have a falls risk assessment completed. We asked the registered manager why this was, considering the person's history of falls. They said they did not know why the person did not have a falls risk assessment. This matter had not been identified during the agency's audits. Other matters had not been identified during audits. The agency cared for people who had catheters and stomas. People's care plans did not outline how potentially contaminated drainage bags were to be disposed of to ensure risk of cross infection was reduced. The provider's infection control policy dated 15 April 2014 only stated that staff were to 'dispose of all rubbish properly,' with no further information on how this was to be done or the potential risks of different categories of refuse to ensure all staff worked in a safe way.

The provider had recently audited staff employment records to ensure they included all required information to assess staff suitability to work with people on their own. One staff file had a tick sheet enclosed which stated the file had been audited and had no areas for attention. The file showed the member of staff had a gap in their employment record of seven months. This had not been identified during the provider's audit of the member of staff's file as an area which needed probing. Although staff used their own cars as part of their duties, many staff files did not include a recent copy of the member of staff's car insurance or driving licences. Staff contracts also did not include reference to the need for them to have a current driving licence and business car insurance if they used their own car for work. The agency's policy on staff use of their own cars did not include reference to how often such documents should be checked by managers. The provider had not identified these issues during their audits.

The provider had not ensured all relevant records were kept. Staff we spoke with said they had been trained in supporting people with catheters. However no records were kept of this training to ensure if this was the case for all care workers who supported people with catheters. The registered manager confirmed all people were routinely asked when they were offered a service if they had a preference about the gender of the care worker to provide them with personal care. This was not documented on the assessment form to ensure all relevant staff had access to such information, if the manager who asked the question was not available. Auditing of people's assessments, care plans, staff files and documentation were all areas which require improvement.

The agency did have effective audits in other areas. The registered manager maintained an accurate log of people who had fallen and people who had sustained skin pressure damage. They used this log to ensure

they could review and up-date people's care plans as relevant. They also used the information to ensure they contacted relevant healthcare professionals to reduce risk to people.

The provider had completed a recent survey with people about the quality of the service offered. Nearly all of the responses showed people were satisfied or very satisfied with how the agency performed. The registered manager also reviewed individual quality audits and care reviews to ensure they identified any areas for action. For example a person's review showed they refused both their medicines and care at times. Discussions had been held with their family, their GP alerted and a referral made to social services. The person's relative told us the they felt the agency was supportive of them in management of their relative's current circumstances. The registered manager also reviewed staff comments during staff meetings. For example during a recent staff meeting, care workers had brought up the issue of staff uniforms, their effectiveness when it was raining and safety on darker evenings. These comments had been noted and a review was taking place to identify more suitable uniforms to meet the needs of staff.

Staff said the atmosphere of the agency was supportive. A new care worker told us if they were not sure about anything, they would phone the office and they "Always support." A care worker who had been employed for a period of time said they liked the way they could phone the on-call manager "Any time," saying "They're great." A person's relative said they liked the way they could always contact a manager, even at the weekends. They said they also appreciated the way the managers went out to support people in their homes too, so they could "Keep up to date" with how care was provided and challenges the care workers might be facing.

Care workers said they could raise issues with managers. One care worker said about staff meetings "Oh yes, I can bring things up, and I do." Another care worker said they brought up issues during staff meetings and they were addressed "Wherever possible." A care worker commented in their supervision that they "Felt supported" by the agency. Another care worker reported "Office staff approachable, helpful" in their appraisal. The agency had a lone working policy. All of the staff we spoke with said they felt safe working alone, including during dark winter nights and in both rural and urban areas. All care workers said the on-call arrangements were effective in practice.