London Care plc

London Care (Shepperton)

Inspection Report

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Summary of findings

Overall summary

London Care (Shepperton) is a domiciliary care agency providing personal care for people in their own homes. At the time of our inspection the service supported 153 people.

The Care Quality Commission (CQC) last inspected London Care (Shepperton) in January 2014. At this inspection we found that the service was in breach of Regulation 23 of the Health and Social Care Act 2008. This was because staff had not received training, supervision and appraisals to maintain their professional development. The service sent in an action plan which detailed the actions they would take to meet the regulation.

During this inspection, we found that the service had met the requirements of Regulation 23 of the Health and Social Care Act 2008. We saw that staff had been provided with training that enabled them to provide safe and effective care. All staff members apart from two had received their yearly appraisal. An appraisal is a yearly development review. Staff we spoke with confirmed that the training opportunities had improved and they felt supported in their role.

A registered manager was not in post. A registered manager is a person who has registered with the CQC to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. A branch manager had been appointed who provided day to day leadership and support to the staff. The branch manager informed us they were in the process of registering with CQC.

The service had good systems in place to keep people safe. Assessments of the risk to people from a number of foreseeable hazards had been developed and reviewed. However, we found one instance where a person was at high risk of falling but a risk assessment was not in place. The person had not suffered any falls and the branch manager began implementing a falls risk assessment for this person immediately.

People were supported by a dedicated team of care workers. The service had sufficient numbers of staff to safely meet people's care needs. Where people required the assistance of two care workers, we saw that two care workers attended to that care call.

People told us they were involved in the planning and review of their care. The delivery of care and treatment was recorded and each person had an individual care plan and had signed to show their agreement with its content.

Care plans were personalised to the person and contained information which was important to them. For example, their life history and what tasks they would like the care workers to help them with at home. People's needs and choices had been clearly documented in their care plans. Where people's needs changed the service acted quickly to ensure the person received the care and treatment they required. One person told us, "If I ever feel unwell, they always call my Doctor for me."

People told us they were able to make their own decisions about their care and support. One person told us, "I've recently reduced my package of care, it was my decision and I was supported by the agency." Where people were unable to do this, the service considered the person's capacity under the Mental Capacity Act 2005 (MCA) and reported any concerns to the local authority.

People who used the service and their family members whom we spoke with all agreed that people were supported by kind and caring staff. One person told us, "They look after me well." Staff were able to tell us about the people they supported. People told us their preferred name was always used by staff and this was recorded in their care plan.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The service had clear policies in place to protect people from bullying, harassment and abuse. Staff had a clear understanding of what to do if safeguarding concerns were identified so they could protect people who used the service.

Staff had received training on the Mental Capacity Act 2005 (MCA) and demonstrated an understanding of the legal requirements. For example, one staff member told us, "When discussing the decision I would talk them through it, explain what could happen and bullet point the main points to keep it simple."

Risk assessments were in place to ensure people were safe within their own home. We looked at 11 risk assessments and found only one instance where a person was identified as high risk of falling but no falls risk assessment was in place. The branch manager agreed that a risk assessment would be implemented immediately.

We saw that when the service employed new staff they followed safe recruitment practices. They had checked that staff were suitable to do the job and that they had no record of crimes that could affect their suitability to work with vulnerable adults.

Are services effective?

People had up to date care plans which recorded information that was important to them. These included information about their health and support needs, as well as a clear description of their interests and what they wanted from the service. People told us they had been involved in the planning and reviews of their care.

Staff understood people's health needs and acted quickly when those needs changed. Where necessary further support or equipment had been requested from the local authority and other health care professionals. This ensured that the person's changing needs could be met.

It was not clear in people's care plans whether the person suffered from any allergies. At the time of the inspection, no one who used the service suffered with an allergy but it was recognised that the documentation did not allow for the recording of allergies. The branch manager recognised this and agreed that the paperwork needed to be amended to reflect this.

Summary of findings

Are services caring?

The service had clear policies and guidance for staff on how to treat people with dignity and respect. Staff were able to give us examples about how they did this. They were also able to explain the importance of confidentiality, so that people's privacy was protected.

People we spoke with were very positive about the care and support they received. People told us they felt their individual needs were met and understood by staff. The also told us that staff took time to talk with them and get to know them.

The service had a clear value set which underpinned the delivery of care and support. One staff member told us, "It's about passion for independence, respect and choice."

People were supported to maintain their independence. One care worker told us, "We always try and help people maintain their independence. One person who I visit, I get the water ready for their bath and then only provide support if they need me."

Are services responsive to people's needs?

People were given the opportunity to express their views on the service provided and had a care review each year or sooner if required. Where people's health and care needs increased, we saw that the staff responded appropriately. We saw that the staff completed urgent reviews and increased packages of care when required.

The branch manager and staff demonstrated an understanding of the legal requirement of the Mental Capacity Act 2005 (MCA). The branch manager told us, "We don't undertake our own mental capacity assessments but if we had concerns over a person's ability to make a specific decision we would contact the local authority."

People told us they knew how to make a complaint if they were unhappy with the service. Information about how to make a complaint was available to people that used the service, for example in the service user's care plan that was stored at their house. People told us they felt confident approaching the branch manager with any concerns

Are services well-led?

A registered manager was not in post. A branch manager was providing strong leadership and improving the overall quality of the service.

Summary of findings

We saw that the service promoted a positive culture that was personalised. The staff we spoke with had a clear understanding of why they were there and what their roles and responsibilities were. One staff member told us, “We work towards independence.”

The provider completed a number of checks to ensure they provided a good quality service. For example the provider carried out regular audits and checks on the service. They did this by speaking with people who used the service and staff. They also checked that records had been completed correctly. Where issues had been identified action plans had been generated. These were monitored at follow up visits to ensure they had been completed.

The service had a business continuity policy in place. This ensured a plan was in place to deal with foreseeable emergencies. This reduced the risk of people’s care being adversely affected in the event of an emergency such as flooding or snow.

Summary of findings

What people who use the service and those that matter to them say

We spoke with 20 people who received care from London Care (Shepperton) and two relatives by telephone to gain their feedback about the service. The feedback was positive and people spoke highly of the care and support they received.

One person told us, "I was a carer for 30 years so I know of what I speak. My carers are lovely girls and make me laugh. They are great fun and take good care of me. They listen to what I ask and I tell them all my troubles." People told us they felt safe using the service. People told us they were involved in their assessments, care planning and review meetings. People felt they were encouraged to be as independent as possible and that the care was delivered according to their wishes. Every person spoke positively about the staff whether they were their regular staff or not. They felt cared for and as involved as they wanted to be, or could be in communicating with the service.

One relative told us, "My relative has severe dementia and the carers (both caring and capable) are the same every week, with different ones at the weekend. I now know them all. They are usually spot on time, I could set my watch by them. I get a timetable on the Monday and it's usually adhered to, if there are changes the agency will call."

London Care (Shepperton)

Detailed findings

Background to this inspection

We visited the service on the 19 May 2014. 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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

The inspection team consisted of a lead inspector, a second inspector and an Expert by Experience who had experience of domiciliary care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service

The service was last inspected in January 2014 where it was found that they were in breach of Regulation 23 of the Health and Social Care Act 2008. This was because staff had not received supervisions, appraisals and further training for care workers was required.

Over the course of the day we spent time reviewing the records of the service and speaking with staff. We also reviewed care plans and other relevant documentation to support our findings. After this we spent a number of days contacting people that used the service, their relatives and staff to gather their experiences and opinions of the service.

On the day of the inspection we spoke with 11 staff members, these included two care-coordinators, the branch manager and eight care workers. After the inspection we contacted 20 people that used the service and two relatives. In addition to this we spoke with a further two care workers.

Are services safe?

Our findings

We looked at the policies and procedures for safeguarding adults and whistleblowing. We found that these policies and procedures were up to date and appropriate for this type of service. For example, we saw that the service's safeguarding policy operated in correspondence with the local authority's adult protection policy and 'No Secrets'. 'No Secrets' is the "guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse". The guidance demonstrated best practice to follow and included information on the definition of adult abuse. This showed us that the service was following relevant government research and guidance.

We saw that the service had clear policies and procedures for safeguarding children. On the day of our inspection London Care (Shepperton) was supporting four children in the community. The policy reminded staff that, "All employees have a duty of care to report any concerns of abuse they have." The policies gave guidance to staff on what statutory guidance (legislation) governed safeguarding children and definitions of abuse.

Care workers had an awareness of safeguarding and their role and responsibilities in the reporting of abuse. All the care workers we spoke with gave us examples of what abuse was and the signs that it may have happened. They also understood that they had to report any suspicion of abuse to the manager. The branch manager told us, "We work in partnership with the local authority and we are extremely transparent and honest. We raise all concerns immediately and implement protection plans in partnership with the local authority to safeguard people." For example, we saw that concerns were raised regarding an allegation of financial abuse. Documentation reviewed showed that the service attended safeguarding meetings with the local authority and implemented a risk assessment to safeguard the person from further risk of financial abuse. This showed us the staff understood their responsibilities and would act in accordance with the organisations policies to keep people safe from abuse.

The service had clear policies around the Mental Capacity Act 2005 (MCA). The policies covered topics such as supporting individuals to make their own choices; unwise decisions; best interests' decisions; refusing care or treatment; and assessing lack of capacity. These policies also linked to the best practice guidance given by the Department of Health. This ensured that staff had access to the most up to date information on how to support and protect someone who lacked capacity to make a decision for themselves.

We saw that there was a system in place to identify risks and protect people from harm. This system also ensured guidelines were in place to minimise the risk of harm to people. Each person's care plan had a number of risk assessments completed. We saw that each person had a 'health and safety' risk assessment which looked at risk areas within the home such as fire management, space and use of equipment. Where specific risks were identified, we found the majority of people had a risk assessment to manage the identified risk but some people had not. For example, one person had been identified as high risk of falling and had experienced falls in the past. We could not locate a risk assessment for how the management of falls was being maintained. We asked the branch manager about this who agreed that a falls risk assessment should be place and this was implemented immediately.

Where people had complex, high dependency care needs, we saw that risk assessments were written from the perspective of the person detailing the actions required by care workers to maintain their health and wellbeing. One person using the service required support to maintain specific health needs. We saw that risk assessments included clear guidance for care workers such as, when to call the ambulance in particular circumstances. This demonstrated that care workers had the information they needed to support people to maintain their health and wellbeing.

Accidents and Incidents were monitored and acted upon but staff were not always documenting these. The branch manager told us, "Staff have not previously been consistent with completing accident forms and bringing them into the office but they do always call us immediately following any incidents or accidents in the community." We saw that the service kept an electronic diary of all incidents and accidents reported which detailed the incident and the recorded actions taken. We looked at a sample of records and found that staff detailed the incident, reported the concerns and actions taken. For example, we saw that a care worker had contacted the office with concerns over someone's medicine running out. The service contacted the pharmacy and organised for further medicines to be

Are services safe?

collected and delivered to the person. This showed us that incidents and accidents were monitored and acted upon in an appropriate manner to promote people's health and wellbeing.

We looked at how the service managed its staffing arrangements to make sure people were kept safe. The branch manager explained how they were advised by the local authority as to whether a person required one or two staff to support them. This was also checked during the assessment that was completed with people before they joined the service. We saw from staff rotas that where a support need had been identified, two staff attended. This was confirmed by all the people and the relatives we spoke with.

Care rota's were devised on a weekly basis and care workers were matched to care calls within their local area. A care co-coordinator told us, "We regularly liaise with the care workers as they know the area best and what it's like to travel to the different care calls. We will ask, whether they feel the distance between care calls is too much or manageable. If we cannot place care calls within the same area, then we dedicate travelling time on the rota which means care calls are not back to back."

The service followed safe recruitment practices when they employed new staff. We checked a number of records and found that all the required documentation required had been sought. This meant the provider had checked that people had no record of crimes that could affect their suitability to work with vulnerable adults.

Are services effective?

(for example, treatment is effective)

Our findings

People told us they were involved in decisions about the care and support they needed. One person told us, "I feel very involved with my package of care. They come and see me at home once a year or sooner and we discuss how things are going." Another person told us, "They always listen to me if I want to change anything about my care."

Before someone received care from the service, we saw that an assessment of their personal care needs took place. The branch manager told us, "Either myself or a care supervisor will go and meet with the person and any relatives to discuss the care needs, get to know the person and ascertain what level of support they will require." From the records we saw that the people who used the service and those important to them, such as relatives, had been involved in this assessment. This helped to give a comprehensive picture of the person and made sure they received effective care and support. This meant that staff had a good understanding of each person's individual needs before they started to use the service.

We looked at 11 care plans that showed people's needs were assessed and individual plans of care were developed to meet those needs. We saw there was information on their background; medical conditions, communication needs, religious and spiritual beliefs, access arrangements to their home, equipment needed and what they wished to achieve from the care. For example, we saw that one person wished to remain living at home for as long as possible as their agreed outcome.

We saw that, with each care call a person received, a specific plan was in place with the agreed care support tasks to be completed. For example, one person's care support tasks included being supported to wash their own face. The support tasks detailed personal care needs as well as other information that was important to the person such as making the bed, closing curtains and leaving the property secure. People we spoke with felt involved in their care plan. One person told us, "I am looked after very well by both my carers and the agency. I have my say regarding care plans, I have no problems at all."

Care plans reflected people's preferences and promoted for people to make their own choices. We found that care plans detailed the times of the care calls and whether the person preferred a female or male carer. For example, one care plan included clear personalised information. The person required prompting with personal care but it was clearly documented what the person could do for themselves and that care workers must offer choice and enable the person to dress in clothes of their choice. This showed us that the service took into account people's needs and preferences when formulating care plans and implementing care.

Documentation we looked at showed that people were involved in the designing of their care plan and had consented to it. Care plans we viewed had been signed by the person or their relative who confirmed they agreed with the content and the identified needs.

We saw that care plans did not contain information about whether a person suffered from any allergies. The recording of allergies is required to maintain people's safety and ensure any care or treatment they may need does not trigger the allergy. We discussed this with the branch manager who acknowledged that their care plans did not allow for the documentation of allergies to be clearly recorded. We were informed that the paperwork would be amended to include the documentation of allergies.

Staff worked well with healthcare professionals such as occupational therapists, physiotherapists, district nurses and the local authority to help maintain people's health and wellbeing. The branch manager told us, "The care workers build good rapports with the people they visit and report back to us any concerns or whether the person's health appears to be deteriorating." One care worker told us. " If person deteriorates or needs extra help we flag this up and the office contacts the social services. I have seen many updated care plans in the last three or four months."

Staff regularly reviewed people's care and support when a change in need had occurred. We saw that once a person was admitted to hospital, the service remained in contact with the hospital and the person's relative. The branch manager told us, "If anyone is in hospital for a pro-longed period of time, we will request the discharge notes and re-assess the person to make sure whether the package of care would continue to safely meet their needs or whether we need to increase the package." We were shown an example of where a person was admitted to hospital and it was identified that their current package of care would no

Are services effective?

(for example, treatment is effective)

longer safely meet their needs. We saw that staff from the agency did a re-assessment involving the person and hospital staff to enable a safe discharge home with the right level of support required.

Staff received effective support, induction and appraisals. At the last inspection, we found that the service was in breach of regulation 23 of the Health and Social Care Act 2008. This was because staff had not received supervision, appraisals or training needed to promote their professional development. Documentation confirmed that all care workers, apart from two, had recently received an annual appraisal. An appraisal is a yearly development review where the person's overall performance is discussed and explored. Care workers we spoke with confirmed they had received an annual appraisal. One care worker told us, "I've had an appraisal where I talked through the concerns I had." This showed us that staff found the forum of appraisal a useful tool.

Following the yearly completion of appraisals, the branch manager told us all care workers would receive supervision every three months. Supervision is a formal meeting where training needs, objectives and progress for the year were discussed. Staff confirmed that they could approach management with any concerns and staff meetings were held regularly. This ensured that staff had effective support over the year.

We looked at the training that was available to staff to see if it gave care workers the knowledge and skills to support people. Training records showed that staff had completed training on safeguarding, manual handling, medicines and dignity and privacy.

Care workers confirmed they had the training and skills required to deliver safe care . One person told us, "Last week I did safeguarding children training and I have recently done training on epilepsy and dementia." Another person told us, "I have recently done medication training, safeguarding, dementia, moving and handling, child safeguarding awareness and epilepsy."

There was a system in place to monitor that staff training requirements remained up to date. We saw that the service had a training matrix which recorded when staff had received their training. The branch manager told us, "The implementation of the matrix is new to the office but it provides me and senior management with oversight on where training is required and what training care staff had completed." We saw that recently the service had organised training in challenging behaviour, dementia and epilepsy awareness. Staff confirmed there had been a drive on training. One care worker told us, "I have recently completed dementia awareness and epilepsy awareness training."

Care workers were motivated, caring, well trained and supported. One person told us, "I love my job and enjoy going to work." Another person told us, "The manager here is lovely." All of the staff we spoke with were knowledgeable and positive.

Are services caring?

Our findings

The service had policies giving guidance to care workers on privacy, dignity and people's rights and these topics were included in the induction programme for new staff.

Care workers we spoke with had a clear understanding of dignity and respect. One person told us, "I listen to what they say. I don't patronise, I speak to them like an adult, treat them how I would like to be treated." Another person told us, "I always address people as Mr or Mrs, I don't use inappropriate slang. I keep my voice respectful and even."

People told us they felt their privacy and dignity was respected. One person told us he was quite shy about personal care but was reassured by the carers and commented that his privacy and dignity was always respected. Another person told us, "They always make sure I'm covered." This showed us that people's privacy and dignity were maintained by staff members.

People spoke highly of the care workers. One person told us, "They nurse me well including doing bed baths. Everyone is lovely and at the same time professional." Another person told us, "They listen to what I ask and I tell them all my troubles."

The service had a confidentiality policy which was accessible to all staff and there was information in the staff handbook. The policy provided clear guidance to staff on the importance of confidential information not to be shared. Care workers demonstrated a clear understanding on the importance of confidentiality. One care worker told us, "Anything anyone says is private, unless it is about abuse." This showed us they had understood the organisation's policy on confidentiality. This showed us people could be confident that their personal details were protected by staff.

We saw the service had a clear set of values in place. These were displayed on the wall in the office and covered in the staff induction. Staff described the values of the organisation. One care worker told us, "Passion for independence, respect and choice." Another care worker told us, "Respecting dignity, promoting people to make their own decisions and choices." This showed us that care workers were aware of the standard of care that was required, and the vision and goals of the organisation.

People were encouraged to make their views known on the delivery of the care and support received. The branch manager told us, "We do telephone questionnaires and our head office does a postal survey every year. Our most recent survey was done in February where we received 100% positive feedback." This showed us that people were able to express their views about the service in a number of ways.

The branch manager reviewed the results to look for any trends or patterns. We saw that recent results had been positive but we were told that if any concerns had arisen, these would be addressed and monitored. The branch manager commented, "If any concerns were identified following the survey, we would look into these and feedback to people and staff."

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People's care needs were reviewed on a yearly basis or sooner if required. A staff member visited the person and their relatives to review their care needs. Where change was requested, we saw this was acted upon immediately. For example, one care review highlighted that the length of time of a care call needed to be increased and we saw the change was implemented.

Where people's health and care needs increased, we saw that the service responded appropriately. A care co-ordinator told us, "If staff highlight that they feel the package of care is no longer meeting the person's need, we would go out and meet with the person to re-assess their needs and identify what care is required." Care workers confirmed that the service responded to their concerns and acted immediately. This showed us that the service was responsive to people's changing needs.

People and their relatives were supported to express their views and staff actively listened to them and involved them in making decisions around their care and support. One relative told us, "It was suggested by the social worker that I had two hours off a week, I didn't bother but the agency reminded me that it was important so I eventually listened. I now look forward to those two precious hours." Another relative told us, "I had concerns over my loved one's eating and drinking. I raised this and now the care calls have been increased." This demonstrated that the staff empowered people and their relatives to say what they needed to promote their health and wellbeing.

The care workers we spoke with explained how they involved people in making decisions about their care. One care worker told us, "Talk to the person and encourage them to say what they want to do. Explain the risks." Another care worker said, "Talk them, ask what they like, how much help do they want, and read through the care plan."

The service considered people's ability to make specific decisions under the Mental Capacity Act 2005 (MCA). We saw that the service had a clear policy and procedure around the Mental Capacity Act 2005 (MCA) and how assessment of capacity was reached. The branch manager informed us that the service did not complete mental capacity assessments but if concerns were raised surrounding a person's ability to make a specific decision, then they would contact the local authority. We were informed of one person where concerns where raised about their safety living at home. The branch manager contacted the local authority who completed an assessment of capacity and determined that the person had the ability to make the decision to remain living at home. This showed us that the manager understood the need to consider a person's capacity in line with legal requirements.

We saw that care plans included information on the person's ability to make specific decisions. We found on one instance it was recorded that the person lacked capacity to make a decision. Documentation did not record how this decision was reached, who by, and what the decision was for. We brought this to the attention of the branch manager. The branch manager agreed that the recording was not clear but informed us this person could make day to day decisions and had an extremely supportive network. The branch manager acknowledged that the documentation required amending.

People received care that was responsive and personalised to them. One person told us, "The agency runs everything by me and lets me know if there is a change in carers." We saw from the care plan files we looked at that people's preferences and lifestyle choices had been recorded. For example information around interests, likes and dislikes, and any cultural or religious needs were recorded.

Care workers told us how they provided personalised care. One care worker told us, "By asking them. Without communicating we can't do anything. They are a human being and have to trust us so we need to gain that trust." This showed us that the staff respected people's preferences and promoted personalised care.

We saw a copy of the complaints policy. This gave information to people that used the service and staff on how to make a complaint, and how the service would respond. The policy was also included in the employee handbook. This meant that all staff were given a copy when they joined the service. The policy set out the timescales that the organisation would respond in, as well as contact details for outside agencies that people could contact if they were unhappy with the response. The policy encouraged people to raise any concerns that they may have.

Are services well-led?

Our findings

There was no registered manager in post. On the day of the inspection, a branch manager was in post who informed us they were in the process of registering with the Care Quality Commission (CQC). Our observations of how the branch manager interacted with staff showed us the service had a strong leadership presence and a positive empowering culture.

We asked staff if they felt there was a positive culture within the organisation. One staff member said, "The training opportunities are excellent and management are supportive." Another staff member said, "Our values are passion for independence, respect and choice."

We looked at what systems and records were in place that promoted a positive and open culture. We saw that London Care (Shepperton) had a clear values statement. This included, "Our mission is to provide flexible, community based care support of the highest standard that promotes independence, dignity and choice." This was displayed on the wall in the office, and was covered in the staff induction. A copy of the values policy was also contained within the employee handbook that all staff received during their induction. This showed us there was information available to staff about how they should work when supporting people to ensure they did this in an open, personalised and inclusive way.

The service had systems in place to drive improvement and ensure senior managers were aware of the culture of the organisation. The organisation regularly undertook audits on a number of aspects of the service, for example completion of care plans, medicines records, telephone survey results and complaints. We could see there was a clear system to analyse the results found, and ensure that action was taken. For example, a recent audit identified shortfalls in care plans. The action plan included for all care plans to be reviewed and updated to ensure all relevant information was recorded.

We looked to see if the service learnt from its mistakes, incidents and complaints. Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the service had completed a detailed investigation. This included information such as what had caused the issues and the actions that had been taken to resolve them. People told us they knew how to make a complaint and would be confident to do so, but most did not have any concerns. One person told us, "I'd feel happy raising any concerns but at the moment I have no complaints, they would definitely listen to me." We saw there was a complaints procedure in place and each person had a copy of this contained in the care folder, which remained in their home. The complaints procedure contained timescales so people were informed about how and when a complaint would be handled and responded to. At the time of the inspection visit there were no outstanding complaints.

Staff spoke positively of management. One care worker told us, "The manager is very good." Another care worker told us, "The area manager has put everything in place, I had an appraisal with her and things seem to flow better now. I have had the opportunity to talk through any concerns with her and this happened in March 2014."

The service had a robust business continuity plan. This included information on how to manage loss of electricity, road works and flooding. Within the local area, we saw that flooding had damaged many homes. The branch manager told us that recent floods had meant many people required emergency placements as their homes were not safe to reside in. "During the floods, we had care workers using waders to get clients. We make sure that we don't miss care calls." One care worker told us, "When we've had snow previously, I've parked my car and walked to care calls." We saw that in the event of adverse weather, the service had a priority system where clients with high dependency needs were prioritised. This meant there were clear instructions for staff to follow, so that the disruption to people's care and support was minimised.

The service had an on-call system whereby a member of management would provide on-call cover for all staff and people who used the service. The on-call member of staff was available to support with any emergencies or organise cover if a care worker was unable to attend a care call.