Devine Care Ltd

Uxbridge House

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook an announced inspection of Uxbridge House on 07 June 2017. We told the provider two working days before our visit that we would be coming because the location provided a domiciliary care service for people in their own homes and the registered manager and staff might be not be available to assist with the inspection if they were out visiting people.

Uxbridge House provides a range of services to people in their own home including personal care. Most of the people who used the service were older people, some of whom were living with dementia, and others were younger people living with a learning disability or autism. At the time of our inspection 25 people were receiving personal care in their own homes. All the people using the service were referred and funded by the local authority.

The service was registered with the Care Quality Commission on 22 June 2016 and had not been inspected before.

There was a registered manager in post who was also the nominated individual. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Feedback from people was mostly positive. People said they had regular care workers visiting which enabled them to build a rapport and get to know them.

People and relatives reported that care workers were often late. However, there was evidence that the provider was addressing this issue.

The risks to people's wellbeing and safety had been assessed, and there were detailed plans in place for all the risks identified.

There were procedures for safeguarding adults and the care workers were aware of these. Care workers knew how to respond to any medical emergencies or significant changes in a person's wellbeing.

The service employed enough staff to meet people's needs safely and had contingency plans in place in the event of staff absence. Recruitment checks were in place to obtain information about new staff before they supported people unsupervised.

There were systems in place to ensure that people received their medicines safely and the staff had received training in the management of medicines.

People's needs were assessed by the provider prior to receiving a service and support plans were developed from the assessments. People had taken part in the planning of their care. People we spoke with said that they were happy with the level of care they were receiving from the service.

People's capacity was assessed by the referring local authority prior to receiving a service from Uxbridge House. People signed their care plans and reviews indicating they had consented to their care and support. The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005 and told us that some of the staff had received training in this. Nobody was being deprived of their liberty unlawfully at the time of our inspection.

People's health and nutritional needs had been assessed, recorded and were being monitored.

Care workers received an induction and shadowing period before delivering care and support to people. They received the training and support they needed to care for people.

There was a complaints procedure in place which the provider followed. People felt confident that if they raised a complaint, they would be listened to and their concerns addressed.

There were systems in place to monitor and assess the quality and effectiveness of the service, and the provider ensured that areas for improvement were identified and addressed.

Staff told us that the manager was approachable and supportive and they encouraged an open and transparent culture within the service. People and staff were supported to raise concerns and make suggestions about where improvements could be made.

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.

The risks to people's safety and wellbeing were assessed and there were detailed plans in place for all the risks identified.

There were procedures for safeguarding adults and staff were aware of these.

There were systems in place to ensure that people received their medicines safely and the staff had received training in the management of medicines.

The service employed enough staff and contingency plans were in place in the event of staff absence. Recruitment checks were undertaken to obtain information about new staff before they supported people unsupervised.

Is the service effective?

Good

The service was effective.

The manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005 and understood its principles. People had consented to their care and support. Nobody was being deprived of their liberty unlawfully.

Staff received the training and support they needed to care for people.

People's health and nutritional needs had been assessed, recorded and were being monitored.

Is the service caring?

Good

The service was caring.

Feedback from people was positive about both the staff and the provider.

People and relatives said the staff were kind, caring and

respectful. Most people received care from regular staff and had developed a trusting relationship with them.

People and their relatives were involved in decisions about their care and support.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People and relatives reported that care workers were often late. However there was evidence that the provider was addressing this issue.

People said they had regular care workers visiting which enabled them to build a rapport and get to know them.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and were regularly reviewed.

There was a complaints policy and procedure in place. People knew how to make a complaint, and felt confident that their concerns would be addressed appropriately.

The service obtained regular feedback from people. This provided vital information about the quality of the service provided.

Is the service well-led?

Good

The service was well-led.

At the time of our inspection, there was a registered manager in post.

Most people and their relatives found the management team to be approachable and supportive.

There were systems in place to assess and monitor the quality of the service.

Staff told us that the manager was approachable and supportive and they encouraged an open and transparent culture within the service.

Uxbridge House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 07 June 2017 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection.

The inspection was carried out by a single inspector. An expert by experience carried out telephone interviews with people who used the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert on this inspection had personal experience of caring for older people.

Before the inspection we reviewed the information we held about the service. This included statutory notifications about incidents and events affecting people using the service and a Provider Information Return (PIR) the registered manager completed and sent to us. 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.

During the inspection we looked at the care records of four people who used the service, four staff files and a range of records relating to the management of the service. We spoke with the registered manager who was also the nominated individual, the administrator, a part time administration assistant, a field care supervisor, and three care workers.

Following the inspection, we spoke with six people who used the service and 10 relatives to obtain their views about the service. We also emailed five healthcare and social care professionals and received a reply from two.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe and trusted the care workers who supported them. Their comments included, "They have to do everything for me and move me around in a hoist so I do feel safe when they are helping. Yes", "I do feel safe. I wouldn't have them round if I didn't" and "I do feel safe with them especially when I am having a shower because I know someone is there to stop me falling."

Recruitment practices ensured staff were suitable to support people. These included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working for the service. These included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check such as a Disclosure and Barring Service (DBS) check was completed.

The provider employed enough staff to meet the needs of the people using the service, and there were contingency plans in place in the event of staff absence. The registered manager told us that the field supervisor or themselves would attend to people's needs where needed. We saw this to be the case on the day of our inspection, when the field supervisor told us they were covering a visit because a member of staff had cancelled at short notice.

People told us they were supported by dedicated staff and most had regular care workers. Their comments included, "I usually get the same people coming round", "I might get the same ones for two or three days then it changes", "I get different people coming but I normally know them and if they are new I have usually seen them shadowing with a regular carer" and "We generally get the same one called [name] who comes every morning at 7am on time and he is great with him."

Very few people required assistance with their medicines, however, those who were being supported with their medicines told us they received these as prescribed. One person said, "They help me with my pills and take them out of the container for me" and another person told us, "They help me with my tablets and help me with my cream." Care workers supported some people with either prompting or administering their prescribed medicines. We viewed a sample of medicines administration record (MAR) charts which had been completed over several weeks. There were no gaps in signatures, indicating the staff had administered all the medicines as prescribed. Where people had not taken a particular medicine, the appropriate code had been recorded, and a full explanation given with the date and signature of the care worker. Staff were clear about only administering medicines that were recorded on the MAR charts. These were supplied by the local pharmacy and included the person's name, date of birth, GP details and allergy status. Medicines were clearly listed and included their strength, quantity and frequency, so staff had the information they required when administering medicines.

Medicines risk assessments were in place and were reviewed to ensure they were accurate. We saw training records showing that all staff had received training in medicines management and that they received yearly refresher training in this. The senior staff carried out spot checks in people's homes to ensure people were supported with their medicines. This meant people were protected from the risk of not receiving their

medicines as prescribed.

Staff received training in safeguarding adults and training records confirmed this. Staff were able to tell us what they would do if they suspected someone was being abused. One staff member told us, "I would recognise if they had been abused as I know them well. I would notice if they were upset. I would tell the manager, and if he did nothing, I would whistleblow." The service had a safeguarding policy and procedure in place and these were displayed on the notice board. Staff told us they were familiar with and had access to the whistleblowing policy. This indicated that people were protected from the risk of abuse.

The registered manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the Care Quality Commission (CQC) as required of allegations of abuse or serious incidents. The registered manager worked with the local authority's safeguarding team to carry out the necessary investigations and management plans were developed and implemented in response to any concerns or trends identified to support people's safety and wellbeing. The provider kept a log of all safeguarding alerts including details of the concern, who was involved and the outcome of the investigation.

Where there were risks to people's safety and wellbeing, these had been assessed. Person-specific risk assessments and plans were available and based on individual risks that had been identified either at the point of initial assessment or during a review. These included risks to general health, mobility and personal safety, mental health and the person's ability to complete tasks related to everyday living such as personal care, medicines and communication. Each assessment identified the risk indicator and an action plan to minimise the risk. For example, we saw that a person who had developed a pressure ulcer had been referred to the district nursing team, there was a body map in place and there were detailed instructions for staff on how to provide care in order to promote healing and mitigate the risk of further skin deterioration.

Staff were clear about how to respond in an emergency. Senior staff were available to help and support the staff and people using the service as required, and involving healthcare professionals as needed. A staff member told us, "I would inform the office if I thought someone was unwell or they had been abused. We have the manager's phone number." We saw a duty rota displayed on the notice board. This informed staff who was the main contact out of hours. The registered manager told us, "I am always on call."

Incidents and accidents were recorded and analysed by the registered manager to identify any issues or trends. We saw evidence that incidents and accidents were responded to appropriately. For example, where a person had been unwell and had a fall, staff had ensured that they had been appropriately checked and treated and had followed this with a referral to the GP to investigate potential underlying causes, thus reduce the risk of reoccurrence. We saw evidence that incidents and accidents were discussed with staff during staff meetings.

Good

Is the service effective?

Our findings

People and relatives told us the care workers met their care needs in a competent manner. Their comments included, "They do seem to be experienced in care and they do anything I ask such as fetching something from upstairs", "They are very efficient and I am very happy with them. They help [family member] with things I can't do" and "I think they have a lot of training. They certainly know how to help with my [family member]." However, some people were not so positive and thought that some staff lacked experience. Their comments included, "The older ones are better than the younger ones, but two of them come so they show them the ropes but everything gets done", "Some of them are young and don't know how to deal with autism, and don't have the skills to deal with [family member]. But they do their best" and "The regular staff are great but some of the others come in and don't know the situation and don't read the book to see what needs doing."

The Mental Capacity Act (MCA) provides a legal framework for making particular decisions on behalf of people who use the service and 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 service was working within the principles of the (MCA) 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us that people using the service had their capacity assessed by the referring local authority prior to receiving a service from Uxbridge House. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Consent was sought before support was offered and we saw evidence that people were consulted in all aspects of their care and support and had signed their care records to indicate this. This included medicines, finances and safety. We were told that nobody using the service were being deprived of their liberty unlawfully but the registered manager was clear about what to do if a person using the service was losing the capacity to make decisions about their care and support. This indicated that care and support was being delivered according to the principles of the MCA.

Staff had a basic knowledge about the principles of the MCA and not all the staff team had received training in this. However, they told us they encouraged people to remain as independent as they could be and gave us examples of this. For example, where a person was refusing to have a wash, staff demonstrated how they supported the person by gently encouraging them whilst respecting their rights. People confirmed that staff gave them the chance to make daily choices. People and relatives we spoke with and care records viewed confirmed this.

People were supported by staff who had the appropriate skills and experience. People's comments included, "I think they are well trained and I have had no problems with them. They just get on with the job" and "I think they have a lot of training." However some people thought that some staff lacked training

specific to people's needs such as dementia and autism. Their comments included, "They should have more designed and focused training on autism. The experience of the young ones and the older ones varies a lot" and "Some of them are too young and don't know how to deal with [family member's] challenging behaviour." Training records indicated that staff received training in both dementia awareness and autism.

All staff we spoke with were subject to an induction process that consisted of an introduction into the service, including policies and procedures and training, followed by shadowing and observing the care provided by an experienced member of care staff. The staff we spoke with confirmed the induction process gave them confidence in their role and helped enable them to follow best practice and effectively meet people's needs. Comments included, "I got a good induction, I learnt a lot" and "I got a lot of training at the beginning to help me, and I shadowed a senior person. We still get a lot of training, mainly here." Staff were supported to complete the Care Certificate qualification. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. There was a designated training room at the office location, which was equipped with moving and handling equipment and relevant information for care workers. This enabled them to get practical experience prior to delivering care to people.

In addition, staff received training in topics the provider had identified as mandatory. These included health and safety, infection control and food hygiene, medicines management, safeguarding and MCA. They also undertook training specific to the needs of the people who used the service which included autism and dementia awareness. Most staff had obtained a nationally recognised qualification in care, or were studying for this. Records showed that staff training was up to date and refreshed annually. This meant that staff employed by the service were sufficiently trained and qualified to deliver the care to the expected standard.

During the inspection we spoke with members of staff and looked at files to assess how they were supported within their roles. Staff told us and we saw evidence that they received regular supervision from their line manager. One staff member told us, "We get regular supervision. I had one only two weeks ago." Staff we spoke with told us they felt supported and were provided with an opportunity to address any issues and discuss any areas for improvement. Staff also received an annual appraisal. This provided an opportunity for staff and their manager to reflect on their performance and identify any training needs. The field supervisor carried out regular spot checks in people's homes. These included how the staff interacted with people, if they followed people's care plans, medicines administration and recording. Any concerns or training needs were identified, and comments and actions were recorded. These were then discussed with individuals during their supervision meetings. This indicated that people who used the service were being cared for by staff who were suitably supervised and appraised.

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, as an important aspect of their daily life. The registered manager told us that people were supported by their family members for all their main meals, and the staff only needed to warm up pre-prepared meals or prepare basic snacks for them. People and relatives told us they were happy with the support they received. People's individual nutritional needs, likes and dislikes were assessed and recorded in their care plans.

Records showed that the service worked effectively with other health and social care services to ensure people's needs were met. Care workers told us they communicated regularly with the registered manager and would report anything of concern. This would prompt a review of the person's care needs and a referral to the relevant professional if needed.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the care and support they received and said that staff treated them with consideration and respect. Comments included, "They treat me very well and are quite cheerful. I do get on with them", "I get on very well with them. They respect me and I respect them", "Yes they do respect my privacy and dignity", "They help me with my clothes but I try and do as much as I can myself", "They will have a chat and I have got to know them. Some will have a laugh and are alright but others can be quiet and just get on with the job", "I have no problems about privacy and dignity. They help me shower and put me on the commode", "[Staff member] is the best and treats him like his father", "[Staff member] is a gentleman with [family member]. He know his place and is polite. My [family member] responds without a fight. He has a special way and calms him down and talks to him and asks him and tells him what he is going to do for him" and "They will ask [family member] if he wants a shave and cover him up when he is having a wash."

The staff and management team spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and diverse needs. Their comments included, "I have my regular people. They look forward to seeing me and I look forward to seeing them", "I have the same people. They know me well and trust me" and "We follow the care plan but sometimes they want something else. So we help them. They are very good with me and I do my best for them." A senior staff member told us, "The carers always go the extra mile for people."

People's cultural and spiritual needs were respected. We were told and records confirmed that staff asked people who used the service if they required anything in particular with regards to their faith and cultural beliefs.

We saw that care plans contained relevant and detailed information to identify what the care needs were for each person and how to meet them. The information was concise, relevant and person-specific, and had been signed by people who used the service or, where appropriate, their representatives.

Care notes were recorded after each visit. These included information about the person's daily routine, activities, the person's wellbeing, personal care, food intake and any events or appointments. We saw these records were written in a clear and respectful way although they mainly recorded the tasks undertaken rather than people's wellbeing and social interactions.
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Staff were trained and encouraged to sign up as 'Dignity Champions' and informative posters were displayed in the office and training room to remind staff to always treat people with dignity and respect. During their induction, staff were expected to sign up to the 'Clients' charter'. This detailed how the agency ensured that they delivered a high quality service to all people who used the service.

We saw a number of compliments received which indicated that people and their relatives were happy with the care they received. Comments included, "[Staff member] is one of the best carer I have seen", "[Staff member] has been an angel like God sent him. There is no word to express about [staff member]. He is

excellent" and "I feel that all your carers are trustworthy, friendly with lots of compassion."

Requires Improvement

Is the service responsive?

Our findings

There was a mixed response from the people and relatives consulted with some saying that carers generally arrived on time and others stating this was not the case. Comments included, "I get on ok with the carers but it's the time when they are late and they have to whip in and out a quick microwave meal and they're gone because they have to rush to somewhere else. That's what I object to", "The timing isn't good and some of them can't drive so they have to get buses or the manager drives them round and waits for them", "They usually ring if they are going to be late", "They are late as some can't drive and some have trouble with the traffic so I don't know when they are going to arrive. It could be 5 o'clock or 7.30", "We get a rota on the day and today someone should have been here at 10am and it's now 10.50. I've rang them and there has been confusion over the rota and someone is on the way and I am waiting for my shower. They normally phone me but not today", "We generally get the same carers who comes every morning at 7am and is on time", "Overall I would say they are very good. It's just them being late which could improve", "The carers are great but they don't have enough time and I think the system and the schedules are not good but I suppose I have just got used to it, waiting for people to turn up", "I had to ring the office to complain about them being late and us not having regular staff but in the last two months it has improved a bit" and "The ladies are okay with [family member] but we have had to ring them up to make sure they are coming like when they are supposed to be there at 8pm and they don't turn up until 10pm."

We discussed this with the registered manager who showed us evidence that they had addressed lateness with individual staff members and was working with the field supervisor to monitor this by increasing spot checks and telephone monitoring with people who used the service.

The registered manager told us they were going to start using an electronic call monitoring system shortly and training about how to use the system was planned for the day after the inspection. We saw evidence of this. The registered manager was confident that the system would be instrumental in reducing lateness and ensuring service delivery was timely and monitored accurately.

People's care and support needs had been assessed before they started using the service. Assessments we viewed were comprehensive and we saw evidence that people had been involved in discussions about their care, support and any risks that were involved in managing their needs. People told us they were consulted before they started receiving care and support and they had felt listened to. People were referred from the local authority and the provider had obtained relevant information from them. This included background information which helped the service to understand each person and their individual needs. The healthcare and social care professionals we contacted said that the staff team provided a service which met people's individual needs and they had no concerns.

Care plans were comprehensive and contained detailed information about the care needs of each person and how to meet them. Each person's care plan was based on their needs, abilities, likes, dislikes and preferences. For example, "I will require assistance to walk to the bath" and "I need some support to walk back to my recliner". People we spoke with told us they were involved in making decisions and in the care planning process and had access to their care plans. We saw in the records we viewed that these had been

signed by people, which indicated that they had understood and agreed what had been recorded.

The registered manager told us that care plans and risk assessments were reviewed regularly, and as and when people's needs changed. One staff member told us that a person's condition had recently deteriorated and they were now entering the end of their life. We saw evidence that the person's care plan had been updated to reflect their current needs. This indicated that the service was responsive to people's needs. A social care professional told us that the service was responsive to people's individual needs and said, "The service has managed a couple of cases for me. These are cases that are more complex than standard physical support. They have done well in developing strategies for managing the complex behaviours presented by the service users."

The service had a complaints procedure in place and this was available to people who used the service. A record was kept of complaints received. Each record included the nature of the complaint, action taken and the outcome. Where complaints had been received, we saw that they had been investigated and the complainants responded to in line with the complaints procedure. People and relatives told us they knew who to complain to if they had a concern and felt confident about raising any issues. Their comments included, "When we first started, my [family member] didn't like a carer and I mentioned it to [Senior staff] and he never came again and we have another carer now and things are better" and "I told [manager] about one carer my [family member] didn't like and to be fair to him that person never came again." However, one relative was unhappy with the way their complaint was handled and said, "A month ago, I complained to [registered manager] about the late visits but he was quite abrupt with me… It was getting to 11.30pm instead of 10pm." We spoke with the registered manager about this and they provided us with evidence that they had taken action to address the complaint and had taken on board the feedback regarding their attitude.

Good

Is the service well-led?

Our findings

People and their relatives were mostly complimentary about the registered manager and the senior team and told us they thought the service was well run. Their comments included, "[Manager's name] is the manager and I find him pleasant enough", "The manager is very nice and has been round a few times", [Senior staff names] are good. I think the manager is called [manager's name]. I've only met him once" and "[Manager] used to pop in and see me." However, some people were not as positive, and some were unsure who the registered manager was. Their comments included, "[Manager's name] is the manager. I find him unapproachable", "I think it's a lady manager. She pops in now and gain to see if I'm ok" and "Is the manager called Mr Rogers?" A social care professional thought the service was well run but communication could be improved. They told us, "Their communication could be better. This appears to be internally as well as with some of the logs their front line carers produce." However, they added, "I do not have concerns at present and would look at using them for new service users as the need arises."

We asked care staff and office staff if they felt supported by their manager. Their comments included, "We call if we need help, and we get it", "[Manager] comes and gives us a lift and takes us around", "It's good. I feel supported by my manager. He is good. He is very helpful", "He double checks that everything is done, and all the visits have been done" and "The manager is hands on, knows his staff and you feel confident to talk to him."

The senior team carried out regular audits. It was clear from the evidence gathered during our inspection that the audits were thorough and identified issues. Audits included accidents and incidents, complaints, medicines, care workers' log sheets, spot check audits, documents and policies and procedures. Where issues were identified, an action plan was completed with timescale, date of completion and signature of the manager. Individual concerns were discussed with staff during their supervision meetings, and during team meetings. We saw evidence of this in the documents we reviewed. This indicated that the registered manager took appropriate action to address concerns and make improvements.

At the time of our inspection, there was a registered manager in post who had many years experience in social care, and who was a qualified psychiatric nurse. They also held a qualification in management. The registered manager told us they were "hands on" and added, "I get my hands dirty, I work hard." They attended regular meetings organised by the local authority and kept abreast of development within the social care sector by attending provider forums and accessing relevant websites such as that of the Care Quality Commission (CQC).

The registered manager was also the nominated individual. They told us they used the services of an independent consultant who provided support and guidance in all aspects of the running of the service. The registered manager was a member of the United Kingdom Homecare Association (UKHCA) and could access up to date information from them to help him improve practice.

Care workers and office staff informed us they had regular meetings and records confirmed this. The items discussed included people's care needs, rota, health and safety, safeguarding, staffing, audits, care plans,

duty of care and professional conduct. Outcomes of complaints, incidents and accidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations. For example, where people had reported that some care workers did not always wear their uniforms or identity badges, this had been discussed in a recent team meeting.

People and relatives were consulted about the care they received through quality assurance questionnaires. We viewed a range of recent questionnaires received which indicated that people were mostly happy with the service. The provider identified areas for improvement such as recurrent lateness or care workers failing to wear the correct uniform. We saw that the registered manager had put in place an action plan to address all areas that needed improvement, and the feedback from people and relatives indicated that their concerns had been taken seriously and improvements had been made. In addition, the service carried out 'Service user bi-weekly telephone reviews' and kept a record of these. The reviews were undertaken to check if the person was happy with the service, their care workers and if they had any worries or concerns. We viewed a sample of these and saw that people were mostly happy with their care workers. Where concerns had been raised, we saw that an action plan was in place. This included where it had been identified that a person required additional support and this had been provided.

A welcome pack was given to people receiving care and support from the agency. This included information about the service, service delivery and staff organisation. Each person was given a service agreement which included a complaints procedure and the contact details of the registered manager, and the company's statement of purpose. This meant that people had the information they needed about the service being offered and how to raise any concerns they might have.