

Aquaflo Care Ltd

Aquaflo Care Barnet

Inspection report

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Date of inspection visit:
25 October 2017

Date of publication:
05 December 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

We undertook an announced inspection of Aquaflor Care Barnet on 25 October 2017.

Aquaflor Care Barnet is a domiciliary care agency registered to provide personal care to people in their own homes. At the time of our inspection, the service told us that they were providing care to 53 people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 last comprehensive inspection we carried out in October 2016 found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection in October 2017, we found that the service had taken appropriate action to improve on the breaches of regulation we previously identified.

People and their relatives informed us that they were satisfied with the care and services provided by the service. People told us they felt safe around care staff and were treated with respect and dignity. Relatives of people who used the service said they were confident that people were safe around care staff and raised no concerns in respect of this.

Our previous inspection in October 2016 found that a significant proportion of risk assessments contained limited information and some areas of potential risks to people had not been identified and we found a breach of regulation in respect of this. During this inspection in October 2017, we found that the service had made improvements and new format risk assessments were in place for all people. We found that the majority of risks had been identified. However, we found that in some people's care plans there was a lack of information about the action to take to reduce risks. Following the inspection, the registered manager sent us evidence to confirm that they had added necessary information in the risk assessments we discussed and said that they would ensure that this was done with all risk assessments.

There were processes in place to help ensure people were protected from the risk of abuse. Our previous inspection found that some care workers were unable to describe the process for identifying and reporting safeguarding concerns. During our inspection in October 2017, the registered manager confirmed that staff had received safeguarding refresher training since the inspection. Care workers we spoke with during this inspection were all aware of the process for identifying and reporting safeguarding concerns.

There were arrangements to manage medicines safely and appropriately. Records showed care workers had received medicines training as part of their induction and their level of competency was tested. Medicines policies and procedures were in place. Our previous inspection in October 2016 found unexplained gaps in some Medication Administration Records (MARs) and also found that these gaps were not identified by the

service. During this inspection in October 2017, we found some gaps in MARs that we looked at. However, we noted that the service had a comprehensive audit system in place and had identified all of the gaps and taken action.

The service used an electronic system for monitoring care worker's timekeeping and whether they turned up on time or were late. We looked at a sample of people's timekeeping records and found with one exception, care workers attended to people within 30 minutes of their allocated time. We noted that reviews of care and feedback indicated that punctuality was not a significant concern of people. The majority of people and relatives we spoke with told us that generally care workers were on time and they raised no concerns regarding this.

We looked at the recruitment process to see if the required checks had been carried out before staff started working with people who used the service. We looked at a sample of recruitment records of staff and found background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff.

Care workers we spoke with told us that they felt supported by the registered manager. They told us that management were approachable and they raised no concerns in respect of this. Records showed that care workers had undertaken necessary training. There was evidence that care workers had received regular supervision sessions and this was confirmed by care workers we spoke with. We also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress.

Our previous inspection in October 2016 found that people's care records lacked information about their mental health and their levels of mental capacity to make decisions. During our inspection in October 2017, we noted that the service had made improvements in respect of this. Details of people's mental capacity and mental health were consistently completed in all people's care records we looked at.

During our previous inspection, we noted that the majority of care workers we spoke with had limited knowledge of what mental capacity was. During this inspection, we found that the service had taken steps to address this since the last inspection. We saw documented evidence that care workers had received refresher Mental Capacity Act (MCA) training and staff we spoke with had knowledge of the MCA.

Care workers were aware of the importance of respecting people's privacy and maintaining their dignity. They told us they gave people privacy whilst they undertook aspects of personal care. People who used the service told us that they felt the service was caring and relatives were satisfied with the care provided by the service.

Our previous inspection of the service in October 2016 found there was limited information in care support plans about the support that people required from care workers. The information was task-focused and there was a lack of instructions about what tasks needed to be carried out and we found a breach of regulations in respect of this. During our inspection in October 2017, we found that the service had taken appropriate action in respect of this and had updated all care support plans to include necessary information. These were person centred and included information about people's preferences.

Our previous inspection in October 2016 found that the service did not have an effective system in place to monitor the quality of the service. The service had failed to effectively check essential aspects of the care provided in respect of late visit monitoring and MARs and we found a breach of regulation in respect of this.

During our inspection in October 2017, we found that the service had taken action to address this and had made improvements. We found that the service had implemented an electronic system for monitoring staff punctuality and attendance and it was fully operational. We also found that the service had implemented a comprehensive MARs audit.

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 ●

There was one aspect of the service that was not completely safe. The majority of risks to people were identified. However, we found that some risk assessments lacked detail.

People and relatives we spoke with told us that they were confident that people were safe around care workers and raised no concerns in respect of this.

There were processes in place to help ensure people were protected from the risk of abuse.

Appropriate arrangements were in place in relation to the management and administration of medicines.

Is the service effective?

Good ●

The service was effective. Care staff felt well supported by their peers and management.

Staff had completed relevant training to enable them to care for people effectively.

People's health care needs and medical history were detailed in their care support plans.

Staff were aware that when a person lacked the capacity to make a specific decision, people's families and health and social care professionals would be involved in making a decision in the person's best interests.

Is the service caring?

Good ●

The service was caring. People told us that they were satisfied with the care and support provided by the service.

Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity.

Staff were able to form positive relationships with people.

Is the service responsive?

Good ●

The service was responsive. Care support plans included information about people's individual needs and choices.

The service had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Good ●

The service was well led. People and relatives spoke positively about the management of the service.

The service had a management structure in place with a team of care staff and office staff.

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

The quality of the service was monitored. Regular checks were carried out and there were systems in place to make necessary improvements

Aquaflo Care Barnet

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, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 25 October 2017 and the inspection team consisted of two inspectors and one 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. The inspection on 25 October 2017 was carried out by two inspectors and telephone calls following the inspection was carried out by one inspector and one expert by experience.

We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people.

The provider also 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. The PIR also provides data about the organisation and service.

During our inspection we went to the provider's office. We reviewed twelve people's care plans, ten staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with six people who used the service and ten relatives. We also spoke with seven care workers, the deputy manager and the registered manager.

Is the service safe?

Our findings

People who used the service told us they felt safe around care workers. When asked if they felt safe, one person told us, "Yes I do feel very safe indeed." Another person said, "Yes. Yes they are really nice." Another person said, "I feel absolutely safe. Staff do listen."

Relatives we spoke with told us they had no concerns about whether people were safe around care workers. One relative told us, "My relative does feel very comfortable and safe with the care worker. Even though my relative does not speak English, the care worker has managed to communicate and build a rapport with my relative." Another relative said, "Yes my relative is fine. She is safe. She is very comfortable with the care worker." Another relative told us, "Yes my relative is well and happy with the care workers. Safety is not an issue at all."

During our previous inspection of the service on 24 and 25 October 2016, we found that the assessment of risks relating to the health and safety of people were not being identified and carried out appropriately and found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The majority of risk assessments we looked at contained limited information and some areas of potential risks to people had not been identified. We also found that some people did not have risk assessments in place.

During our inspection in October 2017, we found that the service had taken action and made improvements. New format risk assessments were in place for all people. They included information about the identified risk, the impact of the risk, the likelihood of the risk occurring and the action taken to reduce the risk. Risks such as falls, epileptic seizures, pressure sores, cross infection, isolation and depression had been identified. However, we found that in some people's care plans there was a lack of information about the action to take to reduce risks. We discussed this with the registered manager and she acknowledged this and confirmed that further detail would be added where necessary. For example, the risk of falls was identified for people where necessary, but there was a lack of information about the use of mobility equipment. Following the inspection, the registered manager sent us evidence to confirm that they had updated risk assessments where necessary.

From the care support plans we looked at, we noted that three people were diabetic and two of these people did not have a comprehensive risk assessment in place to address this. We discussed this with the registered manager and she confirmed that the service had a separate information sheet which detailed the protocol to follow when people were diabetic and we were provided evidence of this. The registered manager confirmed that this document was kept in people's homes where they were diabetic. The registered manager acknowledged that such information was also required in people's risk assessment and following the inspection sent us evidence that they had incorporated the risks associated with diabetes and the action to take in people's care support plans where necessary and sent us evidence of this.

We noted that since the previous inspection the service had taken action to implement risk assessments for people. The service had identified the majority of potential risks to people and had risk assessments in place

to address this. We noted that some lacked detail. Following the inspection, the registered manager sent us evidence to confirm that they had taken action to address this.

During our previous inspection in October 2016, we found that medicines were not appropriately managed and we found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The previous inspection found that there were unexplained gaps in some medicine administration charts (MARs) we looked at and found that some MARs lacked information about people's allergies. We also found that the service did not have an effective medicines audit in place to identify gaps. Further, we did not see evidence that the audit was carried out consistently.

During our inspection in October 2017, we looked at 17 MARs and found that there were gaps in eight of these. We looked at the audits carried in relation to the MARs with the gaps and found that the audits carried out by the service had identified these gaps. Since our previous inspection, the service had implemented a comprehensive medicines audit. The audit also recorded any action taken and the outcome. This included instructions given to the care worker and action to be taken against the care worker concerned for non-compliance.

We discussed the gaps on MARs with the registered manager and she explained that the majority of these related to the older MARs. She explained that the service had taken appropriate action to ensure that MARs were completed correctly which included refresher training for staff, competency assessments and warning letters to staff. We were provided documented evidence of this.

We however noted that the MARs were completed with the details of the person receiving the medicines and their allergies

We found that safeguarding policies and procedures were in place to help protect people and help minimise the risks of abuse to people. We noted that the policy referred to the local authority, police and the CQC. We saw documented evidence that care staff had received safeguarding training. Our previous inspection in October 2016 found that some care workers we spoke with were unable to describe the process for identifying and reporting concerns and were unable to give example of types of abuse that may occur despite our prompting. During this inspection in October 2017, we saw documented evidence that staff had received refresher safeguarding training since the previous inspection. Staff we spoke with during this inspection were aware of the safeguarding procedures. The registered manager explained to us that safeguarding procedures were often discussed during staff meetings so that they were always aware of the procedure to follow.

Our previous inspection in October 2016 noted that the level of English spoken by some care workers was limited and they struggled to understand some of the questions that were asked and had difficulty answering. During our recent inspection in October 2017, we ask the registered manager how the service had made attempts to address this issue. The registered manager explained that the service had worked hard to address this issue. They had signed some staff up for English online training and increased supervision sessions with some staff to ensure that they were able to speak and understand English at an appropriate level. During this inspection in October 2017, we noted that care workers we spoke with were able to speak an appropriate level of English and answer questions we asked them.

The service had a whistleblowing policy and contact numbers to report issues were available. The majority of staff we spoke with were aware of the term "whistleblowing" and were familiar with the whistleblowing procedure in respect of raising concerns about any poor practices witnessed within the service.

Through our discussions with staff and management, we were told that there were enough staff to meet the needs of people who used the service. At the time of the inspection the registered manager told us the service was providing care to 53 people. The registered manager told us that they had a total of 28 care workers that they employed. The registered manager explained that they tried to ensure that people had the same care workers as much as possible to ensure consistency for people who used the service which was an important aspect of the care provided. The majority of people and relatives of people who used the service said that they usually had the same carer and raised no concerns in respect of this.

During the previous inspection, we found that the service did not have an effective system in place to monitor care worker's timekeeping and whether they turned up on time or were late. This inspection found that since the last inspection, the service had implemented a new electronic system to monitor timekeeping and we saw evidence of this. We checked the electronic monitoring records for five people. With one exception, care workers attended to people within 30 minutes of their allocated time. The registered manager stated that one person often went out and call times of this person were sometimes flexible. We noted that reviews of care and feedback indicated that punctuality was not a significant concern.

A large proportion of people who received care from the service lived in Wembley and therefore traffic on special event days could cause care workers to be late for their visits. The registered manager explained that in order to ensure people were kept informed of potential delays during event days, they wrote to people in advance to inform them of possible delays. She explained that this ensured that people were informed of this in advance and helped to avoid people becoming anxious or stressed in such events.

The majority of people and relatives we spoke with told us that care workers were on time and they raised no concerns regarding this. One person told us, "No problems with timings – they even change the timings to ensure my relative can attend appointments." Another person told us, "Our care worker is brilliant- in fact she comes a little earlier than expected." Another relative said, "Majority of the time there is no problem. Odd occasions due to the Wembley events there is a delay. When this happens they ring to let us know. They complete all the jobs. They certainly do not rush off."

We also asked people and relatives if there were any instances where care workers had failed to arrive for a scheduled visit. All people and relatives told us that care workers always arrived for their contracted visits and stayed for the duration of the time required. Where people required two care workers for a visit, we asked them whether two care workers attended their visits and they told us that they did and raised no concerns in respect of this.

We looked at the recruitment process to see if the required checks had been carried out before staff started working with people who used the service. We looked at the recruitment records for ten members of staff and found background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff. We also observed that references and photocopies of passports had been stamped by the service to confirm that they had been verified. The service had registered to obtain care worker's DBS updates so that they were able to ensure they had up to date information on staff DBS records in order to ensure people who used the service were safe. The registered manager explained that the service always sought to obtain professional references but where these were not always available, they would obtain at least one professional reference and one character reference. The registered manager also confirmed that care workers did not go to people's home to provide care until all the necessary checks had been carried out.

People who used the service and relatives informed us that care workers followed hygienic practices when

providing care. They also told us that care workers had access to protective clothing including disposable gloves and aprons. During the inspection we saw that the office had a stock of protective clothing and equipment in the office.

Is the service effective?

Our findings

People and relatives told us that care workers were competent and they were satisfied with the care provided. One person told us, "Yes they are certainly trained. They do know what they are doing." Another person said, "Carers are absolutely fantastic. Without them I wouldn't be where I am." One relative told us, "Yes they do know what they are doing. They are trained. Skilled to deal with my relative."

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.

During our inspection in October 2016, we found care records lacked information about people's mental health and their levels of mental capacity to make decisions and provide consent to their care. During our inspection in October 2017, we noted that care records included a "mental capacity" and "mental health" section detailing information about people's capacity to make decisions. We noted that this was consistently completed in all people's care records we looked at. The registered manager explained that they were in the process of reviewing the information and would add further detail to people's care support documents about people's specific communication needs.

During our previous inspection, we noted that the majority of care workers we spoke with had limited knowledge of what mental capacity was. During this inspection, we found that the service had taken steps to address this since the last inspection. We saw documented evidence that care workers had received refresher MCA training. Further, MCA was discussed at staff meetings to ensure that staff were aware of its importance and to ensure staff were provided with updates. The service had a Mental Capacity Act 2005 (MCA) policy in place.

People's needs were met by trained staff who had the knowledge and skills to support them effectively. There was evidence that care workers had undertaken an induction when they started working at the service. There was an ongoing training programme to ensure that staff received up to date refresher training where necessary. Training included basic life support, fire, diabetes, food hygiene, medicines management and equality and diversity. The training provided was a mixture of face to face training and e-learning. There was a training matrix in place which clearly showed what training staff had completed and when the next refresher training was due. This ensured staff's training was being monitored to ensure staff received the appropriate training to carry out their roles and responsibilities. Staff spoke positively about the training they had received and told us that the training was relevant to their role.

There was evidence that care workers had received regular supervision sessions and this was confirmed by care workers we spoke with. Supervision sessions enabled staff to discuss their personal development objectives and goals. Where issues were identified, we saw evidence that care workers received more frequent supervision sessions. The registered manager told us that this enabled the service to closely

monitor staff performance. Staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress.

All staff we spoke with told us that they felt supported by their colleagues and management. They were positive about working at the service. They told us that they felt confident about approaching management if they had any queries or concerns. They felt matters would be taken seriously and management would seek to resolve the matter quickly.

We discussed with the registered manager how the service met people's health and nutrition needs. She confirmed that in the majority of instances, care staff did not prepare meals for people, but heated food and prepared breakfast and supported people with their eating where required. Training records confirmed that staff had received food hygiene and fluid and nutrition training. The registered manager confirmed that if care workers had concerns about people's weight they were trained to contact the office immediately and inform management about this. Following this, the service would then contact all relevant stakeholders, including the GP, the local authority, occupational therapist and next of kin. One person's care records indicated that they were underweight and had a low appetite. We saw documented evidence that the service had communicated closely and regularly with the dietician and local authority in order to address this. Our previous inspection of the service in October 2016 found that there was limited information about people's nutritional and hydration needs and support in care records. During this inspection in October 2017, we saw evidence that the service had taken necessary action in relation to this and had made improvements. People's care support plans now included detailed information about people's morning, afternoon and evening nutrition and hydration needs. They also included details about people's preferences with regards to food and drink.

Is the service caring?

Our findings

People and relatives told us they thought that care staff were caring and spoke positively about them. One person told us, "My regular care workers are brilliant." Another person said, "Carers talk to me with respect always. Carers are excellent. They are really caring and so encouraging. They do listen." One relative said, "They are very good indeed with my relative. Definitely kind and caring." Another relative told us, "The care worker is very good. They have an excellent relationship with my relative." Another relative said, "My relative is relatively happy with the care workers. She is happy. New ones take a little time to settle but they are all caring polite and helpful."

Our previous inspection in October 2016 found that care support plans were not person centred, individualised and specific to each person's needs. This inspection in October 2017 found that the service had taken appropriate action in respect of this and made significant improvements. New format care support plans were in place for all people. These included specific detail about people's preferences and their likes and dislikes. They detailed people's individual support needs.

Care support plans also included a brief profile about people which included information about the person, their life and interests. They also included a section titled, "What is working well and good for me?" This included information about people's aims and hopes for their care and what they would specifically like in relation to the care they received. There was also a section of the care support plan which included information about their hobbies and interests. It was evidence that the service had taken people's preferences into consideration when putting people's support plans in place.

People and relatives told us that the service respected their cultural beliefs. One relative told us, "They are very caring. They have built such a good relationship with my relative. My relative is a traditional elderly [person]. He likes to be traditional. They respect this." Another relative said, "The care workers are excellent. Very caring. Very respectful of our culture." The registered manager explained to us that before they assigned care workers to people they took into consideration people's care preferences, ethnic, cultural and religious needs. She explained people were matched with people who came from the same culture where possible so that they could better understand the needs of people. We noted that care support plans included information about people's culture, ethnicity, religion and place of worship.

The service had a dignity in care policy which focused on providing people with individualised care and respecting people's way of life. The policy focused on ensuring people had choice and control in respect of their care.

The majority of people and relatives we spoke with told us that they received care from the same care workers most of the time. One person told us, "I have one main care worker during the week and one main care worker during the weekend." One relative said, "There are three care workers that are regular care workers. This is really good for my relative. Continuity is really important." Another relative told us, "We have one regular care worker. She is excellent to my relative." Consistency of care was an important aspect of the care the service provided. The registered manager explained that they worked hard to ensure that people

received care from the same group of care workers so that they were familiar with them and felt comfortable in their company.

The service did not carry out visits less than 30 minutes. The registered manager explained that if care workers spent time speaking and interacting with people and doing things at people's own pace, not rushing them and a minimum of 30 minute visits enabled care staff to do this.

The registered manager explained that the aim of the service was to provide high quality care and to engage with people and provide personalised and person centred care. The registered manager told us the service placed great emphasis on continuity and consistency in terms of care workers and therefore they made every effort to ensure that people receive care from the same care workers. We saw that the aims and objectives of the service as detailed in the service user guide reflected this ethos.

During our inspection in October 2016, we noted that review meetings were not documented and raised this with the registered manager. Our inspection in October 2017 found that the service had taken action in respect of this and made improvements. We saw clear documented evidence that people's care was reviewed regularly with the involvement of people and their relatives. This aimed to give people an opportunity to review people's care to ensure people's needs were still being met and to assess and monitor whether there had been any changes.

Care workers were aware of the importance of respecting people's privacy and maintaining their dignity. They also told us that they were aware of the importance of ensuring people made their own choices and decisions when possible. One care worker told us, "I always talk to people in a friendly way. I listen to people and ask them what they would like. I never assume anything. It is important to create a safe and comfortable environment for them. They are vulnerable. We need to make sure they are well cared for." Another care worker said, "I always greet people and talk to them. I ask how they are and always ask what they would like. I involve people. It is important."

Is the service responsive?

Our findings

People who used the service and relatives told us that they were involved with the care provided by the service and said that communication with the service was good. One person said, "Management do come to see me. They also contact me if one of the carers are different or there is a delay. We have been through the care plan together." One relative told us, "The office are very good. They contact me. They keep me in the loop. They go that extra mile." Another relative said, "The management have gone through the care plan with us. They get us involved. Any changes to the care, they let us know. They are good with us and communicate with us at all times." Another relative told us, "Management are very responsive. They listen. They act upon my concerns. This gives me reassurance."

Our inspection in October 2016 found that appropriate care support plans were not in place for all people. We found that the old format care support plans lacked information and detail. These were task focused and failed to include information about people's preferences. We found a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection in October 2017, we found that the service had taken appropriate action to address this and had made improvements.

During this inspection we looked at care records for twelve people and found that they all had appropriate care support plans in place. The registered manager explained that since the previous inspection the service ensured that all people had a new format care support plan and regular reviews were carried out with people and their relatives in order to ensure the information contained was up to date. These care support plans were comprehensive and included details about people's medication information, medical history and social history. There was also information about what support people required and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence, mobility and nutrition. They included information for care workers about what tasks needed to be carried out each day, the time of visits, people's needs and how these needs were to be met. The new format care support plans were individualised and specific to each person and their needs and included details about people's preferences, their likes and dislikes. We found that care support plans were not task focused. Instead, they included relevant detail about how to support people.

The service had a comprehensive complaints procedure and this was included in the service user handbook. People who used the service and relatives told us that they would not hesitate to raise concerns with management. Records showed that the service had investigated and responded appropriately when complaints were received and resolved matters satisfactorily. The service had clearly documented the source of the complaint, the nature of the complaint, how the complaint was dealt with and the actions taken and outcome reached. Complaints were reviewed by the registered manager and then signed off by her before they were closed.

Daily communication records were in place which recorded visit notes, daily outcomes achieved, meal log and medication support. The registered manager explained that these assisted the service to monitor people's progress. We noted that these were completed in detail and were up to date.

People and relatives were encouraged to provide feedback and attend regular reviews in order to discuss the care people received. The registered manager confirmed that a satisfaction survey was carried out twice a year. The last survey was carried out in September 2017. We saw documented evidence that the service had analysed the responses from the survey and the feedback was positive. We also noted that the analysis detailed whether any action was required. The registered manager explained to us that she encouraged people to raise their concerns and talk to her if they had any concerns and not wait for the satisfaction survey to raise issues.

Is the service well-led?

Our findings

People who used the service and the majority of relatives spoke positively about management at the service. One person said, "I am really happy with the company. They are much better than my previous company- it is a good company." One relative said, "The management are good. Any problems they will contact me straight away. Interaction is good. They are very good. A real caring service." Another relative told us, "Yes I do like the company. I can recommend this company to others. They are very good to my relative." Another relative said, "Management is good- very good- nothing more to say."

Our inspection in October 2016 found a breach of regulation 17 HSCA RA Regulations 2014 relating to good governance. There was a lack of documented evidence to confirm that effective systems were in place to monitor and improve the quality of the service specifically audits.

During our inspection in October 2017, we found that the service had taken action in respect of this and had made improvements.

The previous inspection found that the service did not have an effective system to monitor staff punctuality and attendance. However, this inspection in October 2017 found that the service had implemented an electronic system for monitoring this and we saw evidence that it was fully operational. They closely monitored punctuality and attendance and reviewed call logs to help identify areas in which they can improve any timekeeping issues and missed visits.

During the previous inspection, we found that the service did not have an effective system for auditing the administration of medicines. During this inspection in October 2017, the registered manager explained that the service had implemented a new format MAR audit. We saw evidence that the service had in place a comprehensive audit and saw evidence that each completed MAR had been audited by the service. We observed that there were gaps in some of the MARs we looked at but noted that the audit had identified these gaps and the service had taken appropriate action following this which was documented.

Regular checks had been carried out by the registered manager and senior staff in areas such as complaints, staff recruitment records, supervision sessions, appraisals, training and policies. The registered manager had a system in place to monitor this and ensured that these were up to date.

There was a quality assurance policy which provided information on the systems in place for the provider to obtain feedback about the care provided. Telephone monitoring, spot checks on care workers and visits to people to obtain feedback from them had been carried out. These were clearly documented and there was evidence that these were consistently carried out.

Care workers we spoke with told us that they felt supported by their colleagues and management. One care worker told us, "I get support. Communication is good. They tell me what is going on." Another care worker said, "The support is very good. The team work is good."

Monthly meetings had been held for staff to ensure that they were informed of developments within the service and provided with essential guidance on the care of people. Topics discussed included punctuality, communication, time sheets, administration of medicines and safeguarding issues. We saw that these were documented and during these meetings, the registered manager used them as an opportunity to provide refresher training to discuss important developments.

The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and recruitment.

Accidents and incidents were documented and management analysed these to prevent them reoccurring and to encourage staff and management to learn from these.

People's care records and staff personal records were stored securely in the office which meant people could be assured that their personal information remained confidential.