Caremark Limited

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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 was announced and took place on 11 and 17 October 2017.

Caremark Limited is a domiciliary care agency that provides personal care to people in their own homes in West Sussex. At the time of our visit the agency provided personal care to over 200 people and children. This included 95 people who resided in extra care accommodation at three different locations. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service only.

During our inspection the manager was present. They had been employed since November 2016 and had submitted an application to become the registered manager. 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.

We previously inspected the service in May 2016 when it was rated 'Requires Improvement' overall and in all domains apart from the 'Caring' and 'Well Led' domains which were rated 'Good.' Two breaches of regulations were made for medicines and staff support. In response to this the provider sent us an action plan that detailed the steps that would be taken to achieve compliance. At this inspection we found that sufficient action had been taken and that the breaches of regulations were met.

Safe medicine procedures were now being followed and care workers were maintaining medicine records that reflected the support they gave to people. The manager had also reviewed the structure and organisation of the agency office. This had led to better communication between people who received a service and people employed by the agency. The level of support that staff received had also improved with staff now receiving regular supervision and training that enabled them to meet people's individual needs.

People were happy with the service they received and complimented the care workers who supported them. They said that generally visits took place at times of their choosing and if care workers were going to be late they were notified of this in advance. People felt they were treated with kindness and said their privacy and dignity was respected. People's care plans contained information about what was important to them and how care should be delivered. People were involved in reviewing care plans with members of the management team. People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible.

Care workers knew how to keep people safe. They understood their responsibilities under safeguarding procedures and were confident the management team would act swiftly and deal with any issues appropriately. Recruitment procedures ensured care was provided by staff who were safe to support people

in their own homes. Risks to people had been identified and assessed and information was provided to staff on how to care for people safely. There were some gaps in risk management records that the manager was addressing.

People were happy with the support they received to eat and drink. Changes in people's health care needs and their support was reviewed when required. If people required input from other healthcare professionals, this was arranged. People who used the service felt able to make requests and express their opinions and views. A formal complaints process was in place that people were aware of.

The manager was committed to continuous improvement and feedback from people, whether positive or negative was used as an opportunity for improvement. Quality assurance systems were being used to drive improvements. Care workers were committed and said that the manager and the management team were approachable and supportive.

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 was safe.

People said that visits occurred at the times that had been agreed. There were safe recruitment procedures to help ensure that people received their support from care workers of suitable character.

People's medicines were managed safely. Risks to the health, safety or wellbeing of people who used the service were managed safely.

People were protected from harm. People had confidence in the service and felt safe and secure when receiving support.

Is the service effective?

Good

The service was effective.

People confirmed that they had consented to the care they received. Procedures were in place to ensure people's legal rights were upheld.

Care workers said that they received sufficient training and support to meet people's needs effectively.

People were supported with their health and dietary needs.

Is the service caring?

Good

The service was caring.

People who used the service valued the relationships they had with care workers and expressed satisfaction with the care they received. People felt that their care was provided in the way they wanted it to be and that they were involved in making decisions about their care and support.

People were treated with dignity and respect and were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People received a flexible service, based on their personal wishes and preferences.

Systems were in place to make sure people's complaints and concerns were investigated and resolved where possible to the person's satisfaction.

Is the service well-led?

Good

The service was well-led.

Formal processes were being used to monitor and audit the quality of service provided and to drive improvements.

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

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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 checked 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 17 October 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to ensure that someone would be available. The inspection team consisted of one inspector, one assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked information that we held about the agency and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the agency. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Return (PIR) that the manager had submitted. 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. We also reviewed the action plan that the provider submitted to us in response to our previous inspection in May 2016. We used this information to decide which areas to focus on during our inspection.

During the inspection we spoke with 11 people who received care and support from the agency by telephone and six relatives. In addition to this, we contacted four health and social care professionals to obtain their views of the agency. Two of the professionals responded and consented to their comments being included in this report.

Whilst at the agency office we spoke with the manager, the nominated individual and two members of the office team. We also reviewed a range of records. These included care records for 12 people and other records relating to the management of the domiciliary care agency. These included 12 staff training, support and employment records, minutes of meetings with staff, policies and procedures, accident and incident reports and quality assurance audits and findings. We also spoke with 10 care workers either whilst at the

agency office or on the telephone afterwards.

Good

Is the service safe?

Our findings

As a result of our previous inspection in May 2016 a requirement action was set due to a breach of Regulation 12 as medicines records were not always accurate and processes were not always followed. The provider sent us an action plan that detailed the steps that would be taken to achieve compliance. At this inspection we found that sufficient steps had been taken and the requirement action was met.

People were happy with the support they received with their medicines and care workers were able to describe how they safely supported people with their medicines in line with the contents of their care plans. Since our last inspection care workers had received additional medicines training and medicine audits had been incorporated into the spot checks completed by the field care supervisors. Medicine records were also being checked by the manager and where necessary care workers were provided with additional support or disciplinary action was taken. In the PIR the manager stated, 'All staff are aware that we now have a zero tolerance towards not carrying out the correct procedure with accurate record keeping. As a result we have seen a vast improvement with recording of medication.'

Medicine Administration Record (MAR) charts were now being pre-typed and printed out monthly before being placed in people's homes and this also had reduced medicine recording errors. Medicine assessments considered the arrangements for the supply and collection of medicines, whether the person was able to access their medicine in their own home and any risks associated with this. Care workers used codes when completing MAR charts so that it was clear if they had administered or prompted people to take their medicines.

People said they felt safe with the care workers who visited them. One person said, "I feel totally safe with my girls. The girls who come are lovely. I have never had any concerns at all about my safety. They take me shopping and help me choose what I want to buy." A second person said, "I feel very safe, I have the same carers usually, they are great girls and make sure my door is locked when they leave." A relative said, "I feel mum is safe with all the staff. I go out while they are here now, I wouldn't do that if I wasn't sure she was safe." A second relative said, "Dad has a regular carer and she's very good with him and makes him feel safe. He fell out of the shower one day and the carer called an ambulance and then stayed with him until the ambulance arrived two hours later."

A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Care workers who supported children also completed child protection training. Care workers that we spoke with confirmed they had received training and were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One care worker said, "I would inform my field supervisor. You have to, it's your duty. I would go to my manager if I thought nothing was done, then you lot, but she would sort things straight away I am sure of it." Care workers also understood what whistleblowing was and said that they felt confident any concerns they raised with management would be dealt with properly.

The manager understood her responsibilities in relation to safeguarding people from harm. Before this

inspection, the manager had notified us of concerns and events that had the potential to impact on people's safety. The information included evidence of actions taken to address the concerns and reduce risks to people.

People told us that care workers usually arrived on time. No one that we spoke with said that care workers had failed to attend their home as arranged. Some people did say that there had been instances of late visits but most people accepted that traffic and emergencies with previous people who received a service, were valid reasons for lateness. People did comment that if care workers arrived late they still stayed the right amount of time. One relative said, "They are fairly good with their timekeeping and always stay the right amount of time. If they've finished their jobs before the time is up they will sit and chat to her for a while."

There were sufficient numbers of staff to provide safe care. The agency used an electronic software system for planning care workers rotas and for monitoring that visits took place at the agreed time. This was linked to mobile phones that care workers used which logged times of arrival and leaving at people's homes. The system also identified if a care worker had not arrived for an agreed visit. Whilst at the agency office we observed that the call monitoring system alerted office staff when a potential visit was late and action was taken immediately to ensure the person was informed. Care workers punctuality was also assessed during spot checks when supervisors checked times of arrival and length of visit.

Care workers said that they had sufficient time to care for people safely. One care worker said, "In the main we have enough time. They give us travel time as well but sometimes it's hard if traffic is bad." A second care worker said, "Travel time used to be a problem but the manager has now sorted this and it's fine." Care workers told us that if they were going to be late to a visit the procedure was to contact the agency office and then contact would be made with people to explain the reason visits were late.

Recruitment checks were completed to ensure care workers were safe to support people. These included checks having been undertaken with the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Other information obtained included proof of the person's identity, references and a recent photograph. Records were also in place that confirmed care workers vehicles were safe to use when traveling to visit people in their own homes and that they had the required insurance to drive.

Care workers were able to explain the procedures that should be followed in the event of an emergency or if a person was to have an accident or to fall. This included checking for injuries, calling for medical assistance if needed and notifying the agency office and completing records. The agency operated an out of hour's system that people and staff could access to change aspects of people's care package, raise concerns and notify of events. Records and discussions with staff at the agency office confirmed that action was taken when incidents and events were reported to ensure people received safe care.

Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. These included environmental risks and any risks due to the health and support needs of the person. Risk assessments included information about actions to be taken to minimise the chance of harm occurring. Where risks were identified, management strategies had been developed to help reduce these. For example, when one person fell the agency contacted the person's social worker and an Occupational Therapist assessment was arranged and a mobility aid was installed. Some care support calls were increased and a morning and evening double up (this is where two care workers visit a person at the same time) care calls were put in place.'

Emergency contingency plans were in place to ensure people continued to receive a service in the event of

staff shortages, equipment failure and other events. People told us that information was provided when they first received a service that included emergency contact details. Care workers were also aware of these procedures.

Good

Is the service effective?

Our findings

As a result of our previous inspection in May 2016 a requirement action was set due to a breach of regulation 18 as staff support was not always effective. The provider sent us an action plan that detailed the steps that would be taken to achieve compliance. At this inspection we found that sufficient steps had been taken and the requirement action was met.

People said that care workers who visited them were well trained and had the knowledge and skills to provide the care they required. One person said, "The staff are absolutely fantastic. Nothing is too much trouble. They certainly know what they are doing. They never rush me and always check if there's anything else I need or want before they go." A second person said, "They all seem to know what they are doing. I know they do training, they're always telling me, and 'I'm going on such and such a course tomorrow.'" A third person said, "The girls who visit me are completely competent. They always check if I've everything I need."

All new care workers completed an induction programme at the start of their employment. All new care workers were required to sign-up to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers need to follow in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers.

A training programme was in place that included courses that were relevant to the needs of people who received a service from the agency. Care workers had received training in areas that included dementia care and nutrition and hydration. Care workers also supported children and their families, and those who did this had received additional training specific to the children's individual needs. In addition, care workers were provided training in areas that included fire safety, first aid, food hygiene, moving and handling, infection control and equality and diversity. They were also supported to complete training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs.

Care workers expressed satisfaction with the support that they received. One care worker said, "I have done lots, everything is up to date. We have a mixture of online and face to face training. For example, we use equipment so we know how to use it safely. Plus we talk to our supervisor's." A second care worker said, "Since the manager has been here we have done even more training. I think she pushed for this to happen. This year I have done hoisting, medicines and moving and handling updates. My supervisor comes out and checks what I am doing as well." Supervision was provided in the form of one to one meetings, group staff meetings, and formal spot checks where care workers were assessed when providing care in people's homes.

People were happy with the support they received to eat and drink. One person said, "The care workers just know how I like things, what I like to eat and how I like it cooked. We talk about what I might want the next day or they suggest something." 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.

Care workers were available to support people to access healthcare appointments if needed. One person told us, "The carers do pick up if I'm not myself, they are very careful like that and suggest I see my GP." Care workers were also available to liaise with health and social care professionals involved in people's care if their health or support needs changed. Information was included in people's care plans of healthcare professionals involved in their lives. This included details of their GP and district nurses.

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. One person said, "The girls that come are kind. They always ask what I want and that's what they do. They always ask first." A second person said, "They provide my care as I want it." A third person said, "If I'm down to have a shower and I don't feel up to it that's fine, the staff help me to have a wash and I can have a shower another day."

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

We checked whether the agency was working within the principles of the MCA. Staff received MCA training and were able to explain what consent to care meant in practice. At the time of this inspection no one who received a service was subject to a Court of Protection Order. This gives a named person the legal right to make decisions about health and welfare or financial matters for a person who does not have the mental capacity to make these themselves. People's ability to consent was considered at the initial assessment stage of their care package. Care plans made reference to and emphasised the importance of care workers asking people for permission prior to doing things for them in their homes.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed with people. One person said, "The girls ask me at every visit what I need, they don't just assume they know. I like that. They're like sunshine arriving, I look forward to them coming, they do what I need them to but we also have a laugh and a joke." A relative said, "They pick up on any health issues he has and let me know. What I think is so nice is that they talk to him normally and make him feel involved in what they're doing." A second relative said, "The staff are so friendly and make sure my mum never feels lonely. She tells me the staff always have time for a chat when they visit."

Care workers understood the importance of building trusting relationships with people. One care worker told us, "You have to build a relationship, you can't be cold. You have to have a warm heart. It's nice to feel they and their families trust us. It's important to remember we are in their homes and that is a position of trust." A second care worker explained, "One particular person I visit likes you to be a friend. They like happy people so I always go in with a smile on my face."

The majority of people said that they received care from a consistent care team. This helped build relationships of trust. The manager told us of an example of this, "We support a lady who has fluctuating mood swings. When this happens, her group of care workers are aware of her triggers and they notify the office where we make contact with the customer and monitor her by telephone from the office. Because she has regular care workers they are able to keep her spirits up." Two people also told us how the care workers who visited them were of a similar age to themselves and this also helped to build relationships as they could relate to one another.

People told us they were treated with kindness and respect by the care workers who supported them. One person said, "They are very caring, I've had the same girls for years. They are all very kind." A second person said, "I am very happy with the standard of care. There are other agencies locally but I wouldn't entertain them." A third person said, "My carer is very kind, she couldn't be kinder. She goes out of her way to get shopping for me - often in her own time. I don't know what I'd do without her."

Relatives also said that care workers treated people with kindness and respect. One relative said, "The care staff are fantastic and so caring. They have helped mum get used to the idea she needed help and they show such respect. Everything they do is with her agreement." A second relative said, "They keep mum's dignity. She needs personal care now and it would be so easy to be undignified, but the carers are very good, very careful, they check the curtains are closed before they help her with washing or to bed. They respect your privacy too. They don't discuss anyone else with you."

Dignity and respect were reinforced as two of the main values of the agency within the PIR that the manager submitted to us. This stated, 'During the recruitment stages our interview questions are geared around how caring the candidate is and from there we would make a decision as to how suitable they are for the role. We ensure that all our customers are treated with dignity and respect; our care staff are trained during induction to ensure they understand the underpinning of how to do this. When supporting a customer who is end of life we ensure that we work closely with district nurses and other stakeholders to ensure their wishes are

respected. All our care workers and field care supervisors understand the importance of listening and being patient. We support some customers that may take longer to communicate, our care workers will not finish off sentences and will wait patiently for them to have a conversation with them.'

Care workers were respectful of people's dignity and understood the importance of promoting independence. They were able to explain how they promoted people's privacy and dignity. For example, one care worker said, "It's important to keep people covered up. Let people wash front bits themselves. I only do the parts they can't reach themselves. The more independence you can give the better. It makes people feel valued."

People were supported to express their views and to be involved in making decisions about their care and support. People told us that they and their family members had been involved when their care packages started. People also told us that they had been involved in reviews after this. Since being in post the manager had arranged two coffee mornings where people and their representatives were invited to visit the agency office in order to meet staff and senior management. The manager explained that this was another way of making people feel valued and for sharing and being involved in decision making processes.

Good

Is the service responsive?

Our findings

People said that the service they received was flexible and responsive to their needs. They said that the service helped them to remain living in their own home and said this was very important to them. One person said, "Whenever I ring they always accommodate any changes I need so I think they are responsive." A second person said, "The office always accommodates a change of hours if I need it. My carer has family phone numbers to contact if there's any problem. The office reviewed my care plan a couple of months ago." One relative said, "Setting up the care plan was not a five minute job. It was very detailed and covered everything to do with mum's needs. The care package reflects her individual needs. They check regularly that it's working alright any changes we want are put in place. Changing things is never a problem."

The manager informed us that a lot of work had been carried out since our last inspection to promote a responsive service. In the PIR they stated, 'Culture is now much more open and it is about sharing information and ensuring that care workers are encouraged to voice concerns about the customers they support so that the office can liaise with other parties to ensure the wellbeing of the customers is achieved and that they can live independently as possible in their own homes.' We found an abundance of evidence that supported this statement. For example, care workers noticed when one person they visited was upset and confused more than usual. They immediately made contact with staff at the agency office and a GP appointment was arranged. The appointment established that the person had a urine infection and they were then prescribed medicine to treat this.

On another occasion a care worker responded with compassion and understanding when a person they were visiting was very distressed and had suicidal thoughts. As well as supporting the person whilst they received treatment from the emergency services the care worker never lost sight of the person as an individual. They not only offered practical support but also emotional support that was none judgemental. The agency also supported another person who was lonely. They worked with the local authority and organised a befriending service to visit.

The manager embraced and had started to develop a positive and diverse workforce in order to meet the needs of people who received a service. For example, where English was not a person's first language support was provided by a care worker who spoke the same language and who had the same cultural heritage. The agency was also able to provider gender-specific care for people. This meant they respected people's right to choose male or female care workers and also protected people's sexual, religious or cultural needs. People's preference for male or female care workers was noted in their initial assessments and care plans and care workers were then allocated who reflected people's preferences. One care worker told us how they only visited people of the same gender as themselves. They explained that this not only met people's individual preferences but also helped build positive relationships as they also had common interests that they could discuss.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. These were reviewed on a regular basis in accordance to people's changing needs. Assessments considered if people had any cultural or religious beliefs that the agency

needed to consider. Care plans were detailed and person centred. They focussed on the individual needs and wishes of people. Descriptive sentences were used to help make it clear to care workers how people wished to be supported. For example care plans routinely included sentences starting with, 'I would like…; I am unable…; I am able…; Please change my…; and be careful when…' Care workers were knowledgeable about the people they supported. The information they shared with us corresponded with that written in people's plans. A system was in place to review the care people received. The review included consultation with people who received a service from the agency, their representatives and other professionals that were involved in the formulation of the care package.

People said that they were aware who to speak to in order to raise concerns. One person said, "I've never had any issues with any of the staff and I think they are so good I doubt I would ever need to complain. They review my care package regularly and also check the carers work." A second person said, "I would complain if I needed to but I think the girls are very good and totally trustworthy." A third person said, "They are not perfect, mistakes can happen, but if I have any concerns I just ring the office and it's sorted out straight away, you can't ask for more than that." A relative said, "I know who to speak to when I call the office. I know I can speak to the manager if I have any problems. I know who's who in the office."

The agency had a complaints procedure in place to respond to people's concerns and to drive improvement. The agency's complaints process was included in information given to people when they started receiving a service. Formal complaints were investigated and responded to in line with the provider's procedure. Where necessary, letters of apology were also sent to people by the manager in line with the providers Duty of Candour policy. Duty of Candour places a requirement on providers to inform people of their rights to receive a written apology and truthful information when things go wrong with their care and treatment. This demonstrated that the manager understood the provider's policy and ensured it was reflected in her practice. Informal concerns were followed up and recorded on people's individual records.

Good

Is the service well-led?

Our findings

People spoke positively about management of the agency. People told us they felt the service was well managed and said they knew how they could contact a senior person at the agency if they needed to. One person told us, "This is an excellent service. The staff are marvellous. It's important to me to be at home. I couldn't manage without the staff, they have been a Godsend." A second person said, "The office are very good at sorting things out. If anything is wrong I just phone up and they sort it out quickly." A third person said, "I have contact with the manager in the office. She's very helpful and always sorts out any problems for me." A fourth person said, "There is nothing they could do better. I greatly admire the company and think they are very good. I would recommend them without hesitation." One relative said, "It is well run and I would recommend it but I think they need to improve the admin side of things. There is a slowness of management in the office. It works but grinds rather than runs smoothly. The carers are great but the admin lets them down a bit."

The manager had been in post since November 2016. During this period of time she had submitted her application to register as manager but this had been returned as incomplete as the DBS she held did not include a check that she was suitable to work with children despite the agency providing services to children. During the week of inspection she submitted a new application after receiving a new DBS.

Quality assurance systems were used to ensure that the agency could monitor and where needed improve the quality of service that people received. These included medicine audits, spot checks of care workers' performance and care package reviews. The manager was open and transparent about what the agency did well and areas that she had identified would benefit from improvement.

Since being in post the manager had identified that the organisation and structure of the agency office would benefit from review. In the PIR they wrote, 'In the past year we have worked on roles. In the past there was not any clear organisation. Everyone was doing everything else other than their own roles therefore processes and procedure was lost.' As a result of the review people's roles had been redefined and they had received further support and supervision to ensure everyone was clear about their roles and responsibilities. The manager informed us in the PIR 'Now that all office staff and field care supervisors receive formal supervision by the manager they are now aware what their role involved and where another's start. As a result we now have a smooth process.' Evidence gained during the inspection by talking to people and care workers and examination of records confirmed that the contents of the PIR were accurate. Care workers had been provided with further support and as a result were knowledgeable about their roles and responsibilities'.

Information about the quality and safety of the service was shared with the provider on a weekly basis in order that they could retain oversight of the service. Weekly reports included information on the amount of visits that had occurred, any missed visits, safeguarding, complaints and specific achievements.

An external social care professional told us that in their opinion the manager had made improvements to the agency. They wrote, 'From my visit with them I had no issues over their current operation and it would

appear that they have enacted the necessary changes following the last inspection which resulted in an overall Requires Improvement rating. It seems that the last CQC inspection report was a shock to them but they have responded positively to improve the service. They appeared to have good systems and processes in place and were also well staffed within management, supervisory and administration functions. In 2016 we had a number of quality concerns reported to us related to missed calls, competency and training of staff, medication errors and reporting. We have had no reports of concern in 2017.'

Records relating to the management of the agency and people's care were in place. Further attention to detail was needed in some cases to ensure all records were accurate and up to date. People had risk assessments in place. The agency used a form that had pre-populated sections with generic statements. The form also had a section for recording personalised information but this had not always been completed. For example, one person's continence risk assessment did not include specific information about a stoma bag that they used. Another person's care plan stated that they were supported to eat by care workers. The care plan informed care workers that the person had to have food provided in a particular consistency but there was no assessment of the potential risks associated with food and swallowing. We spoke with the care workers who supported the person and they demonstrated knowledge of food consistency and swallowing which gave us assurances the potential risks to the person were being mitigated. As a result of the feedback given during the inspection we were supplied with documentary evidence that the manager had taken action to address the omissions in record keeping.

From 01 October 2017 the provider had taken over providing personal care to people who lived in three extra care housing sites. We were informed that the provider intended to register each of these as separate agencies but until then they were being managed from this agency. We sampled care records for people who received a service and recruitment records for care workers who provided support and found that in the main these were in place at the agency office. There were some minor omissions that related to a lack of risk assessment for some people. As a result of the feedback we gave during our visit to the agency office, the manager held staff meetings and made arrangements for records to be reviewed to ensure they were accurate and up to date.

The agency obtained the views of people in the form of surveys and telephone monitoring calls with the findings used to drive improvements and influence the quality of service provided. The findings from the May 2017 surveys confirmed that the majority of people were more that satisfied with the service they received.

There was a positive culture at the agency that was open, inclusive and empowering. Care workers spoke highly of the manager and the company. One care worker said, "Things have got better. The manager has got everything in order. If you are not happy she is approachable and sorts things out. We are a happy family and I love what I do." A second care worker said, "X (name of manager) is very good, supportive. They arrange my calls to fit around my personal commitments which is really good." Care workers were motivated and told us that they felt supported and that they received regular support and advice via phone calls and face to face meetings. They said that the management team was approachable and kept them informed of any changes to the service and that communication was good.

One care worker told us how the provider gave employees a hamper at Christmas to thank them for their efforts. They also said, "A lot of us go above and beyond. The CEO did ring me once when a family contacted him to say how they were pleased with the help I gave their relative. It felt nice to get the recognition."

Steps had been taken by the manager to build relationships with people and services in the wider community. During a coffee morning that was held in October 2017 money was raised for Macmillan Cancer

Support. During this event people who received a service from the agency were invited to the office to meet staff and the provider.