Catchers Care Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Catchers care is a domiciliary care agency, which provides personal care to people living in their own houses or flats in the community. The registered office is in Ferring near Worthing, West Sussex and provides a care service to the surrounding areas. At the time of our inspection the service was supporting 45 people in their own homes who had a mixture of needs. This included older people with physical disabilities and some people were living with dementia.

The service had a manager in post who had registered with the Commission in February 2016. 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 and their relatives told us they were happy with the care received by the service. Yet we found some aspects of the service were not always safe and needed improvement. Staff supported most people with their medicines. Staff used Medication Administration Records (MARs) to record when they had given medicines to people. However, we found this did not include all people's prescribed medicines which were held in blister packs or topical creams. On occasions staff were involved in an error relating to people and their medicines. Records captured the actions taken by the provider to minimise any further risks to people. However, the actions taken by the provider did not include reporting the incident to the West Sussex safeguarding team for their review. This was not working in accordance with safeguarding procedures, local authority medicine policy and best practice guidance from The National Institute for Health and Care Excellence (NICE). This meant medicines were not always managed safely and the provider was in breach of the Health and Social Care Act 2008. During and after our inspection the provider shared with us the action they were taking to ensure safe systems were in place to minimise any further risks to people.

Staff, including the registered manager, had received training and understood the principles of the Mental Capacity Act 2005 (MCA). We also observed how staff considered people's consent to their care whilst supporting them. However, care records had failed to capture whether a person lacked capacity or not to make specific decisions in relation to their own care. It was not always clear why and who had made care related decisions and whether they were in a person's best interests as mental capacity assessments had not been completed. We discussed this with the provider who told us they action they had taken.

Accidents and incidents were recorded by the staff team. Staff told us how they would routinely discuss accidents, such as people experiencing falls, with the registered manager. Staff were able to tell us advice would be sought from health professionals such as a GP and in emergencies paramedics would be called. They also told us how they would ensure any concerns were reported to the registered manager and other senior management colleagues in the office. However, records we checked in people's homes did not always provide details on the action taken by the staff member attending to the incident. During the inspection the provider was able to tell us the action they had taken to address this.

Notifications are changes, events or incidents that the service must inform us about by law. The provider did not always notify the Commission when they were required to do so. We discussed this with the registered manager and the provider who told us the action they were taking. Shortly after the inspection they sent to us notifications retrospectively. Whilst checks made by the provider to ensure the quality of care provided to people had not always been effective, other audits, such as checking staff training and supervisions had made positive contributions to how the service was run.

People received care from trained staff who received supervision from their line manager and were invited to attend staff meeting opportunities. The provider was in the process of recruiting at the time of our inspection as they did not have a full complement of staff. The registered manager and provider also attended care calls and safe recruitment systems were in place. We observed personalised care being provided to people and their privacy and dignity respected. Some people received support with their meals and people spoke positively about this. People were supported to have routine access to health professionals by the staff team if there was an assessed need. People and their relatives told us their concerns and complaints were acted upon and they felt listened to. The staff team understood their role and responsibilities and enjoyed working for Catchers Care Limited. This was mostly due to the 'family run' environment which made staff feel well supported.

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.

Medicine's were not always managed safely. Risks to people had been identified however lacked assessed guidance for staff on how to minimise the associated risks.

People and staff told us accidents and incidents were responded to by care staff. However care records lacked details on what action was taken.

People felt safe with the staff providing care and support to them and care calls were not missed. Additional staff were being recruited and safe recruitment systems were in place.

Is the service effective?

Requires Improvement

The service was not always effective.

Mental capacity assessments had not been undertaken by the provider, however consent was sought from people when providing care.

Staff received an induction, refresher training and supervisions.

Some people received support with their meals and people had access to health and social care professionals.

Is the service caring?

Good

The service was caring.

Positive and caring relationships had been developed between people and the staff supporting them.

People were encouraged to be involved with their care as they could be and staff supported them to be as independent as possible.

People's privacy and dignity was promoted.

Is the service responsive?

Good

The service was responsive.

People and relatives told us their care needs were met and we observed personalised care being delivered.

Concerns and complaints were listened to and actions taken by the provider were recorded.

Is the service well-led?

Requires Improvement

The service was not always Well-led.

The provider had failed to notify the Commission when required to do so by law about incidents which impacted the people they supported.

Audits and checks carried out by the provider had not always proved effective in assessing the quality of care provided to people.

People and their relatives were asked their views on the care they received informally and through questionnaires.

Staff told us the culture of the service was open and supportive and understood their role and responsibilities.

Catchers Care Limited

Detailed findings

Background to this inspection

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

This inspection took place on 29 and 31 August 2017 and was announced .

The provider was given notice because the location provides a domiciliary care service; we wanted to meet with people in their own homes and we needed to be sure that someone would be at the registered office.

The inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert-by-experience had experience of dementia care, domiciliary services and other care environments.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR, the previous inspection report and other information we held about the service. This included statutory notifications sent to us by the previous registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. In addition the Care Quality Commission had sent questionnaires to people using the service to gain their views on the care they received from the service. We reviewed 22 responses from people, five responses from their relatives, 10 responses from staff and three responses from community health and social care professionals. We used all this information to help us decide which areas to focus on during our inspection.

On the first day of our inspection we visited three people in their own homes. We were able to chat with people and observed how they were supported by staff and we looked at their daily files. We visited the registered office where we met separately with the registered manager and the provider. We also spoke with three care staff separately. The expert-by-experience spoke with eight people who used the service, over the telephone and one relative to gain their views on the care and support they received.

At the registered office we spent time looking at four care records, medication administration records (MAR), complaints, accidents and incidents records, surveys and other records relating to the management of the service including quality assurance checks made by the provider. We checked three staff records, this included staff recruitment documents, training, staff memo and staff meeting minutes. We also checked to ensure supervisions and appraisals with staff were being carried out by the provider.

The service had not been formally rated under this methodology due to a change of address of the registered office in October 2015.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us they felt comfortable and safe with the support they received from the staff team. One person said, "I have different people coming, but they are all very reliable". Another person said, "I usually have the same person coming in, she is just right for me". However, we found areas which needed to improve to ensure people were protected at all times from risks associated to the care they were receiving.

The provider and registered manager had assessed people's care needs prior to or at the start of providing their care. One person told us, "The manager arranged my care after a meeting at the hospital before they would let me come home, a family member was with me". Assessments included completing a health and safety risk management plan and other documents such as moving and handling risk management plan and medication assessment. For example, one person required two staff to support them with using an overhead hoist and this was stated in their care record. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. We found risk assessments were not always fit for purpose. This included assessments in relation to people's medicine needs. There was a lack of assessment regarding a person who required staff to dispense their medicines for them, but did not wish to take them whilst the care staff were in their home. They also had not assessed what the health implications were to a person who had not received their medicines as prescribed, to ensure staff knew what signs and symptoms to look for and the action they should take. Some people were prescribed 'when required' medicines for symptoms such as pain relief. There was no written 'when required' medicine specific guidance for staff within care records in people's homes for staff to follow. Staff knew people well and told us they reported any concerns with people's medicines to their line managers. They had also received training in how to administer medicines, but without clear specific guidance for staff there was an increased risk that people would not be supported safely and consistently at all times.

People were assessed as needing various levels of support with their prescribed medicines. We observed one person received their medicines from a staff member in their own home using a sensitive approach. Prescribed medicines were held in various containers. This included in bottles, boxes and sealed blister packs. Some people were able to manage their own oral medicines yet required support from the staff supporting them with the application of their prescribed topical creams. Topical creams include preventative barrier creams applied to a person who is at risk of skin integrity issues to help avoid a pressure wound. Each person who received support with their medicines had a Medication Administration Record (MAR) kept in their own home which staff would signed when they had given their medicines to them. We found the MAR was not a complete and accurate record of all medicines prescribed and given to people. Whilst boxed medicines and items such as eye drops and some medicated creams were listed on each MAR, medicines stored in blister packs and some topical creams were not. Staff had been trained to comment and sign on a daily log sheet that all medicines including blister packs had been given, yet not on an allocated MAR. This meant there was no central record of all prescribed medicines administered to people maintained. We discussed this with the registered manager and provider and referred them to the local authority medication policy and The National Institute of Health and Care Excellence (NICE) guidance to aid their understanding.

When a person had not received their medicines as prescribed the management team completed a, 'medication administration error form'. On occasions these were due to an error by a staff member carrying out the care visit. We discussed this with the provider and registered manager. Whilst these were addressed internally they were not brought to the attention of the West Sussex safeguarding team for their review. We also checked audits carried out by the management team on the completed medicine records and they had failed to identify safeguarding procedures had not been applied.

The above evidence shows that not all was done that was reasonably practicable to mitigate risks on behalf of people and treatment was not always provided in a safe way. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

By the end of our inspection the provider and registered manager had introduced a new care file for people. This included a new section surrounding medicine needs for people. We read a new MAR form which would include opportunities to add all prescribed medicines including blister packed medicines and all topical creams and told us their plans to ensure there were thorough medicine related care plans for all people requiring this area of support. The provider and registered manager also told us they were using this opportunity to review people's assessed care needs and ensure there were thorough personalised risk assessments in place for all aspects of care they were involved in providing to people. Shortly after the inspection the registered manager sought advice from the local authority about reporting missed medicines. They were able to provide assurances they would be amending their practice and reporting all incidents to the safeguarding adults team for their review in the future.

Accidents and incidents were reported by care staff to the office management team. Staff told us there was always a line manager to call to ensure they received the advice they needed. Care staff or their line managers contacted the necessary health professionals including the paramedics if a person needed an emergency care. Staff also recorded any injuries a person suffered onto a body map chart which was then kept in a person's daily home care file. However, care staff told us and records confirmed they did not complete an associated accident and incident form, for example, when one person had fallen. The body chart described a minor injury which had occurred, yet did not provide details of the action taken by the care staff at the time. We spoke with the provider and registered manager about this who were able to tell us the person was offered to see their GP, however they declined and their relative was spoken with as they kept a log of this at the office. We discussed how this detail should be entered by the attending care staff at the time of the care visit. By day two of our inspection the provider and registered manager were able to share with us a new accident and incident form. The new form included a body map chart but with additional prompts and spacing for care staff to add details surrounding what had happened including whether a health professional such as a GP had been contacted.

The provider and registered manager told us they had been finding it hard to recruit care staff. There were 12 care staff employed at the time of our inspection. The provider and registered manager were covering any gaps themselves and delivering care to people. They told us they had recently had three full time carers leave for various reasons. At the time of our inspection people received support between twenty minutes to up to an hour. People, relatives and staff told us care calls were never missed and people received the care they needed at the time they wanted. One person said, "My carers are usually on time, I understand that if they have been held up by the previous client then I might have to wait but I will get a call from the office to let me know". Another person said, "We have continuity and carers can be any one of a group of five or six carers, we do not have anyone who is not known to us, they are brilliant". Mostly people were complimentary about the care provided and the length of their care calls. However, one person expressed frustration and said the service needed, "More carers and should not take on more clients" as they felt it was impacting their own care visits. The provider told us they were reviewing their length of call times and would

be discussing this with the people they were supporting.

Safe recruitment practices were in place. Staff files we checked showed that potential new staff had completed application forms, received a job specification, two references had been obtained to confirm their suitability and good character for the job role and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and help prevent unsuitable staff from working with people in a care setting.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff received training on the MCA and shared their understanding of the topic. They told us people were involved in making decisions which related to their care and treatment. When we visited people's homes, we saw people were offered choices by staff. One staff member told us, "We are always aware of people's capacity". In each person's care record we read consent to care documents which had been signed by the person receiving their care or where appropriate a relative had signed on their behalf. A relative told us, "They always get permission before they do anything". The registered manager told us if they were concerned about a person's level of understanding or capacity to make a decision they would discuss this with health and social care professionals and/or a relative and decisions would be made in their best interests. However, at the time of our inspection, there were no mental capacity assessments undertaken on behalf of people who may be deemed to lack the capacity to make specific decisions about the care they received. We discussed this with the provider and registered manager who agreed this was an area they needed to improve on. By the second day of our inspection they had devised a MCA document to address this. They told us they would be implementing this in practice with any person they supported to ensure there was clarity within care records about people's abilities to make their own decisions. Shortly after our inspection they sent us an MCA they had completed with a person using they were supporting.

People were supported with meals and drinks during their care visits and told us they were happy with the level of support they were given. The level of support varied for different people depending on their level of need. Some people required support with cereal or toast at breakfast or making a sandwich at lunch, other people needed staff to reheat a ready-made meal or a meal was made from scratch with fresh ingredients. Staff told us they made sure people were left with enough to drink in between care visits and any concerns would be written within a person's daily notes and they would contact their managers at the office. The registered manager described a situation where they were concerned about how a person was storing their food as they were not keeping it at the correct temperature. They told us about the action they took to resolve the issue. We observed how one person had been supported to make their breakfast. They told us they were happy with the staff member who had made their breakfast and said, "She's a nice helpful lady". We observed the same staff member ask another person what they would like for their breakfast sensitively and giving them time to respond, they said, "What would you like today? Cereal or fruit?". Staff knew people well and the level of support they needed with their meals and drinks. However, we identified one person's daily records stated they had the same food item each day. Their care plan did not provide details on the associated risks to this. Their care plan did not state why this was or whether alternatives should be offered by staff or whether this had been discussed with the person and this was their choice. The registered manager and provider told us they respected the persons choice however agreed they would revisit this and amended the support plan accordingly after our inspection.

People received support from staff who had been taken through an induction process and attended training

with regular updates in subjects appropriate for their role and responsibilities. One relative told us, "They (staff) are efficient and dependable," they added, "They know how to look after [named person]". All new staff attended an induction, which covered moving and handling people safely, safeguarding adults, medication and food hygiene training. This was followed by shadowing more experienced carers. The induction period also included competency assessments to ensure staff were ready to undertake their care duties in the community. A new staff member said, "I shadowed [named staff member] they were brilliant". One person required two people to support them to move safely, their relative told us when a new staff member joined the team they shadowed the two staff they said, "They are the third member of staff". Training updates continued to be provided throughout a staff member's employment. A training plan held at the office listed which staff had attended and when they were due an update. A staff member told us, "We had safeguarding adults training last Thursday we discussed different types of abuse".

In addition to training all staff were provided with supervision and appraisal sessions with their line manager. A system of supervision and appraisal is important in monitoring staff skills and knowledge. Staff told us and records confirmed they received supervision throughout the year. Work related actions were agreed within supervisions and carried over to the next meeting. For example, additional training requirements for staff were discussed at supervision meetings. Staff meetings were also held every six months and included items relevant to people's needs, minutes of meetings were accessible for staff who had been unable to attend. For example, a meeting in April 2017 discussed a new staff handbook and what it included. Spot checks were also carried out every few months. Spot checks were an unannounced observation carried out by a staff member's line manager to check their competency levels regarding the care and support they were delivering. Staff were also invited to the office every Friday, although this was flexible to pick up their rota and meet with the management team face to face. The registered manager told us, "We have an open door", they added on Friday's staff, "Gave them information about clients, they chat with us". They told us they text messaged or telephoned staff with any updates on the people they supported to ensure they had the most up to date information on the person. Staff told us they valued the support they received, one staff member said, "If you have any problems they always help you they are always at the end of the phone ". Another staff member said, "The support has been fantastic".

People felt confident that staff could manage their healthcare needs, if needed. The support provided would vary depending on a person's needs; some people or their relatives were able to book and attend their own health appointments. People told us the staff team accommodated changes in care visits when there was a need to ensure they accessed health appointments on time. Where healthcare professionals were involved in people's lives, this care was documented in their care plan. For example, we noted that GP's and district nurses were involved with some people's care.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. We observed staff knew people well and people appreciated the time and care they gave. Staff were sensitive in their approach and informed the person what they were doing throughout each care visit. We observed staff used effective communication skills and respected they were in the person's own home. One person said, "I could not manage without my carers, they are so kind and caring, they will do anything I ask". Another person said, "They are very caring and patient and accept that I am slow in doing things, but do not hurry me". Staff spoke fondly about the people they supported. One staff member told us, "I treat people as if they are my grandparents, as you would want them to be treated". Another staff member told us, "I love the clients". The registered manager and provider also used a 'hands on' approach. This was due to the current staffing levels and they also explained they enjoyed getting out there and talking with the people they supported. Their caring values had filtered down throughout the staff team.

People were encouraged to be as independent as they possibly could be. Staff offered people choices regarding the care they received. This included what they wore and what they ate and drank. One staff member told us, "We help them decide what they want to wear and eat". People were able to decide the gender of the staff member providing their care and people said the service supported this. Two people told us they had told the office when they had not wanted a particular staff member to return and the office had respected this. One person told us about a staff member that did not return to support them and said, "They did not have patience".

People told us they were supported to express their views and were involved in decisions relating to their care, treatment and support. People were aware of daily files which were in their homes and what they were for. They included contact information, their care plan and other daily monitoring health forms pertinent to the individual they were being written about. People told us their daily decisions were respected and they felt in control of their own care. One person told us, "I can please myself, if I do not feel like having a shower, they respect this and I just have a wash". We discussed this with the staff we spoke with. One staff member told us, "We respect their decision if they don't want a shower or a bath we try to encourage them using gentle persuasion".

People told us they were treated with dignity and respect and had the privacy they needed. One person was able to share, "They are very discreet and make me feel at ease when providing intimate care". We discussed caring approaches with the staff we spoke with. Staff were able to describe how they supported people to wash whilst maintaining a person's dignity using an empathetic approach. One staff member said, "We always ask for consent" before they started washing a person. Another staff member said they covered the rest of a person's body with a towel whilst supporting them to wash. A relative said, "They always get permission before they do anything". They also told us their family member was treated with, "dignity and respect". The provider and registered manager spoke passionately about using a caring approach and felt their staff excelled in this area. The registered manager told us they felt spot checks were a positive contribution and helped them identify if a staff member was caring in their approach. A person had completed a telephone review with a member of the management team in April 2017. They were asked,

'Does your carer treat you with dignity and respect?' they answered, 'Oh Yes'. The Commission sent out questionnaires to people and their relatives using the service prior to our inspection. One comment received back from a relative said, 'In the last 4 years since my [named person] has received care from Catchers we have had several different carers and without exception they have all been exceptional in their care and support'. Another comment from a relative read, 'Carers really do care'.

Good

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. People told us staff had got to know their likes and preferences. They told us this happened naturally through chatting during care visits. People were pleased that staff were able to share a laugh and a joke with them which positively enhanced their day. One person said, "If I am feeling a bit down, the carers try to cheer me up, they tell me a funny story and we have a laugh". Another person said, "My carers are wonderful. I consider them to be friends; they do not try and take over". One person shared an incident where they had an accident. They told us in response the staff team amended their care package yet maintained their independence which was important to the person. We asked staff members if they provided person centred care. One staff member captured the essence of using a person centred approach and said, "Because one person wants and needs is different to another".

Each person had a care record which included a care plan, various assessments and other information such as the time and length of their care visits. A copy was kept in people's homes and the registered office. All care plans we read at the time of our inspection included a summary profile named, 'All about me' which shared information about a person's history such as where they had previously lived or what their occupation was. A staff member told us, "Their care plan has a list of everything the person would like, you can also ask them". People told us they were encouraged to be involved in their care plan and any changes to their care needs were reflected within their care plan. One person told us, "I had my care reviewed after one year". Another person said, "I spoke with the manager recently and she read the plan out to me and asked if anything had changed". A third person told us, "I have had the bosses here doing my care so they chatted and asked me how I was getting on and if everything was ok". The care plans we read varied in the level of detail about a person. This included the level of specific written guidance required to minimise risks to people. We discussed this further with the registered manager and provider and have written about it further in the Safe domain of our report. During our inspection the registered manager and provider responded to our discussions and devised a new care plan format and told us all the information we read would be transferred into the new document.

Daily records were completed about people by staff at the end of their visit. They included information on how a person presented during the visit, what kind of mood they were in and any other health monitoring information. Changes to people's needs were highlighted through various methods including reviews, spot check visits and speaking to people and families direct over the telephone or face to face. Information written in daily records meant staff were prepared and able to respond to people's current needs and amend their practice accordingly.

There was an accessible complaints policy kept in people's daily files, however there were no open formal complaints at the time of our inspection. Overall people were happy with the care they received. They told us they knew they could approach staff members and the management team if they needed to. One person told us, "I have everything I need, but would soon let them know if things were not right, I might have problems with my legs but not my brain. I love the carers coming in, we have a laugh and I can talk to them about anything". In a response to the Commission's questionnaire received prior to the inspection a person

said, 'I have no complaints about Catchers. They have been wonderful over the years I have received my care-from the boss to all the girls, they are a caring and smashing team'.

Requires Improvement

Is the service well-led?

Our findings

The registered manager and provider were fully involved and responded openly throughout the inspection process to discussions held. During our inspection we talked about how they managed incidents which impacted people who used their care services. They told us about two separate incidents which had occurred in June and August 2017. They had informed the local authority safeguarding team at the time of both incidents. They were also able to share the action they had taken to protect people and the staff supporting them. However, on both occasions they had failed to notify the Commission. A notification is information about important events which the service is required to send to us by law. Shortly after our inspection, the registered manager sent notifications to the Commission retrospectively regarding both incidents. In addition, since our inspection we received a further statutory notification regarding a serious injury a person had suffered a timely manner. The information sent to us, provided assurances the staff team responded appropriately to the incident and the registered manager understood their role and responsibilities regarding what the Commission needed to be notified about.

The registered manager and provider undertook their own checks on their systems to review the quality of the care they provided to people they supported. These included checks on staff training and staff supervisions. Whilst some checks made proved fit for purpose, others had failed to identify the shortfalls we found during our inspection. Audits in place failed to identify the gaps we found within how medicines were managed, risk assessments, MCA and statutory notifications. We discussed the 'Guidance for providers on meeting the regulations' that provides guidance to care providers and registered managers about how CQC inspects and the fundamental standards of quality and safety. The registered manager told us they understood the guidance and referred to the guidance. However, the provider told us they had not read them. This may have influenced our findings during our inspection. Whilst we recognised, during our inspection, the efforts made by both the registered manager and provider to make improvements these needed to be embedded and sustained over a period of time to ensure they increased their effectiveness.

People, relatives and the staff spoke positively about how the service was run and the support they received from the management team. We found the management team focused on providing personalised care to people in their own homes. Whilst people acknowledged the service was, at the time of our inspection, short staffed they found both the registered manager and provider easy to talk with and responsive to their needs. One person told us, "I am perfectly satisfied with my care, nothing to worry about with the service". Another person said, "I think the service is excellent, the managers are very accessible and easy to talk to. I do not have any worries or concerns or problems, whenever I have mentioned anything to the manager they have dealt with it". Prior to our inspection the Commission sent out questionnaires to people to gain their views on the care received. Some people used this opportunity to compliment the service they received. One person had written, 'I find the manager to be very helpful in answering any queries and acting on our advice/requests. She seems to have a good understanding of people's needs. A relative wrote, 'Catchers have been 100% since day one'. They added, 'My relative loves seeing them coming in the door'.

Staff we met with had a good understanding of their role and responsibilities and how they should conduct themselves whilst supporting people. They also spoke positively about their employment and told us they

were happy in their work. One staff member wrote, 'I have worked for a few agencies and I have to say this is the most friendly and caring of them all. They care about their clients and their staff and do their very best to meet the needs of both'.

There was a range of methods used by the management team to gather the views of people and their relatives on how they found the care and support the service gave. This included informally by chatting with people on care visits, telephone monitoring calls and an annual survey sent to people and their relatives. There were 11 surveys returned in 2017 completed by people and/or their relatives and the responses were positive. We spoke with the registered manager separately about their achievements. They told us they were faced challenges regarding current staffing levels but remained positive that, "They get to see the clients regularly, training is up to date and staff morale is high".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that medicines were managed safely and not done all that is reasonably practicable to mitigate risks. 12 (2) (b) (g)