

Morecare Services (Uk) Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 12 January 2018 and was announced.

Morecare Services (UK) Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults and younger disabled adults. The agency provided personal care to 30 people at the time the Director submitted the Provider Information Return (PIR) on 8 December 2017. Twenty-seven care packages were funded by local authorities, two by the local Clinical Commissioning Group for continuing healthcare and one privately funded. The agency did not provide any live-in care at the time of our inspection.

There was no registered manager in place at the time of our inspection. 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 previous registered manager had left the agency in September 2017. The agency's Director had applied for registration with the CQC but had withdrawn their application. We were advised during the inspection that one of the agency's care co-ordinators would apply to be the registered manager of the agency.

At the last inspection on 12 November 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

Staff provided people's care in a safe way. They understood the risks involved in people's care and managed these safely. The rota was planned to ensure there were sufficient staff to keep people safe and meet their needs. People could rely on the agency's staff and said their care workers had never missed a visit. They told us staff almost always arrived on time and that they were informed if staff were running late.

The providers' recruitment procedures helped ensure the agency employed only suitable staff. Staff attended safeguarding training and understood their responsibilities in terms of keeping people safe and protecting them from abuse. The provider had developed a contingency plan which prioritised the delivery of care to people most at risk in the event of an emergency. Where people received support with their medicines, this was managed safely. People were protected against the risk of infection because staff helped keep their homes clean and hygienic.

People's needs were assessed before they used the service to ensure the agency could provide the care they needed. People were confident that their care workers had the skills they needed to provide their care. They said staff knew how their care should be delivered and were well trained to do their jobs. Staff told us they had access to the training they needed to provide people's care. Training records confirmed this and that staff had access to any additional training they needed to meet the specific needs of the people they cared

for.

People received their care from a consistent team of staff, which they said was important to them. People's care was provided in accordance with the Mental Capacity Act 2005 (MCA). Staff had received training in this area and how the principles of the Act applied in their work. People were asked to record their agreement to their care plan and confirm their consent to the care being provided.

People's nutritional needs were assessed during their initial assessment and any dietary needs recorded in their care plans. Where people needed assistance with eating and drinking there was a care plan in place to outline the support they required. Staff understood people's healthcare needs and supported them to maintain good health.

People reported that the staff who supported them were kind and caring. They said they had positive relationships with staff and enjoyed their company. Relatives said staff treated their family members with respect and maintained their privacy and dignity when providing personal care. Staff understood the importance of enabling people to manage their own care and encouraged people to maintain their independence wherever possible.

People received a service that was responsive to their needs. People's care plans reflected their individual needs and preferences about their care. Staff told us they were always given enough information about people's needs before they began to provide their care. They said they reported any changes in people's needs to the agency's care co-ordinators, who reviewed the care package to ensure the time allocated at each visit was sufficient. People told us their care workers had enough time at each visit to provide the care they needed. They said that if their needs changed, their care plan was amended and their visit time extended.

People knew how to complain if they were dissatisfied. The agency's complaints procedure was provided to people when they started to use the service. Four complaints had been made about the agency in the last 12 months. These complaints had been investigated and responded to appropriately. No complaints about the agency had been made to the CQC.

People and their relatives told us the agency was generally well managed. Some people said they had never had any concerns regarding the reliability of the service they received and were satisfied with the agency's communication with them. Other people told us the service they received had not been reliable service when they began to use the agency but that the service had improved when they registered their concerns.

Local authorities who commissioned care with the agency also reported that the service had not always been reliable in the past but that standards of reliability had improved significantly. Social care professionals from the local authority told us the management team had responded positively when concerns about timeliness and reliability had been raised and that, as a result, the service people received had improved.

Staff told us they received good support from the agency's management team. They said they were always able to contact a member of the management team if they needed advice or support, including out-of-hours. Staff told us that care workers worked well as a team to ensure that all the agency's care commitments were met. The agency's care co-ordinators monitored the quality of the care people received through regular spot checks on staff. A care co-ordinator visited people's homes to check that staff arrived on time, provided people's care safely and in line with their care plan, promoted their independence and treated them with dignity and respect.

Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained a daily care notes for each person, which recorded the care they received and, where relevant, any medicines they were given. Care and medicines administration records were checked by care co-ordinators each month to ensure that records were accurate. The management team were aware of the requirement to inform CQC about notifiable incidents and the process for doing so.

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 remains Good.

There were enough staff to meet people's needs and keep them safe.

People were protected from avoidable risks

Staff understood their roles in keeping people safe.

People would continue to receive care in the event of an emergency.

People were protected by the provider's recruitment procedures.

Medicines were managed safely.

Is the service effective?

Good ●

The service remains Good.

People received consistent care from staff who knew their needs well.

Staff had access to appropriate support, supervision and training.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

People's nutritional needs were assessed and recorded in their care plans.

People were supported to maintain good health.

Is the service caring?

Good ●

The service remains Good.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

Staff supported people in a way that promoted their independence.

Staff understood people's needs and how they liked things to be done.

Is the service responsive?

Good ●

The service remains Good.

People received care that reflected their individual needs and preferences.

Staff had enough time at each visit to provide the care people needed.

The support people received was reviewed and amended if their needs changed.

Complaints were investigated and responded to appropriately.

Is the service well-led?

Good ●

The service remains Good.

The management team had addressed concerns raised about the reliability of the service people received.

People had opportunities to give their views about the service and these were listened to.

Staff received good support from the Director and care co-ordinators.

There were effective systems of quality monitoring, which included spot checks on staff providing people's care.

Records were well organised and up to date.

Morecare Services(UK)Ltd

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 was 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 12 January 2018. The provider was given 48 hours' notice of our visit because we wanted to ensure the Director and care co-ordinators were available to support the inspection process. One inspector undertook the inspection.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. Before the inspection the provider completed a Provider Information Return (PIR). The PIR 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.

During our inspection we visited the agency's office and spoke with the Director and two care co-ordinators. We checked care records for three people, including their assessments, care plans and risk assessments. We looked at four staff recruitment files and records of staff training and supervision. We also checked records related to the management of the service, including satisfaction surveys, complaints, quality monitoring checks and audits.

Following our visit to the agency's office, we spoke with four people who used the service and six relatives by telephone to hear their views about the care and support provided. We requested and received feedback from the local authorities who commissioned care with the agency. We received feedback from four care workers about the training and support they received to carry out their roles.

The last inspection of this service took place on 12 November 2015 when we identified no concerns.

Is the service safe?

Our findings

People told us they felt safe when staff provided their care. They said staff understood how their care should be provided and any risks involved in their care. One person told us, "I feel safe with them." Relatives were confident their family members were safe when receiving their care, which they said was reassuring to them. One relative told us, "I absolutely trust her. She gives the live-in carer a break and I am happy to leave [family member] with her." A social care professional told us, "People do receive a safe and reliable service."

People told us their care workers were reliable and had never missed a visit. They said their care workers usually arrived on time and they received a telephone call from the office to let them know if their care worker was running late. The Director said staff were told to inform the office if they were delayed, which enabled a member of office staff to call the person and let them know their care worker would be late. Staff reported that they had sufficient travel time built into their rota, which enabled them to make their calls on time unless they were delayed at their previous visit. One member of staff told us, "They never overload you with work that will make you rush to your next visit and they make sure I have time to get to my client's house on time."

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe. Risk assessments considered any equipment used in the delivery of care and the environment in which the care was to be provided. Guidelines had been produced for staff about how to minimise any risks involved in the delivery of people's care. People told us their care workers helped keep their property secure. They said their care workers always ensured their home was secure when they left. The agency ensured that information about how to access people's homes via a key safe was only available to those who needed to know.

Staff received fire safety training and a fire risk assessment of people's homes was carried out before they began to use the agency. The risk assessment considered any potential fire hazards and the fire safety measures currently in place. The Director told us the agency had contacted the Fire and Rescue Service if they had concerns about fire safety arrangements. The Director said a fire safety officer had subsequently visited people's homes to install smoke alarms and advise them about fire safety. There were plans in place to ensure that people's care would not be interrupted in the event of an emergency, such as adverse weather affecting staff travel. The provider had identified those people most at risk, such as those living alone, and put plans in place to prioritise the delivery of their care in the event of an emergency.

There was evidence of learning from incidents that occurred. Staff recorded any accidents or incidents people experienced even if no staff had been present at the time of the incident. A care co-ordinator was responsible for reviewing accident/incident forms to ensure any action necessary to prevent a recurrence had been taken. The care co-ordinator told us they also reviewed people's risk assessments following accidents and incidents and amended them if necessary. The care co-ordinator provided an example of how the agency had acted to protect one person's safety after they suffered a number of falls when alone in their home. The agency contacted the person's family and the local authority, who worked together to protect the person from the risk of further falls. Another person had managed their own medicines before being

admitted to hospital but following their discharge staff were concerned about their ability to manage their medicines safely. Staff raised their concerns with the agency's managers, who contacted the local authority to highlight the issue. The local authority then took action to ensure the person's medicines were managed safely.

Staff received training in safeguarding and recognising the signs of abuse. Staff told us they discussed safeguarding at team meetings and said they had been reminded staff of their responsibilities to report any concerns they had about abuse or people's safety. The Director had obtained the local multi-agency safeguarding procedures and staff had been given information about how to raise concerns outside the agency if necessary.

A social care professional told us, "There are no records of concerns about poor practice and/or safeguarding. Morecare does report any concerns observed when carrying out their duty in the community." The agency had acted to protect one person from potential financial abuse when staff recognised the person was at risk. Staff observed that the person left large amounts of cash around their home and were concerned that the person lived alone and did not have family nearby. Staff reported their concerns to the management team, who alerted the local authority. The local authority supported the person to manage their money safely and to protect them from potential financial abuse.

The provider carried out appropriate checks to ensure only suitable staff were employed. Prospective staff were required to submit an application form with details of their qualifications, training and employment history and to attend a face-to-face interview. We saw evidence the provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Some people's care involved support with managing their medicines. Staff responsible for administering medicines had attended training in the safe management of medicines. People whose care involved support with medicines had a medicines administration record in their home, which was completed by staff each time they administered their medicines. Medicines administration records were checked by care co-ordinators to ensure they were being completed accurately and that people were receiving their medicines safely.

People told us their care workers helped them keep their homes clean and hygienic. Staff had received training in infection control and the agency had an appropriate infection prevention and control policy. Staff told us they always had access to personal protective equipment, such as gloves and aprons, when providing people's care.

The records we checked in the agency's office relating to people's care were accurate, up to date and stored appropriately. Staff maintained a daily log for each person, which recorded the care they received and, where relevant, any medicines they were given. Care and medicines administration records were checked by care co-ordinators each month to ensure that records were accurate.

Is the service effective?

Our findings

People told us the staff who supported them had the skills they needed to provide their care. They said staff knew how their care should be delivered and were well trained to do their jobs. One person said of their regular care worker, "She is very good, she knows what she's doing." Another person said of their regular care worker, "She is very efficient." A third person told us, "Morecare certainly provides trained carers."

People received their care from a consistent team of staff. People told us they saw the same care workers on a regular basis, which they said was important to them. One person told us, "I see the same carer all the time. She's very good." Another person said, "I have had two or three carers [provided by the agency] in the time I've been using them, they've all been good." Relatives confirmed that their family members received their care from regular staff. One relative told us, "We have settled into a routine with a regular carer. She comes twice a day." Another relative said, "We always see the same carer, we are very pleased with her." A third relative told us, "It's always someone we know." The Director told us the agency aimed to have a small group of staff who visited each person and knew their needs well to take account of staff leave and sickness.

Relatives confirmed that the agency supplied care workers who knew their family member's needs and how to support them. One relative said of their family member's care worker, "We are very happy with her. She is very experienced." Another relative reported of their family member's care worker, "She is well trained. She knows how to use the hoist correctly." A care co-ordinator told us people were always introduced to their care workers before they provided their care. All the staff who provided feedback said they received enough information about people's needs before they began to support them.

Staff told us they had access to the training they needed to provide people's care. One member of staff said, "Before Morecare employ you, you must certainly attend training which prepares you for the role you will play." Staff told us they attended all elements of core training in their induction, including health and safety, first aid, moving and handling, safeguarding, infection control, food hygiene and the safe management of medicines. Staff also had access to any additional training they needed to meet the specific needs of the people they cared for. For example staff had received training on percutaneous endoscopic gastrostomy (PEG) from a nurse to meet one person's needs. A member of staff told us, "They give good information before you start working with a new client and if it requires training you haven't got yet they make sure you have it before starting work."

Staff had opportunities for professional development. Some staff told us the agency was supporting them to work towards relevant professional qualifications in social care. The Director told us that all new staff would be expected to complete the Care Certificate if they had not done so before they joined the agency. The Care Certificate is a set of nationally agreed standards that health and social care workers should demonstrate in their daily working lives. Staff told us they had opportunities to discuss their work and performance at one-to-one meetings. They said these sessions enabled them to seek advice if they needed it and to discuss their training needs. A care co-ordinator told us care staff had a monthly one-to-one meeting during their six-month probationary period and on a quarterly basis thereafter.

People's needs were assessed before they used the service to ensure the agency could provide the care they needed. Local authorities commissioning care provided the agency with their own initial assessment of a person's needs. A care co-ordinator from the agency then visited the person to carry out the agency's own assessment. Assessments recorded people's medical histories and healthcare conditions and identified any needs people had in relation to health, mobility, communication, nutrition and hydration, medicines and personal care.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's care was provided in accordance with the MCA. Staff had received training on the principles of the Act and how these principles applied in their work. People were asked to record their agreement to their care plan and confirm their consent to the care being provided. The Director told us that if a person lacked the capacity to make an informed decision about their care, they would seek the advice of the local authority in arranging a mental capacity assessment. The Director said if a mental capacity assessment identified that a person did lack capacity, the local authority would convene a meeting involving all relevant people, such as relatives and healthcare professionals, to ensure any decisions were made in the person's best interests.

People who received support with meals told us they were happy with this aspect of their care. They said staff knew their preferences about the food they ate and prepared meals they enjoyed. People's nutritional needs were assessed during their initial assessment and any dietary needs recorded in their care plans. Where people needed assistance with eating and drinking there was a care plan in place which outlined the support they required. A care co-ordinator told us that some people had been prescribed soft diets by speech and language therapists. The care co-ordinator said soft diets were supplied ready prepared to the consistency people required. Some people had dietary needs related to their religion or culture, such as Halal or vegetarian food. Staff supported people with buying and cooking the food they needed to meet their requirements.

Staff supported people to maintain good health. Care workers raised their concerns with the office if they noticed a change in a person's needs or suspected they were unwell when they visited. With people's consent, the care co-ordinator had made referrals to healthcare professionals on their behalf. For example the agency had contacted a person's GP when staff noticed the person's legs were swollen. The GP had made a referral to an occupational therapist who visited the person to carry out an assessment of their needs. Care co-ordinators had also supported people by collecting prescriptions from the pharmacy when people felt unable to do so themselves. A social care professional told us, "Morecare make contact with local GPs, district nurses and social services."

Is the service caring?

Our findings

People were supported by kind and caring staff. People told us the care workers who visited them were friendly and helpful. They said their care workers treated them with respect and maintained their dignity when providing care. One person told us, "They are all very friendly." Another person said, "I'm very happy with them. They are very good."

People told us they had positive relationships with their care workers and enjoyed their company. One person said of their care workers, "I get on very well with them." Relatives confirmed that their family members were supported by caring staff. One relative told us, "We have been very pleased with them. [Care worker] is his favourite. He is wonderful. He comes at 7 every morning and helps him into the shower."

Relatives said staff treated their family members with respect. They said staff maintained their family member's privacy and dignity when providing their care. One relative told us, "Without a doubt they treat him with respect." Another relative said, "They treat him as an individual. Their attitude is a lot to do with it. They are very respectful."

Where people had needs or wishes related to their religion or culture, these were respected by staff. For example some people had expressed a wish for same-gender care workers and these requests were supported. The Director provided another example of how the agency had responded to people's wishes. The Director reported, "An example is where a Muslim client and our company discussed what was expected whenever carers attend calls in their home. Wearing of shoes was not allowed in the house, hence we improvised with shoe covers to be worn while in their home."

People told us their care workers supported them to be independent where they wished to be. They said staff understood their wishes to manage aspects of their own care and respected these. The Director told us, "Promoting independent is one of our values." People's care plans recorded which aspects of their care they could manage by themselves and staff confirmed they had been instructed by the agency to promote people's independence when they supported them.

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. People were issued with a statement of terms and conditions when they began to use the service which set out their rights and the service to which they were entitled. The provider had a confidentiality statement, which set out how people's confidential and private information would be managed. Staff were briefed on the statement and the importance of managing confidential information appropriately during their induction.

Is the service responsive?

Our findings

People received a service that was responsive to their individual needs. Each person had a care plan drawn up from their initial assessment. Once the care plan had been written, it was shown to people to check the contents reflected their wishes and preferences. Care plans provided information for staff about people's needs and their preferences about their care.

People told us their care workers had enough time at each visit to provide the care they needed. They said that if their needs changed, their care plan was amended and their visit time extended. Staff told us they had enough time at each visit to provide the care people needed. They said they reported any changes in people's needs to the agency's care co-ordinators, who reviewed the care package to ensure the time allocated at each visit was sufficient. Care co-ordinators told us they liaised with the local authority if people's needs changed or staff reported they did not have enough time to provide the support people needed at each visit. For example the initial care plan for one person included providing personal care and preparing a meal, which was left for the person to eat. Staff found the person was not eating the meals they had prepared for them and reported this to the care co-ordinator. The care co-ordinator negotiated with the local authority to extend the visit time so staff could support the person to eat their meals.

The agency had taken appropriate action when people's needs changed or they developed conditions that required input from healthcare professionals. For example staff had reported their concerns when they observed redness on a person's skin. A care co-ordinator had contacted the person's GP, who made a referral to the district nursing team. District nurses began visiting the person to ensure they received the care they needed to maintain the integrity of their skin.

Staff told us they were always given enough information about people's needs before they began to provide their care. They said they were briefed about people's needs by a care co-ordinator before they visited them. Staff reported that they received a copy of the person's care plan prior to providing their care to ensure they knew the support people needed. People's care plans were reviewed regularly to ensure they continued to reflect their needs. A care co-ordinator told us that they reviewed people's care plans every six months as standard practice although reviews would be brought forward if staff reported a change in a person's needs.

The agency provided care to some younger adults with learning disabilities who needed support to access their chosen activities. In some cases this involved staff supporting people to attend college and outings. A care co-ordinator told us that the agency selected the staff most suited to supporting younger adults with learning disabilities based on their training and previous experience.

The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people when they started to use the service. People who used the agency and their relatives told us the provider had made them aware of the agency's complaints procedure. The provider's PIR reported that four complaints had been made about the agency in the last 12 months. The agency's complaints log demonstrated that these complaints had been investigated and responded to appropriately. No complaints about the agency had been made to the CQC.

The Director told us that the agency was not providing any end of life care at the time of our inspection although staff had done so in the past. The Director said the agency had access to end of life care training for staff and that staff were given a briefing if they were to provide end of life care to ensure they demonstrated appropriate sensitivity when supporting people.

Is the service well-led?

Our findings

People and their relatives told us the agency was generally well managed. Some people said they had never had any concerns regarding the reliability of the service they received and were satisfied with the agency's communication with them. One person told us, "They seem to be reasonably well run. We get a call if [regular care worker] is going to be away to ask if we want a replacement. I haven't had any problems in all the time we've been using them." Another person said, "It seems well organised. I have not had any contact with managers but I have not needed to communicate with them as I've never had a problem." Other people told us they had not received a reliable service when they began to use the agency but that the service had improved when they registered their concerns. One person said, "They were often late early on but they have improved that; it hasn't happened again since I raised my concerns."

The agency had expanded significantly in the previous 12 months with 25 care packages taken on within the last year. The majority of these packages had been commissioned by the local authority, which began using the agency as a care provider in October 2017. The feedback we received from the local authority was that the service had not always been reliable when care packages were first commissioned but that standards of reliability had improved significantly. A social care professional from the local authority told us, "There were concerns about late calls where care workers were not attending on time. This was discussed with the manager who took appropriate steps to resolve the concerns that were being raised. It is my understanding that the service provision is improving."

Social care professionals told us the management team had responded positively when concerns about timeliness and reliability had been raised. They said that, as a result, the service people received had improved. One social care professional commented, "My experience of working in collaboration with Morecare has been a positive one. The manager is 'hands on' and appears to want to work closely with service users, their families and other professionals involved with them." The social care professional added, "It is my view that the team at Morecare are prepared and are open to any feedback whether positive or negative. I have found the team approachable and effective in many ways from my dealings with individual team members." Another social care professional said, "Morecare communicates effectively with our locality. Overall, the agency provides an effective service and takes pride in the community they serve."

People who used the service and their relatives had opportunities to give their views about the agency. Satisfaction surveys were distributed by the agency and the results collated. A care co-ordinator told us that if people were unable to complete a survey, a care co-ordinator offered to visit them to hear their feedback in person. Surveys asked people if they were happy with the service they received, whether staff arrived on time and completed all the tasks in their care plan. People were also asked for feedback about whether staff treated them with respect, encouraged them to be independent and respected their choices about their care. The results of the most recent satisfaction survey provided positive feedback about the service the agency provided.

If people reported they were dissatisfied with any aspect of the service they received, the agency took action to address their concerns. For example a relative told us they had raised concerns about the practice of one

care worker supplied by the agency. The relative said, "We have had seven or eight carers from that agency and they've all been fine apart from this one. I reported her and they haven't sent her again. They were very apologetic." Care co-ordinators also carried out regular spot checks on staff. Spot checks involved the care co-ordinator observing a care worker's practice, including how they provided any personal care required and how they interacted with the person they were supporting.

The agency did not have a registered manager at the time of our inspection. The Director had previously applied for registration with CQC but had withdrawn their application. The management team comprised the agency's Director and two care co-ordinators. We were advised during the inspection that one of the care co-ordinators would apply to be the registered manager of the agency. The care co-ordinator who planned to apply for registration as manager told us they were working towards the Level 5 Diploma in Leadership for Health and Social Care and hoped to complete this qualification by April 2018.

Staff told us they received good support from the agency's management team. They said they were always able to contact a member of the management team if they needed advice or support, including out-of-hours. One member of staff told us, "I am well supported, communication is good." Another member of staff said, "We meet as often as we can to deal with individual issues and talk about available training." Staff told us that care workers worked well as a team to ensure that all the agency's care commitments were met. The Director said all staff were introduced to the agency's values during their induction. The Director told us these values included openness and transparency, respecting people's choices and beliefs and valuing diversity. The management team were aware of the requirement to inform CQC about notifiable incidents and the process for doing so.