Peoples Care Limited

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Inspection report

65 New Road
London
London
E1 1HH

Tel: 02072477332
Website: www.peoples-care.co.uk

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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

This comprehensive inspection took place on 21 and 22 February 2018 and was announced. At the last comprehensive inspection on 21 and 22 December 2016 we found one breach of the regulations relating to good governance and the service was rated 'Requires Improvement'. We also made one recommendation in relation to the safe management of people's medicines. We asked them to send in an action plan of how they were going to meet the regulation. At this inspection we saw that improvements had been made.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection they were supporting 22 people in the London Boroughs of Tower Hamlets, Hackney, Southwark, Newham, Redbridge and Barking and Dagenham. Not everyone using Peoples Care Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

All of the people using the service were funded by the local authority and were able to choose their service provider with the use of direct payments. A direct payment is the amount of money that the local authority has to pay to meet the needs of people and is given to them to purchase services that will meet their needs.

There was a registered manager in post at the time of our inspection. 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.

People's risks were managed and care plans contained appropriate risk assessments which were updated regularly when people's needs changed. The registered manager had produced guidance for care workers to follow that had been translated into Bengali to ensure they understood how to keep people safe.

The provider had a robust recruitment process and staff had the necessary checks to ensure they were suitable to work with people using the service. People had regular care workers to ensure they received consistent levels of care.

The provider had a medicines policy in place where care workers were only allowed to prompt people with their medicines. Improvements had been made since the last inspection on how people's medicines were recorded.

People who used the service and their relatives told us that they felt safe using the service. All staff had a good understanding of how to identify and report any concerns and were confident that any concerns would be investigated and dealt with.

Care workers received an induction and training programme to support them in meeting people's needs. They shadowed more experienced staff before they started to deliver personal care and were introduced to people before starting work with them. Staff felt supported and were happy with the supervision they received and the content of the training available.

The provider understood the legal requirements of the Mental Capacity Act 2005 (MCA) and was aware of the processes to follow if they had concerns about people's capacity. People and their relatives told us that staff respected their decisions and gained consent before carrying out care tasks.

We saw that care workers notified the management team and people's relatives if they had any concerns about people's health. We also saw people were supported to maintain their health and well-being through access to health and social care professionals, such as occupational therapists, advocates and district nurses.

Care workers were aware of people's dietary needs and food preferences and this was highlighted in people's care records.

People were actively involved in decisions about their care and support, in accordance with their wishes. People and their relatives told us that advocacy support and staff being able to interpret on their behalf helped them in their day to day lives.

People and their relatives told us that staff were kind and compassionate, respected their privacy and dignity and promoted their independence. There was evidence that language and cultural requirements were considered when carrying out the assessments and allocating care workers to people using the service. We received positive feedback from people, their relatives and staff about the importance of being able to communicate with each other in their own language.

People were involved in planning how they were cared for and supported. An initial assessment was completed from which care plans and risk assessments were developed. Care was personalised and the provider listened to people to be as flexible as possible when trying to meet their needs.

People were provided with information on how to make a complaint and felt comfortable raising concerns if they needed to. There were surveys in place to allow people and their relatives the opportunity to feedback about the care and treatment they received. These documents were provided in both English and Bengali.

People using the service and their relatives told us that the service was well managed and they had recommended the service to other people in the community. Staff spoke highly of the support they received to carry out their responsibilities.

There were processes in place to monitor the quality of the service provided and to understand the experiences of people who used the service. This was achieved through regular communication with people and care workers, supervision and a programme of other checks and audits, including telephone monitoring and spot checks. We saw that improvements had been made and learning had taken place since the last inspection.

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.

Medicines were prompted by staff who had completed training and received verbal explanations in their own language to ensure their understanding.

The provider took appropriate steps to ensure safe recruitment procedures were followed and there were sufficient staff to meet people's needs.

Risk assessments were in place to identify the areas of risk and to reduce the likelihood of people coming to harm. Guidance for care workers had been translated into Bengali to ensure they understood how to keep people safe.

Staff had a good understanding of how to recognise and report any signs of abuse and protect people from harm.

Is the service effective?

Good

The service remained Good.

Is the service caring?

Good

The service remained Good.

Is the service responsive?

Good

The service remained Good.

Is the service well-led?

Good

The service was well-led.

The provider had made the necessary improvements since the last inspection and had started to record a range of auditing and monitoring processes.

People and their relatives spoke highly of the management team and how the service was managed.

Staff spoke positively about the support they received to carry

out their responsibilities.

There was visible leadership from the registered manager who understood their responsibilities and worked closely with people and staff, which gave them confidence in the service.

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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 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.

The inspection took place on 21 and 22 February 2018 and was announced. The provider was given 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection. This was a routine inspection as we had rated the service as 'Requires Improvement' at the last inspection. We received some anonymous information of concern in September 2017 in relation to staff training and safe recruitment. We made contact with the provider at the time for their response and found the allegation to be unsubstantiated. We also followed it up at this inspection.

The inspection team consisted of one inspector and a Bengali interpreter. A Bengali interpreter was required because the majority of the people using the service, their relatives and care workers could not communicate as effectively in English as it was not their first language.

Inspection site visit activity started on 21 February and ended on 1 March 2018. We visited the office location on 21 and 22 February 2018 to see the registered manager, office staff and to review care records and policies and procedures. After the site visit was complete we then made calls to people who used the service, their relatives, care workers and health and social care professionals, who were not present at the site visit.

Before the inspection we reviewed the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to the CQC and the previous inspection report. In addition to this we reviewed the providers' action plan that was sent in after the last inspection and the 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 called 14 people using the service and managed to speak with six of them and 10 relatives. We also spoke with nine staff members. This included the registered manager, two team leaders and six care

workers. We looked at four people's care plans, five staff recruitment files, staff training files, staff supervision records and audits and records related to the management of the service.

Following the inspection we contacted two health and social care professionals who worked with people using the service for their views and feedback but did not hear back from either of them.

Good

Is the service safe?

Our findings

At the last inspection in December 2016 we found that care records were not always clear about people's medicines and medicines were not always recorded in people's daily records. The registered manager highlighted that this was mainly due to the care workers understanding of the English language. We recommended the provider seek advice and guidance from a reputable source in relation to the management of people's medicines. At this inspection we saw that improvements had been made.

The provider's medicines policy was for care workers to only prompt people with their medicines. We saw that a new daily log form had been introduced which was also translated into Bengali so care workers would be able to confirm if this task had been completed. There was also a section where care workers could record any issues or concerns. Medicines risk assessments were in place even if people were not supported with their medicines. It included the level of support people received and who was responsible for supporting them. People who used the service and their relatives confirmed this and told us they were happy with the support they received. One relative said, "I am responsible for this but the carers do always check and make sure that it has been taken."

All staff had received training in medicines and care workers we spoke with had a good understanding of their responsibilities when prompting people. Staff were regularly reminded to be aware and record and report any concerns. One care worker told us that this was explained in their own language in great detail to make sure they understood their responsibilities. We reviewed a sample of daily logs for two people who were prompted with their medicines and saw that the new logs had been completed and it was recorded if there were any concerns. We did see that the list of medicines had not been recorded in the care plan but the registered manager explained medicines information was kept in people's homes. He said that he would update people's records accordingly.

At the last inspection we found that although risk assessments were in place to identify areas of risk, guidance for care workers to carry out tasks safely was not always recorded in people's care plans. At this inspection we found that the provider had produced a number of translated instructions and guidelines for staff to follow to ensure safe practice. For example, there were detailed guidelines in place for one person who needed to be supported with a hoist for all transfers. There was also guidance for when they were supported in the community in their wheelchair. People we spoke with told us they felt safe with the support they received. One relative said, "I am happy with how they manage his/her skin and always monitor it, letting me know if there are any concerns."

Other areas assessed included people who were at risk of falls, risk of choking and self neglect. They also assessed levels of risk in relation to the person's home environment, including an internal and external assessment. For one person who had diabetes, the only extra information recorded in their care plan highlighted their call times were specific because they needed to eat. We were told that information about risks and guidance for staff to follow if people's health changed due to their diabetes was explained to care workers in their own language and discussed in training sessions. Care workers confirmed this and one relative said, "They are aware of the diabetes and what needs to be done. They work with me and let me

know if they have concerns." The registered manager said he would add this to the translated guidance documents.

The staff files that we looked through were consistent and showed that the provider had safer recruitment procedures in place. All Disclosure and Barring Service (DBS) checks for staff had been completed in the last three years. The DBS helps employers make safer recruitment decisions and prevent unsuitable individuals from working in care services. There was evidence of photographic proof of identity and proof of address. The provider asked for two references and applicants could not start work until they had been verified. Interview notes and assessments were also in place which showed that the provider had assessed the suitability of staff they employed.

Staff we spoke with had a good understanding of safeguarding and what their responsibilities were in keeping people safe. They were able to understand the types of abuse people could be at risk of and what they would do if they had any concerns. They received safeguarding training when they first started and it was refreshed annually. We also saw that the provider assessed people to see if there had been any history of domestic violence and provided information for care workers to be aware of. All care workers were confident that any concerns they raised would be dealt with by the registered manager. One care worker said, "If there are any issues or concerns, we contact the office. It is important to keep them safe. I am 100% confident they will sort it out." There was a safeguarding policy in place and we saw evidence that when concerns had been raised they had been reported and followed up with the local authority. We saw the importance of escalating concerns was also discussed at monthly staff meetings.

There were sufficient care workers employed to meet people's needs. The provider had 25 active care workers that were able to cover shifts. The office team were also able to cover shifts in the event of an emergency. People who used the service and their relatives told us that they had regular care workers and there were no concerns about timekeeping. One person said, "I feel very safe and am more than 100% happy. They are always on time and never leave early." One relative told us that they have had the same care workers for over two years and are always notified if there are any changes. A team leader showed us care workers schedules were arranged with people and their relatives as they could be flexible due to the direct payment agreement. One care worker said, "The rota is managed around the client and times do not clash. I have three all in the same area and have no problem with travelling."

There were procedures in place for the reporting of any accidents and incidents. We saw that when they occurred staff recorded them on a form with a description of what had happened and what action had been taken. We saw health and social care professionals involved in people's care had also been notified, with correspondence to show when incidents had been reported they were followed through. Incidents and scenarios were discussed in team meetings and supervisions for reflective learning.

We saw that staff had completed relevant training and were aware of their responsibilities to ensure infection control procedures were followed. All care plans recorded the importance of following guidelines and highlighted the risk of cross infection. Hand washing guidance and reminders to wear personal protective equipment, such as gloves was available to staff and had been translated into Bengali. The registered manager had implemented infection controls checks since the last inspection and recorded the cleanliness of people's homes during regular spot checks.

Good

Is the service effective?

Our findings

All the people we spoke with told us that they were happy with the service and that their care workers understood their needs and had the right skills to support them. One person said, "I'm very happy as the supervisor explains what they need to do and they follow everything, so I'm happy." Another person said, "The carers are very knowledgeable, they know their job and what to do." One relative said, "They are well trained and know him/her very well."

The service assessed people's needs and choices so that care and support was delivered in line with standards to achieve effective outcomes. The registered manager had created translated documents and guidance from the Health and Safety Executive (HSE) for care workers to ensure best practice was followed in relation to moving and positioning when using a hoist. One relative told us they felt reassured as care workers were competent when they supported their family member with these tasks. One care worker said, "The practical training is very useful and explained well so we understand. We can even discuss it further in our one to ones."

Staff completed a four day induction programme before they started work with the service. This gave an overview of the organisation, their values and a range of policies of procedures. Mandatory training covered the 15 standards of the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. Topics included safeguarding, infection control, fluid and hydration, mental health awareness and food hygiene. One care assistant said, "I completed all the required training and it is very important for us. There were some things that I did not know before the training and learnt a lot of useful information." All of the care workers we spoke with confirmed that it was explained to them in Bengali and refreshed annually, but also discussed at meetings and supervisions.

Induction assessment forms were completed and then shadowing opportunities were arranged. At the last inspection in December 2016 records to show shadowing had taken place were not documented but the registered manager had now put this in place. Records showed care workers were observed and signed off as competent to work by a team leader. Care workers received supervision every three months and records showed that they were given the opportunity to discuss any concerns or work issues. Although a number of supervision records had limited information about what had been discussed, all the care workers we spoke with spoke positively about their input and the support they received. One care worker said, "They regularly check about the well-being of clients and I'm confident any issues discussed will be followed up." A team leader told us that group supervisions also took place to discuss specific issues in more detail and to also refresh training.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager had a good understanding of their responsibilities under the legislation and we saw that staff had access to MCA training. One care worker told us that it had been helpful to have this training explained in Bengali to help with their understanding. Where people had capacity to make their own decisions, care plans had been signed by the person to show their agreement with the information recorded and had been explained to them in their own language. The registered manager confirmed that all of the people they were supporting were deemed to have capacity but made sure they liaised with people's family members and was aware of the process to follow if they had any concerns. Staff understood the importance of asking for consent and care plans highlighted the importance of respecting people's choices at all times. One person said, "They always seek permission from me before doing anything." We also saw that consent forms had been signed if staff needed to be a key holder to gain access to people's homes.

Some people required support with their nutrition and hydration, including meal preparation and support during mealtimes. There was information in people's care records about the levels of support required and their food preferences. Information was also included for any specific dietary, medical or cultural needs, including if people were on a special diet. One person said, "They are mostly well trained when they do my meals. I am on a special diet and there are only certain things that I can have. I have to be helped with this and they take their time and don't rush me." One relative said, "They know he/she is on a special diet and know how to support them with this." Another relative said, "They help him/her make choices about food and have to blend it. They are very careful and are extra careful when supporting him/her." One care workers said, "We always ask people what they want and give them choices according to their taste and preference."

We saw correspondence and heard conversations during the inspection that showed people were supported to maintain their health and receive healthcare support if their needs changed. For one person a care worker contacted the office to raise concerns that their health had deteriorated. The registered manager made contact with the local authority to inform them of the concerns and requested a review to increase the amount of support. He also told us that he would visit the person to get a better idea of their support needs. We saw records for another person where care workers had called the emergency services due to them becoming unwell. Each person's daily log records had a reminder for care workers to report any concerns to the office or the healthcare professional involved with the person's care. One person said, "I requested a wheelchair and they have worked closely with my GP and are following it up with the authorities." We saw the provider tried to work closely with a range of health and social care professionals to ensure people received effective care and support. During the second day of the inspection one team leader spent a considerable amount of time on the telephone trying to book hospital transport for one person as they were unable to do it themselves.

Good

Is the service caring?

Our findings

All the people we spoke with were positive about the support they received and that the staff were kind, compassionate and caring towards them. One person said, "After finishing work they spend time and chat with me and I'm happy about this. I treat him as part of my own family." Another person said, "They talk to me during their work and keep me happy. I feel better when they are with me." Relatives were also very positive about the caring nature of the staff. Comments included, "They go out of their way to help and go above and beyond what they need to do. They are very caring and it is comforting for me" and "They feel happy when the carer is with them and they have a wonderful relationship."

The provider ensured people had regular staff that they liked and were able to form caring and supportive relationships with. People and their relatives told us that they had regular care workers and would always be introduced to new staff if their regular care workers were unavailable. One person said, "The carers are absolutely wonderful and they know everything about the support I need. I've had the same ones for over two years now." One relative said, "We have got our main carers who we are happy with. They go out of their way to help and I can't fault them at all." Care workers knew the people they supported and told us they had been able to develop positive relationships. One care worker said, "I'm really happy working with my client. We make time to talk and I enjoy spending time with him/her."

People who used the service and their relatives told us that care workers often stayed for longer than their allocated visit. One person told us that their care worker was still with them even though the call finished 20 minutes earlier as the support to access the community had taken longer than usual. Another person said, "They are great. There are times when they stay 10 to 15 minutes longer to help out." A relative told us that the care worker had waited after the call had finished as they had been held up at work. They added, "They are so helpful like that and will always stay longer and wait until I'm home as they don't want to leave him/her."

The provider worked closely with an advocacy organisation who supported people managing their direct payments. Advocates are trained professionals who support, enable and empower people to speak up. This meant that where people did not have the capacity to express their choices and wishes or found it difficult to do so, they had access to independent support to assist them. The provider had their contact details within people's records and they were also available in the service user guide. A team leader explained how they provided support to people by liaising with housing and welfare organisations on their behalf when asked to do so. This included contact with housing associations and following up maintenance issues. A team leader said it was mainly due to the language barrier, but added "We do as much as can ourselves and check in on people to ensure their wellbeing but also signpost to other organisations."

We saw that people who used the service and their relatives were involved in making decisions about their care and support. Care records documented who was involved and present at reviews, including health and social care professionals. One relative said, "I have always been involved yes. They do listen to us and respect our wishes." People were given a copy of the service user guide and the registered manager said that they were able to explain how the service was delivered in Bengali. This ensured people could fully

understand the agreement that had been made. All of the office staff were able to communicate in people's languages so they were always sure people had the information they needed. One person said, "They make sure they explain everything to us in our language which is very helpful."

People told us that staff respected their privacy and dignity and always encouraged them to be as independent as possible. We received positive comments about how respectful care workers were when they worked with people in their own homes and that they understood their culture. One relative said, "They treat him/her with respect and respect their privacy, especially when they are in the bathroom. I can see they understand the importance of it and we all respect each other, like a family." Care workers had a good understanding of the need to ensure they respected people's privacy and dignity and were able to give examples of how this was managed. Guidelines had been produced and translated into Bengali for care workers to follow. This guidance highlighted the importance of including people in the process, reassuring them and encouraging them to be independent. It also included tips for encouraging good personal hygiene.

Good

Is the service responsive?

Our findings

All of the people using the service and their relatives told us they contributed towards their assessment and felt the service was very flexible and provided care that met their needs. Comments included, "We were given a good overview when they first came and discussed the support we needed. Now they know us really well and what needs to be done", "So far, it has been an excellent service and they have been very flexible so I'm very happy" and "I have to say that the best thing is that they are always prepared to listen to us."

All of the people that received care from the provider had made the choice to use their services through the use of their direct payments. The registered manager told us that they would discuss with the person and their family what care and support they would be able to provide but that scheduled visits were flexible depending on people's needs. One relative told us how they had regular contact with the office to arrange visit schedules on a weekly basis. They added, "It isn't set times and they work around our arrangements and what we need. They feel like a family and it is a very personal service." Another relative said, "They are aware of our needs and are very understanding and flexible which I like about them. We can transfer a call over to another day if that suits us." A third relative told us how they followed their care worker when they moved company. They added, "It was the most important part to keep the consistency as that is who we wanted and they managed it well." A team leader said, "Plans are flexible and we make sure it is personalised to each person to use it how and when they need it."

Care plans contained contact details for the person, their next of kin, their GP and other health and social care professionals involved in their welfare. An initial needs assessment identified health issues, including languages spoken. They gave an overview of the person for the care worker and highlighted people's personal histories and preferences. There was a visit summary of the care and support that had been agreed but it was recorded that it was important for care workers to ask what people wanted to do at every visit. We saw records to show that the service was reviewed regularly to check that people were happy with the care and support they received or if their needs changed.

There was evidence that the provider listened to people's preferences with regard to how they wanted staff to support them with their cultural or religious needs. The registered manager told us that they provided a service that met people's cultural needs and could communicate in Bengali as people and their families could not communicate as easily in English. All of the people who used the service and their relatives where Bengali was their first language spoke positively about how this had a positive impact on their day to day life. Comments included, "They understand our religious needs and speak the same language. It is important for communication and understanding our culture. It would be very difficult if we didn't have this", "We speak the same language, even with the office staff. We'd have problems otherwise" and "Understanding our culture is so important to us and it is something we wanted." One care worker said, "It is very useful for us to be able to communicate with each other. There is no miscommunication and it is really important that we understand each other."

People's care records highlighted what gender of care worker they wanted. One person said "I only want a male Bengali carer and I always get that." We saw people were supported to the mosque and to have food

that met their cultural needs. One relative said, "They [care workers] read the Quran to my [family member] and they really like it." We saw records that showed one person was supported to a culturally specific day centre on a weekly basis. For another person we saw their schedule had been changed about going to a temple to worship and that a specific time had been set aside for this.

The provider was aware of their responsibilities in meeting the Accessible Information Standard (AIS). The AIS applies to people who have information or communication needs relating to a disability, impairment or sensory loss. It covers the needs of people who are blind, deaf, deafblind and/or who have a learning disability. It also includes people who have aphasia, autism or a mental health condition which affects their ability to communicate. People's communication needs were assessed and documented in care records, including their language requirements. When people started using the service they were given a service user handbook which was available in large print or another language. We also saw information about the Care Quality Commission (CQC) had been translated into Bengali for people to have a better understanding about who we are and what we do.

People and their relatives said they would feel very comfortable if they had to raise a concern and knew how to get in touch with the service. All of the people we spoke with told us that they had never made a complaint. Comments included, "I've never raised any issues since I started with them. The manager is very helpful and explains everything to us that we don't understand" and "I feel comfortable speaking with the office and am very happy with the service. We've never had any complaints." An accessible complaints procedure was in place and a copy was given to people when they started using the service. Staff were able to explain it to people in their own language to ensure they were able to understand it. Their complaints policy stated they would respond to any complaint within 24 hours and would aim to have a final outcome within 28 days. There had been no complaints since the last inspection in December 2016. A team leader told us they always reminded people about the importance of raising any issues with them as soon as possible during home visits and review meetings.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed he had been formally registered with the Care Quality Commission (CQC) since June 2015. He was present on both days we visited the office and assisted with the inspection, along with the office team.

At the last comprehensive inspection on 21 and 22 December 2016 we found one breach of the regulations relating to good governance. Although there were internal auditing and monitoring processes in place to assess and monitor the quality of service provided, they were not always documented. People's daily logs were not always checked and issues that we found during the inspection had not been picked up by staff when they had been returned to the office. At this inspection we found that sufficient improvements had been made.

The registered manager had made sure that records were now kept to show the monitoring systems in place. For example, meeting minutes, shadowing records, spot checks and supervision records were all in place and had been since the outcome of the last inspection. Daily log records had also been redesigned in both English and Bengali so care workers could record more accurately what tasks had been completed. The registered manager had implemented an evaluation form for staff to complete to feedback about how they found their supervision and the level of support they received. We saw positive comments from the evaluation forms we reviewed.

There were monthly staff meetings where a number of aspects about the service were discussed. We looked at a sample of the previous meetings' minutes since the last inspection. Topics included safe practice, personal development, building positive relationships and discussing any concerns with the service. There were also opportunities for dilemmas and scenarios to be discussed as a team to get the right level of advice. We saw that meetings were held at different times throughout the day so more staff could attend. A team leader said, "Having regular meetings with all the care workers means we can explain everything to them in their own language to make sure they fully understand which we feel has made a difference."

Care workers received regular spot checks, both announced and unannounced to check on the level of service being provided. Care workers confirmed this and one said, "They will do unannounced visits, but we are not worried about this and gives us confidence that we are providing the best care possible." The spot checks looked at time keeping and that the correct policies and procedures were being followed. It also gave staff the opportunity to speak with people and their relatives to find out if they were happy with their care. One person said, "They come and visit me and call me over the phone to ask about the service. I'm happy with this and have a good relationship with the manager." Specific checks of people's daily log records and financial records were completed on a monthly basis to check for quality of recording and if any issues had arisen. Care workers confirmed they were always reminded about the importance of recording and saw it had been discussed at the most recent team meeting.

All of the people using the service and their relatives spoke positively about the support they received from the registered manager and staff team and felt confident with how the service was managed. Comments

included, "They come and visit in person and it is running well. I couldn't manage without them", "I've recommended this service to many people and they have also been happy", "I'm always kept updated. I've built up a great relationship with [team leader] and they always go out of their way to do anything for us which gives me peace of mind" and "I've got a good relationship with the manager. We feel like they are the family and it is very reassuring for us."

All of the staff told us they felt well supported in their role and the registered manager involved them in the service. Comments included, "The manager is very supportive and treats us like a family member. He has supported me over the years, believes in me and treats us as individuals", "I feel at home working for this company", "They are always so nice and friendly and make our job enjoyable" and "I'm very happy working here. The communication is good and they help me with any concerns." Care workers told us if they had any problems they could always get hold of somebody, with the registered manager being available all of the time, including out of hours. One care worker said, "I can contact the office very easily and always speak with somebody, it's not a problem." Another care worker told us how the registered manager had been extremely helpful during a period of adverse weather and had been able to arrange cover as they were unable to make their calls.

Staff spoke positively about the positive culture of the service and were motivated to support people in their own communities. One care worker said, "It is very important to respect the culture of the client and we understand that. We can share things, understand personal matters and know how to help. I really enjoy working for the company and with people from the same cultural background and I'm happy to serve people in my community." One relative told us it had been a great relief when they started using this service as previous agencies had not always been able to provide Bengali care workers. They added, "As they can communicate and understand his/her needs, it has been a good change."

We saw the provider understood the importance of working in partnership with other agencies to ensure positive outcomes for people. We saw they had made contact with local authorities and other health and social care professionals involved in people's care, following up concerns if they had not heard back from them in a timely manner. We saw that working in partnership with key people involved in people's care and building important relationships had been discussed at recent team meetings.

The provider was in the process of completing a detailed review about people's experiences of using their service. A detailed service evaluation questionnaire was given to people to complete every two months and findings were planned to be announced in May 2018. The questionnaire covered 97 areas and also gathered information about people's health and wellbeing. All of the completed questionnaires we saw had positive responses. It was also available in Bengali. The registered manager said they hoped the findings would give them a detailed overview about people's needs and the care they received.