

Guardian Angel Carers Ltd

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Inspection report

Ground Floor West Suite,
The Granary Oak Lane,
Chichester, PO20 7FD

Tel: 01243 216416

Website: www.guardian-angel-carers.co.uk

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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?

Good



Overall summary

The inspection was announced and took place on 11 and 13 May 2015.

Guardian Angel Carers Ltd is a domiciliary care agency that provides personal care and support to people in their own homes in Chichester and the surrounding area. People who receive a service may include those living with dementia, physical disabilities and sensory impairments. At the time of this inspection the agency was providing a service to 81 people. Visits ranged from

half an hour up to six hours. The frequency of visits ranged from one visit per week to four visits per day depending on people's individual needs. The agency also provides live-in carers for people and overnight care.

During our inspection the registered manager was present. 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.

Summary of findings

Medicines were not managed safely. The records in place did not demonstrate that people had received their medicines as prescribed. There were gaps in the records and some care workers practice had not been observed. At times, the agency had not followed its own medicines policies and procedures.

Assessment and care planning processes did not ensure people's legal rights were upheld with regard to consent. Care workers had not been provided with enough training about mental capacity and consent.

Care workers understood local safeguarding procedures. They were able to speak about the action they would take if they were concerned that someone was at risk of abuse. Where concerns had been raised, the registered manager had reported these promptly to the local authority. However, the registered manager had not notified CQC.

People were asked for their views on the service provided and understood how to make a complaint if necessary. Ten of the 12 people that we spoke with said that the registered manager and the provider responded promptly to their concerns.

People's care had been planned and individual support plans were in place. Where risks had been identified

these were assessed and actions had been agreed to minimise them. People received support to prepare meals and, where necessary to eat and drink. If people required input from other healthcare professionals, this was arranged. Staff often supported people to attend GP or hospital appointments.

People who used the service felt they were treated with kindness and said their privacy and dignity was always respected.

The registered manager and the provider were committed to continuous improvement and feedback from people, whether positive or negative, was used as an opportunity for improvement. There were processes in place to monitor quality and understand the experiences of people who used the service.

Staff were highly motivated and proud of the service. They said that they were fully supported by the registered manager and a programme of training and supervision that enabled them to provide a quality service to people.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

People's medicines were not always managed safely.

People were protected from harm. People said they felt safe and comfortable with staff. Staff had been trained in safeguarding so that they could recognise the signs of abuse and knew what action to take.

Risk assessments were in place to provide direction to staff and promote people's safety. Care workers had the time to care for people in a safe manner.

Requires Improvement



Is the service effective?

Some aspects of the service were not effective.

Staff did not understand the actions that should be taken if a person lacked capacity to consent to their care and treatment. Assessment and care planning processes did not ensure people's legal rights were upheld with regard to consent.

Staff were provided with training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported with their health and dietary needs.

Requires Improvement



Is the service caring?

The service was caring.

People were complimentary about the staff. They told us that they were kind, helpful and cheerful.

Staff involved people in making decisions relating to their daily needs and preferences and supported them to maintain their independence.

People were treated with dignity and respect.

Good



Is the service responsive?

The service was responsive.

Changes in people's needs were quickly recognised and appropriate; prompt action taken, including the involvement of external professionals where necessary.

People felt that, on the whole, the service was flexible and based on their personal wishes and preferences.

There was a culture of openness which supported people to raise issues in the confidence that these would be listened to and acted upon.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The registered manager and the provider promoted strong values and a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the agency.

There was an emphasis on continual improvement which benefited people and staff. There were systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service.

Good



Guardian Angel Carers 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 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 11 and 13 May 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of one inspector and an expert by experience who had experience of caring for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete 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 completed PIR and previous

inspection reports before the inspection. We checked the information that we held about the service and the service provider. We used all of this information to help decide areas that needed clarification when we inspected the agency.

We spoke with 12 people who received a service from Guardian Angel Carers Ltd by telephone and four relatives. When visiting the agency office we spoke with the registered manager, the provider and five care workers.

We reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for eight people, four people's medicine administration record (MAR) sheets and other records relating to the management of the domiciliary care agency. We looked at three staff training, support and employment records, quality assurance audits, minutes of meetings with people and staff, findings from questionnaires that the provider had sent to people, compliment and complaint records and incident reports.

This was the first inspection of Guardian Angel Carers Ltd since there had been a change in the provider's legal entity in December 2013.

Is the service safe?

Our findings

The majority of people were happy with the support they received with their medicines. Two people told us of issues that had occurred with medicines. One said, “They gave me my morning tablets at night”. A relative said, “There have been issues with medication. I have found her (family member) medication on the floor when she is supposed to have taken it the night before on more than one occasion”.

Medicines were not always managed safely at Guardian Angels Carers Ltd. People had assessments completed with regard to their levels of capacity and whether they were able to administer their medicines independently or needed support. However, records that related to medicines management contained either conflicting or insufficient information. For example, one person’s records stated that they self medicated but Medication Administration Record (MAR) charts and visit log sheets completed by care workers stated that they had administered the persons medicines. We were informed that this person no longer self-administered their medicines due to a deterioration in their abilities. This had not been reflected in their assessment and the care plan did not contain sufficient information that supported safe medicines management. This meant that people were at risk of receiving incorrect or inconsistent support with their medicines.

Records and discussions with care workers evidenced that care workers had been trained in the administration of medicines. This had not always included an observation of their practice and was not in line with the provider’s medicines policy. When medicines errors occurred these were investigated to identify the cause and actions put in place in order to minimise reoccurrence. However, action points were not always followed. Care workers involved in medicines errors received supervision but these did not include an observation of their practice despite action plans stating these should occur.

The above was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care workers were able to describe how they supported people with their medicines. They demonstrated a good

understanding of their role within medicines administration. Within 48 hours of our inspection the registered manager confirmed that actions were being taken to improve medicines management.

People said that they felt safe in the hands of Guardian Angel Carers Ltd and the care workers who supported them. One person said, “They keep me safe and help me to stay here”. Another person said, “I really trust my carers, they keep me safe”.

A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Care workers were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. As one explained, “Abuse can be emotional, physical, sexual. It can be the attitude of a care worker, or unsafe moving and handling. I would report any concerns to the office and to social services if I thought nothing was done about it”. The registered manager understood her responsibilities in relation to safeguarding and had raised safeguarding alerts with the local authority safeguarding team when she thought people were at risk of harm or abuse. However, the registered manager had not notified CQC in line with her registration requirements. Within 24 hours of our inspection the registered manager sent us documentary evidence that confirmed that the reporting systems at the agency had been reviewed and new quality assurance audits and checklists introduced. These would help ensure that potential safeguarding situations were known to all agencies that had a responsibility to monitor people’s safety and wellbeing.

Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. This included environmental risks and any risks due to the health and support needs of the person. Some people had restricted mobility and information was provided to care workers about how to support them when moving around their home and transferring in and out of chairs and their bed. Risk assessments included information about action to be taken to minimise the chance of harm occurring and equipment needed. We did note that the section in people’s assessments for recording if equipment was safe to be used had not been completed. Within 48 hours of our inspection the registered manager sent confirmation that assessments would be reviewed and updated to ensure they were complete.

Is the service safe?

The majority of people that we spoke with said that they had not experienced a missed visit and that visits occurred at the agreed times. Two people said that they had experienced visits where one care worker arrived when there should have been two. For example, a relative said, "One night the carer just didn't arrive. This could have been disastrous if I hadn't have been there. We have occasionally had missed calls". The registered provider told us and records confirmed that in both cases an alternative care worker was offered and declined.

There were sufficient numbers of care workers available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. These could be adjusted according to the needs of people using the service and the number of care workers supporting a person was increased if required. In addition, the registered manager considered potential sickness levels and staff vacancies when calculating how many care workers needed to be employed to ensure safe staffing levels. The agency had a mapping tool as part of their care management software that ensured sufficient travel time was allocated between visits. This took into consideration rush hour traffic and allowed for additional travel time to be planned and allocated. This decreased the risk of staff not being able to make the agreed visit times. On occasions people had experienced missed visits. Records demonstrated that when these occurred investigations took place into the cause and action was taken to ensure lessons were learnt. Records that we viewed confirmed that missed calls had occurred due to issues such as incorrect administration and planning and not because of inappropriate staffing levels.

On the occasions care workers were going to be late to attend a visit due to unforeseen circumstances such as dealing with an emergency at the previous visit they telephoned the agency office. Contact was then made with the person whose visit was going to be delayed in order that they were kept informed. This was confirmed by the majority of people that we spoke with who received a service. Other emergency contingency plans that the agency had in place included electrical and phone failures at the office, adverse weather and road works checks. The agency had an on call system in place. This provided support for people and care workers who needed advice or urgent assistance. The agency had recently introduced a bank care worker who was paid to be on standby should another care worker call in sick during peak hours and of a weekend. This demonstrated that the service had considered risks to the health and safety of people using the service and had taken reasonable action to reduce them insofar as possible.

Recruitment checks were completed to ensure care workers were safe to support people. Three staff files confirmed that, before new members of staff were allowed to start work, checks were made on their previous employment history. Checks had been undertaken with regard to criminal records, obtaining references and proof of ID. We noted that the agency's application form asked for three years previous employment history and that the recruitment process did not include obtaining a full employment history. Within 48 hours of our inspection the registered manager confirmed that the recruitment policy had been reviewed and the application form updated to ensure a full employment history was obtained with all gaps explained.

Is the service effective?

Our findings

The agency's policies and procedures for consent and mental capacity were not up to date and records did not evidence that robust processes were being followed that promoted people's rights. The agency asked people to sign their care plans as a written record that they consented to the care that was provided. However some people had not done this. Two people's records indicated that they may have had impaired memory that had the potential to impact on them consenting to the care that was to be delivered. Their records did not include evidence of how these decisions had been arrived at or of best interest meetings having taken place. Best interest meetings should be convened where a person lacks capacity to make a particular decision, relevant professionals and relatives invited and a best interest decision taken on a person's behalf. This was not in line with the Mental Capacity Act (MCA) 2005 Code of Practice which provides guidance to ensure practice and decisions are made in people's best interests. Despite the lack of robust processes being followed, people confirmed that they had consented to the care they received. They told us that care workers checked with them that they were happy with support being provided on a regular basis.

Within 48 hours of our inspection the registered manager sent us a report of actions that the agency intended to take in relation to mental capacity and consent. This included reviewing policies and procedures, documentation and the provision of training for all care workers.

There were mixed feelings amongst people and their relatives about the skill mix and training of care workers. One person said, "There are too many new ones and then the carers depend on the client too much to tell them what to do". Another person said, "Not too clear about their training possibly not much with dementia but happy with their care skills". A third person said, "They are very good but some of them are very young and inexperienced – too young". A fourth person said, "The carers are well trained in the basics but I'm not so sure about complex needs"

All new care workers completed a 12 week induction programme at the start of their employment that followed nationally recognised standards. Care workers told us that they had completed an induction that helped equip them with the knowledge required to support people in their own homes. During this time they had read people's care

records and the agency's policies and procedures. They confirmed that the induction process included two shifts where they shadowed other care workers before working independently. People who received a service confirmed that staff had completed shadow shifts. Training was provided during induction and then on an on-going basis.

Care workers had received training in areas that included first aid, moving and handling, safeguarding and health and safety. The majority of care workers had also completed dementia training. The provider had identified that this was required as the agency provided services to people living with dementia. As a result, dementia training had been included as a mandatory training requirement for care workers employed by the agency. A proportion of care workers had also completed courses that were relevant to the needs of people who received a service from Guardian Angel Carers Ltd. These included Multiple Sclerosis, end of life care, Parkinson's disease and bereavement. In addition some care workers had completed or were in the process of completing training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge to support people with their care needs.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one sessions either in person or by telephone and group staff meetings. One member of staff explained, "In supervision we are always asked "What can we do to improve?" and "Is there anything we can do to help you do your role?". Another said, "We get good support and the help we need to do our job".

People were happy with the support they had to eat and drink. All the people we spoke with who were being helped with food and meals said that the food was hot, well prepared and there were no issues. People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people's individual circumstances. Some people lived with family members who prepared meals. Care workers reheated and ensured meals were accessible to people who received a service from the agency. Other people required greater support which included care workers preparing and serving cooked meals, snacks and drinks. Where people were identified as being at risk of malnutrition or dehydration care workers recorded and monitored their food and fluid

Is the service effective?

intake. Care workers confirmed that before they left their visit they ensured people were comfortable and had access to food and drink. Care plans described in detail the support people needed to maintain good nutrition and hydration. For example, one person's plan stated, 'Please ensure that you put the food and drink in front of X (person) and encourage her to have something instead of simply asking "can I get you something" as due to her short term memory loss she tends to need a little more persuasion to eat and drinks. She will eat and drink if it is placed in front

of her. Please make something such as a sandwich, soup, boiled egg with bread and butter or a slice of cake. Complian in the tea and coffee if X will accept it. Make sure X is left with a glass of water or a cup of tea'.

Care workers were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. People's care records included evidence that the agency had supported them to access district nurses, occupational therapists and other healthcare professionals based on individual needs.

Is the service caring?

Our findings

People that we spoke with, without exception told us they were treated with kindness and compassion by the care workers who supported them. One person said, “They are very kind and caring”. Another person said of a care worker, “She is caring and very helpful and I couldn’t have anyone better”. A third person said, “My carer is so lovely”. A relative said of a family member who received care at the end of their life, “The care was outstanding. We had one primary carer who was outstanding and wonderful and sensitive”.

People said that they were treated respectfully and that their privacy and dignity were maintained at all times. No-one had any issues in these areas. Care workers were respectful of people’s privacy and maintained their dignity. They told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety, for example if they were at risk of falls. With regard to privacy and dignity one care worker explained, “When bathing I keep people as covered up as possible. Also they have a choice about if we wear our uniforms when escorting to appointments. Some people don’t like the public knowing they have help so not wearing our uniforms helps with privacy”. Another care worker said, “I promote privacy by making sure doors are closed, curtains are drawn and that clothing is ready so that they can get dressed quickly after washing”. Care workers received guidance during their induction in relation to dignity and respect. Their practice was then monitored when they were observed in people’s own homes.

Half of the people that we spoke with said that they had regular care workers who visited them and half said that they did not. One person said, “I have the same carer, that’s what I asked for and they sorted it out”. A second person said, “I get the same carer, she’s a lovely girl”. Another person said, “Sometimes we see 10 different carers in a week – some are the same – but that isn’t great”. A fourth person said, “The consistency is often not there (with the carers) that is really difficult with dementia”. Two people told us that they had asked for more mature care workers and one of these had their care worker changed as a result. The agency had continuity guidelines for the numbers of care workers that may visit a person. The registered

provider informed us that this was followed but that this could change due to staff sickness, holiday and unforeseen circumstances. The lack of consistency for some people was known to the registered manager and the provider. It had been identified as an area for improvement and steps were being taken to address this.

Positive, caring relationships had been developed with people. The registered manager and the provider were motivated and clearly passionate about making a difference to people’s lives. This enthusiasm was also shared with care workers we spoke with. When new care workers were employed they visited the people they would be supporting whilst still on their induction alongside the persons current care workers so that people got to know the replacement care worker.

People said that care workers understood the importance of promoting independence. One person said, “My carer is lovely, she does things like loosens the tops of bottles so that I can manage my food myself. I don’t even have to ask her, she’s a natural”. A relative said, “They help Mum stay independent, they move her around whenever they can to keep her going”. Care workers understood the importance of promoting independence and this was reinforced in people’s care plans. For example, one person’s plan stated, ‘Encourage X (person) to wash herself as much as possible. Offer choice of clothing and assist to dress. Give X the opportunity to clean her teeth and brush her hair’.

One care worker explained how they supported a person to maintain their independence. They said, “It’s all about choices. I visit quite a lot of people who are living with dementia. I show two or three meals and let them choose. I encourage them to do as much as possible for themselves. I’m there to guide but not to take their rights or independence away”.

People were supported to express their views and to be involved in making decisions about their care and support. This was either in person or by telephone during care package reviews. In addition, people’s views were obtained via annual questionnaires that were sent out to people.

Care workers were able to explain how they supported people to express their views and to make decisions about their day to day care.

Is the service responsive?

Our findings

People in the main, received personalised care that was responsive to their needs. Most people told us that the agency was responsive in changing the times of their visits and accommodating last minute additional appointments when needed. Five people commented that they would have preferred more choice around timing of visits. Four people said that rotas were sent out late and that this impacted on them requesting changes to visit times. For example, one person said, “We don’t see the rotas sometimes till Saturday then it is too late to get any changes”.

The registered provider informed us that they attempt to accommodate people's preferred visit times, but that this may not always be possible at peak times. They told us that people are informed of this and then have the choice whether to continue with the service or not.

There was a robust system in place at the agency office that ensured prompt action was taken to address changes in people's needs. The recording system detailed what change was required, action taken, completion date and by whom. Care workers were kept fully informed about the changes in visits and the support people required. This was either by the registered manager in person or via text. Care workers confirmed they were kept informed of changes in people's needs. One told us, “The office send text messages to us. Also we read at least a weeks’ worth of visit records if we have been on leave. We also get care plans sent to us by email before we visit people so that we know beforehand any changes”. When visiting the agency we saw a care worker come in to the office and discuss changes in the needs of a person they visited. As a result arrangements were made for a GP to visit the individual.

People were aware of their care plans and had been involved in the planning and the review process. One person said, “I have a folder with all the details in about my care”. Another said, “Yes I am very involved in my care plan. I have only had one review in over two years”. A third person said, “They write the care plan, I agree it and then they come and review it, all sorted”. A relative said, “We are always involved in all the discussions. We have a series of regular reviews”.

Care workers were knowledgeable about the people they supported. They were aware of their preferences and

interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service. One care worker explained, “One person who I visit has Alzheimer's. They only had one visit per day but I was worried as I noticed they were getting more confused. I told the office and an appointment was made with their GP and the family were spoken to. They now have three visits a day and their medication has been changed.”

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate care workers prompted people to undertake certain tasks rather than doing it for them. As one care worker explained, “It's important to take your time and support at their pace, encourage to do what they can for themselves”. Care workers supported people to access the community and minimise the risk of them becoming socially isolated. One care worker explained how they supported a person to have lunch in the local town.

People using the service and their relatives told us they were aware of the formal complaint procedure and that they were confident that the registered manager would address concerns if they had any. One person said, “I asked for the same carer, she's mature and I don't want the young ones, and they sorted it out for me”. A second person said, “I had one of their not good carers. I asked not to have her again and they dealt with it very quickly”. A third person said, “I did have one young lady and I did complain about her because I was talking to her and she was on her telephone. That had to be dealt with”. One person told us of problems they had experienced around the timings of visits. They said that this had not been resolved. They said, “I have asked them (the agency) but they don't listen, they keep doing what they are doing”.

We saw that the agency's complaints process was included in information given to people when they started receiving care. Records at the agency confirmed that complaints were taken seriously, investigated and formal responses sent to people. For example, the provider wrote to one person who had raised a complaint. Their response included the outcome of the investigation and a statement from the provider of ‘Furthermore, I will personally take responsibility to ensure that continuity of care for your mother continues from now on. My sincerest apology’.

Care workers understood that people who received a service should feel able to raise concerns. As one explained, “Being a regular carer helps build a rapport with clients and

Is the service responsive?

families. It's important to have open and honest relationships". Another said, "It's important to let people know that they can speak up. I offer to make arrangements for people to speak directly to the office or that I can do this on their behalf".

Is the service well-led?

Our findings

Without exception people using the service, relatives and care workers all spoke very highly of the registered manager and the provider. People who received a service and their relatives knew the registered manager and the provider and referred to them on a first name basis. Everyone felt that they could speak to the management when they needed to. One person said, “I think the manager is good, but I can talk to any of them (referring to other people employed by the agency)”. A relative said, “I can always speak to the owner. Whenever I phone, the office knows me and the carers and what is going on”. The positive comments made by people who received a service were reinforced at the agency office where we saw a very high volume of compliment cards and letters that had been received.

There was a positive culture at Guardian Angel Carers Ltd that was open, inclusive and empowering. Care workers were motivated and told us that management was excellent. They told us that they felt fully supported by the registered manager and provider and that they received regular support and advice via phone calls, emails and face to face meetings. They said that the registered manager was approachable and kept them informed of any changes to the service and that communication was very good. For example, one care worker said, “It’s fantastic. There is a great relationship between the staff and management. You can phone them anytime, even at weekends. They don’t get annoyed and always give advice. They have that open door approach”. Regular staff meetings were held on two different days each month so that all care workers had the opportunity to attend, receive information about changes at the agency and contribute.

Guardian Angel Carers Ltd had clear aims and objectives which we found to be central to the service provided to people. These were summarised as ‘Compassionately caring for you’ in the agency brochure, statement of purpose and staff handbook. These were discussed with people when they started to receive a service and with care workers when they were employed. Care workers that we spoke with were all clear about the agency’s aims and objectives. The agency produced a newsletter that was sent to people who received a service and staff at various times throughout the year. These included feedback from people who received services, topics of interest,

information about people and their roles at the agency and forthcoming events. The newsletters were produced in a colour format and included photographs and pictures to aid communication.

Agency staff and management undertook a combination of announced and unannounced spot checks and telephone interviews to review the quality of the service provided. This included arriving at times when the care workers were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. The spot checks also included reviewing the care records kept at the person’s home to ensure they were appropriately completed. Systems were also in place for monitoring that accidents and incidents were recorded and outcomes clearly defined, to prevent or minimise re-occurrence.

The agency also obtained the views of people in the form of questionnaires. The findings from questionnaires that were received in March 2014 had been analysed and a report was available of the findings. Of the 35 responses 18 people rated their overall experience of receiving a service from the agency as ‘excellent’, nine people rated it as ‘very good’, six people rated it as ‘good’ and one person rated it as ‘satisfactory’. Two people did not respond to the question. Although records confirmed that people were asked for their views seven people that we spoke with said that they had never been asked for their opinions on areas that the agency could improve. The registered provider informed us that as a result of this they would in future send out questionnaires bi-yearly.

The registered manager and the provider were aware of the attitudes, values and behaviours of staff. These were monitored during staff supervisions and staff meetings. Two people who received a service from the agency confirmed that the registered manager and the provider carried out spot checks that included an observation of care. One said, “X (provider) comes and watches the girls and makes sure they are doing what they should be, probably every six months”. The registered manager told us that recruiting staff with the right values helped ensure people received a good service. There were a number of schemes that had been introduced to acknowledge the workforce and the registered manager explained, “Helped staff feel valued”. These included a six monthly financial bonus if staff submitted their timesheets on time, a low sickness record and no missed visits. The agency also

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awarded an 'Angel of the month' to staff that 'have stood out from the crowd over the past month. For one care worker we saw that they had been awarded this for 'X (care workers name) has taken the time to support and nurture her new colleagues, supporting them with shadow shifts and is often known to take extra time with clients in her own time after a care call has finished, simply to have a cup of coffee and a chat with those she is concerned are particularly lonely'. Care workers confirmed that the agency had a number of reward schemes in place that they benefited from. One explained, "They (management) make sure you know you're appreciated. We have awards at Christmas. They don't want a them and us; we are all one team". Another said, "The way they (management) treat you is a lot better than other places I've worked. It feels like they really care. We get additional help like free break down cover for our cars".

The registered manager had ensured her own knowledge was kept up to date and was passionate about providing a quality service to people. The registered manager was aware of recent changes in legislation and of the introduction of The Fundamental Standards. She had reviewed audits to reflect these changes and had started to introduce a new compliance audit tool to monitor that the agency was compliant with the new Standards. We saw that information about CQC and The Fundamental Standards was shared with care workers in staff meetings and newsletters. The registered manager and the provider had been exceptionally proactive in supporting staff to understand about CQC and inspections. A special

newsletter had been produced 'Keep Calm it's only A CQC Inspection' that reassured staff about inspection processes. The newsletter advised people that 'The CQC inspector is not to be feared, they are in fact working to the same end goal as us; ensuring our clients receive a first class, person centred, professional and reliable service'.

There were quality assurance systems in place at both manager and provider level. These included weekly and monthly checks of missed visits, complaints and staffing levels and capacity. In addition, an annual audit was completed by an external person to ensure quality standards were being maintained. The last external audit was completed in November 2014. This identified areas that required improvement that included medication and mental capacity processes. Whilst the registered manager had devised an action plan to address these some had not been fully actioned at the time of this inspection. The findings from checks and audits fed into a business plan that had been developed by the provider that identified and planned changes to ensure quality was sustained.

As a result of our inspection and the feedback we gave when at the agency the registered manager promptly took action to address the areas of improvement we identified. This included reviewing and amending systems for monitoring missed visits, statutory notifications and incident reporting. This demonstrated that the registered manager was committed to providing a quality service to people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person had not ensured that medicines were managed properly or safely. Regulation 12 (2)(g).</p>