Nation Care Agency Ltd

Nation Care Agency

Inspection report

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Date of inspection visit:
01 June 2016
03 June 2016
08 June 2016

Date of publication:
01 July 2016

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?	Requires Improvement

Summary of findings

Overall summary

The inspection was carried out on 1, 3 and 8 June 2016 and the inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us. Telephone calls to gain feedback about the service from people and relatives were made on 6 and 7 June 2016.

The last inspection took place on 23 January 2014 and the service was compliant with the regulations we checked.

Nation Care Agency provides a domiciliary care service for adults with a range of needs. The service offers support to people who require help with day to day routines including personal care, meal preparation, light housework, shopping and companionship. At the time of our inspection there were 84 people receiving personal care.

The service is required to have a registered manager and there was one in post. 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.

Some aspects of the service were not monitored effectively so shortfalls were not being identified and addressed in a timely way.

Risks were assessed and action plans put in place to minimise them. Staff knew when to summon the emergency services if someone was unwell.

Procedures were in place and being followed by staff to safeguard people against the risk of abuse.

Staff recruitment procedures were in place and being followed. There were enough staff to meet the needs of people using the service.

Staff understood medicines management procedures and provided the support people required to take their medicines safely.

Infection control procedures were in place and being followed to minimise any risks to people and staff.

Staff received training and supervision so they had the knowledge and skills to provide the care and support each person required.

Staff understood and respected people's rights to make choices about their care and knew to act in their

best interests.

People were supported to maintain their nutritional intake. Staff recognised changes in people's healthcare needs and knew the processes to follow to ensure input from healthcare professionals was sought in a timely way.

People told us staff treated them with dignity and respect and maintained their privacy. Staff took the time they needed to give people the care and support they required.

Care records reflected people's individual needs and wishes and staff understood these and cared for them in a person-centred way. People's care and support was planned and reviewed when any changes were identified so people's needs continued to be met.

Procedures for raising complaints were in place and people and relatives said they would be confident to raise any concerns so they could be addressed.

People and relatives could contact the service easily when necessary and care staff said the registered manager and senior staff were supportive and approachable.

The registered manager accessed good practice guidance to enhance the service provision and keep up to date with the care sector.

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

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. Risks were assessed and action plans put in place to minimise them. Staff knew when to summon the emergency services if someone was unwell.

Procedures were in place and being followed by staff to safeguard people against the risk of abuse.

Staff recruitment procedures were in place and being followed. There were enough staff being deployed to meet the needs of people using the service.

Staff understood medicines management procedures and provided the support people required to take their medicines safely.

Infection control procedures were in place and being followed to minimise any risks to people and staff.

Is the service effective?

Good

The service was effective. Staff received training and supervision so they had the knowledge and skills to provide the care and support each person required.

Staff understood and respected people's rights to make choices about their care and knew to act in their best interests.

People were supported to maintain their nutritional intake. Staff recognised changes in people's healthcare needs and knew the processes to follow to ensure input from healthcare professionals was sought in a timely way.

Is the service caring?

Good

The service was caring. People told us staff treated them with dignity and respect and maintained their privacy.

Staff took the time they needed to give people the care and support they required.

Care records reflected people's individual needs and wishes and

staff understood these and cared for them in a person-centred way.

Is the service responsive?

Good

The service was responsive. People's care and support was planned and reviewed when any changes were identified so people's needs continued to be met.

Procedures for raising complaints were in place and people and relatives said they were confident to raise any concerns so they could be addressed.

Is the service well-led?

Requires Improvement

The service was not always well-led. Some aspects of the service were not monitored effectively so shortfalls were not identified and addressed in a timely way.

People and relatives could contact the service easily when necessary and care staff said the registered manager and senior staff were supportive and approachable.

The registered manager accessed good practice guidance to enhance the service provision and keep up to date with current practice.

Nation Care Agency

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 was 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 was carried out on 1 and 3 June 2016, plus a short visit to give feedback to the provider on 8 June 2016 and the inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us. The inspection visits and getting feedback from care staff were carried out by one inspector and an expert-by-experience carried out telephone calls on 6 and 7 June 2016 to obtain feedback from people using the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we visited the service we checked the information that we held about it, including any notifications sent to us informing us of significant events that had occurred at the service. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted the local authority to discuss information received prior to and following the inspection.

During the inspection we viewed a variety of records including recruitment and training details for five care staff, care records, risk assessments and daily logs for six people using the service, medicines administration record charts for four people using the service, monitoring records, policies and procedures, the business continuity plan and other documentation relevant to the inspection.

We spoke with the registered manager who was also the nominated individual for the service, the care coordinator, a field care supervisor, the training coordinator, the administrator and six care staff. Following the inspection we spoke with five people using the service and four relatives to obtain their feedback about the service.

Good

Is the service safe?

Our findings

We asked people if they felt safe with the service and they confirmed they did. Comments included, "No worries about safety" and "They come in the morning, dinner time and evening. They are very nice, I feel safe." We asked relatives if their family member was kept safe from abuse or harm and they confirmed they were. We asked people and their relatives what they would do if they had any worries and comments included, "Basically phone the carers and they come more or less straight away." "I will express if I have, but I have no concerns at all, I know the girls well." "Ring the office and I have the details." "Worries, none at all. I suppose I would talk it over with my [family member] and she would probably contact the manager." "I would ring the agency itself, I'd know who to speak to" and "Got agency phone number. I have contacted them, always someone available."

Systems were in place to ensure people received their medicines safely. We asked people and relatives about their medicines and comments included, "I do my own medication it is all in a box, they [staff] have offered." "Staff check I've medication, my partner does it." "They do [family member's] medicines, they come in blister packs." "They do administer some medicine. I collect it. I take it over" and "It's dispensed by the chemist into daily boxes and handled by carers." People and relatives confirmed that where the care staff were involved with medicine administration this was done correctly and safely.

There was a medicines management policy in place and information about the prompting and assisting with medicines was also contained in the staff handbook. Staff records included certificates for medicines administration training and care staff confirmed they had received this training and were able to describe the process they followed to prompt or assist people with their medicines. A medicines competency assessment was carried out for all staff involved with the administering of medicines to ensure they understood the processes and procedures to follow. The local authority supplied the medicines administration records (MARs) and these were used for recording the administration of a person's medicines. We saw MARs for four people. The dispensing pharmacist supplied a second instruction label for each medicine and this was attached to the MARs, which were then signed by staff when they administered the medicines. We noted gaps in signing for one medicine and the registered manager investigated this finding and confirmed the medicine had been administered and that refresher training would be given to the staff involved. We noted that a list of people's medicines was not included in the care records at the agency and the registered manager said they would address this by including a copy of the MAR each month.

Policies and procedures for safeguarding and whistleblowing were in place and being followed to protect people from the risk of abuse. Staff had received safeguarding training and they were able to describe the different types of abuse to us and were clear to report any concerns. One care staff said, "Safeguarding is our responsibility and we need to report. You can't neglect something." Staff knew to contact the local authority or CQC if they felt the provider did not act on any concerns they raised. We saw that the registered manager informed the local authority of any issues that were raised by people, relatives or staff so they were kept up to date. We had been made aware of two safeguarding alerts by the local authority and spoke with the registered manager regarding ensuring notifications were submitted to CQC for any safeguarding alerts,

which the registered manager completed during the inspection.

Risks were assessed to keep people safe. We asked people if the provider had carried out risk assessments at their homes prior to starting with the service to ensure they were safe and people thought these had been done. Some commented they could not remember but they felt safe. We saw that risk assessments had been carried out for individual risks, for example, moving and handling needs and also to cover the environment so any hazards were identified. Safety equipment such as pendant alarms and smoke detectors were identified in the assessments. One person said, "They come in and get me ready for bed…..I'm on 'Linkline' if I have a fall."

The registered manager said they would identify any concerns to the local authority, for example, if staff identified someone needed a pendent alarm or if someone did not have a smoke alarm in place, so action could be taken to address this. One person had moving and handling equipment in use and their relative confirmed they were safe and staff knew how to use the equipment. Care staff said they checked the environment was safe and if there were any changes they would report them to the office, for example, when someone's kettle broke, so it could be addressed.

Recruitment procedures were in place and being followed to ensure only suitable staff were employed by the service. Pre-employment checks had been carried out. These included two references, including one from the previous employer where applicable, criminal checks such as Disclosure and Barring Service checks, health questionnaires and proof of identity documents including the right to work in the UK were available. Care workers had completed application forms and the information provided included an employment history with explanations for any gaps in employment. Photographs of care staff were taken and they were issued with identity badges to wear when attending people's homes. We asked people if staff wore their identity badges and comments included, "They have a badge pinned on, I can call them by name, I know these girls." "Wear a badge, yes." "They wear a badge, two of them I know them now. I've had them a year or more and they are very good" and "Tell you the truth I haven't noticed. Each time they visit it's always the same girls, four times a day."

There were appropriate numbers of staff employed to meet people's needs. People confirmed they had regular care staff who supported them and that they stayed for the allotted time. Comments included, "Staff levels always same. If one on sick or holiday another comes in and replaces, always have two as I should." "Generally the same staff." "If staff have holidays or sick the four girls who do Chiswick and Brentford they cover for each other." "For me enough staff yes, they are accessible, they are very nice staff and do anything I want, like a letter posting. No complaints about them whatsoever." "They come at regular times, four times a day, I know when to expect them if they are running late they'll let me know. They will fit around me and my family." "It's up and down a bit, they can be 10 to 15 minutes late but that's alright. If they are late they stay late." "I think they cover for each other, they are usually same girls." "Yes I get more if they are off, they cover for each other, they do the same, staff understand my needs" and "Yes, two in the morning, two at 5.30pm and one comes at 8.00pm. They cover for each other. I've got no problems." Staff told us they covered the geographical areas they lived in so it was easy to attend people and this minimised the effects of any transport disruption. Staff said they covered for each other within their geographical area when necessary and felt the system worked well.

We asked relatives if staff had taken action if their family member was unwell. One told us, "Quite a long time ago, they called out paramedics. They have called me. Touch wood everything is fine." Another said, "Yes, on occasions they called the GP, then family." We asked care staff the action they would take in an emergency situation, and they were clear on this and said they would contact the emergency services and would report the incident to the office and would also record it. The service had an on call system so people,

their relatives and care staff could contact a member of the office staff outside office hours should an issue arise, for example, a person being unwell and requiring medical attention.

Systems were in place for infection control and were being followed to protect people and staff. Comprehensive infection control information was contained in the staff handbook and care staff confirmed they used personal protective equipment (PPE) including gloves, aprons, arm protectors and shoe covers. Staff were also provided with a uniform jacket. We asked people and relatives if care staff wore PPE such as gloves and aprons and comments included, "Staff wear gloves and aprons all the time." "They wear gloves and aprons every time, they are really good, and very clean and always wash up." "They wear gloves and aprons." "Yes, that is always the first thing they do" and "They wear both gloves and aprons, I can't fault them." Care workers had received training in infection control and understood the procedures to follow to minimise infection risks. They were clear about wearing PPE when attending to people.

Good

Is the service effective?

Our findings

We asked the registered manager how they matched people with care staff. They told us this was done based on religious and cultural needs, gender preference and communication needs. The registered manager said they had some people using the service who did not speak English for whom it had not been possible to get a carer who spoke their language. She said they had allocated a carer who was expressive in their manner and gestures and was able to use this to find a level of communication to meet the people's needs.

Care staff received training to provide them with the knowledge and skills to support and care for people effectively. We asked people and relatives if they felt the care staff had the skills and knowledge to care effectively. Comments included, "They have the qualifications, just certain things they are not allowed to do, like taking blood." "Staff know full well of my needs and if not I would tell them, I'm very straight." "Don't need training, they are fine" and "I think they are very capable."

The training coordinator had previously worked as a care coordinator and the provider had identified a need for an in-house trainer in addition to the external training company they used, to ensure staff received timely training and updates. All staff undertook an induction training to cover each aspect of the carers role and responsibilities and to learn about people's different needs. There were training certificates available in the staff files for topics including medicines management, moving and handling, safeguarding, Mental Capacity Act and dementia care. In three files we saw Skills for Care (SFC) induction programme had been completed. The service was introducing the Care Certificate, which are the new SFC minimum standards to be covered as part of induction training for new care staff. The training coordinator said this was being introduced for new staff and it would also be used as refresher training for longer term staff. Care staff told us they received training and updates to keep their knowledge and skills up to date. They said training was carried out at the office and client-specific training was also done in people's homes, for example, learning how to use a specific hoist or how to administer eye drops.

Spot checks in people's homes were carried out by the field supervisors. One told us that if they identified any shortfalls in knowledge or practice this would be fed back to the registered manager and the training coordinator so refresher training could be provided. Thereafter a further spot check was done to assess if the training had been effective. Care staff confirmed they had group supervision sessions to discuss specific topics and individual supervisions to discuss their progress and development needs. They also confirmed annual appraisals were carried out and we saw this was also recorded. This meant the provider monitored staff practice and progress to ensure they supported people correctly and effectively.

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. Information about people's mental health, including memory loss, forgetfulness, orientation, cooperation, restlessness, anxiety and agitation, was included in the pre-service assessment carried out by

the provider, so any issues could be identified. Care staff told us they offered people choices about their care, for example, what they wanted to wear or to eat, so they could choose for themselves. They said if a person's ability to make decisions deteriorated they would inform the office staff, who in turn said they would contact social services so a mental capacity assessment could be carried out. The provider had a Department of Health publication on Best Interests Guidance and MCA assessment guidance. We saw a mental capacity assessment for one person had been carried out as part of a multi-disciplinary team review to identify the most appropriate way of supporting the person so their safety was maintained.

Where required, care staff supported people with meal preparation so they could receive the nutrition they required. Some people and relatives dealt with meal preparation and for others the care staff were involved. Comments from people included, "Yes, they seem to have a routine, do my breakfast." "They make me breakfast, drink and squeeze a lemon into boiling water, my drink." "Carers do food every dinner time, or if my partner is not here, they do my porridge, they know all my food preferences, they are regular staff" and "Food, they warm it up and put it out and make a cup of tea, and always wash up and come back later." A relative said, "I do the shopping and the carers will ask [family member] what she wants."

Where staff assisted people with meal preparation there was detailed information in the care plan so staff knew their food preferences and wishes and could meet these. Care staff were happy to assist with meals and to prepare pork products as part of their support for people. Care staff said they made sure they left drinks within easy reach, to help prevent dehydration. They said if they had any concerns someone was not eating or drinking they would report this to the office staff. The registered manager said they would contact the next of kin or the GP if there were concerns around a person's eating and drinking, so action could be taken.

We asked people and relatives if staff supported them with contacting health and social care professionals. Comments included, "If unwell they have noticed, they put cream on my leg, not had to ring a GP." "If staff know I'm unwell like an upset stomach they will contact for me, or offer an ambulance." "Had Social Services when I first came out of hospital and they communicated with the agency. I got to know them and I couldn't wish for nicer people, they are worth their weight in gold." "Social Services have been here to see me, nurses come, they are all separate, I don't think they communicate" and "The doctors phone me up and do a medication review over the phone." One relative confirmed there was 'networking' between the different healthcare professionals providing care for their family member.

Information about people's healthcare needs was available in the care records so these were identified and staff were aware of people's conditions. Staff said if they had any concerns about a person's health they would inform the provider so action could be taken to get people the healthcare input they required. They told us they liaised with the community nurses, for example if someone had a red area on their skin they would work together to maintain the person's skin integrity. Another example was arranging to visit at the same time as the occupational therapist to learn about any changes in equipment and to ensure the person was being moved appropriately. One of the office staff said, "The carers are our eyes, they must report any concerns." Relatives told us they would contact the GP if necessary and the registered manager and office staff had contact details for the health and social care professionals who provided input to each person, so they could alert them to any concerns.

Good

Is the service caring?

Our findings

All the people and relatives we asked said they would recommend the service to others and comments included, "Yes I would recommend it to others." "I would recommend. I certainly would. I've nominated them for an award. My carers are so good, if it wasn't for them I wouldn't be where I am today." "I certainly would, the ladies I have are perfect, they are always polite and helpful and the ones who come in when they are away are very good." "Yes I would" and "Absolutely definitely."

People and their relatives expressed satisfaction with the care the staff provided. Comments included, "I've got my regular carers from day one and they are really lovely girls, can't fault them." "Staff are very friendly" and "Yes, very attentive to my [family member], good in their approach, very pleased. My [family member] is happy. Very pleased." We asked people and relatives if staff were polite and respectful. Comments included, "Oh yes and we have a laugh together." "They are very good like that, they do everything well for me." "Yes they respect my privacy and dignity. Very polite." "Respect privacy and dignity, very good when I have a shower. Polite, yes, we call each other by our names, they do anything you ask them to do, always make me a cup of tea. It felt strange at first, but now they are friendly and polite and they always ask if you need anything. They get me into bed." "I didn't know what to expect, they are very good and always ask what I need." "They respect [family member] privacy and dignity, they take care of him very well. Independence is not irrelevant" and "I've been there many, many times and they are very, very kind, definitely treat [family member] with respect and dignity."

Two relatives confirmed new care staff were introduced before they came to provide support. They told us, "Yes I think they do, on occasions they bring someone who says 'I'm training' and they bring them and introduce and show how things work" and "Before they actually come on duty they come on a visit and are introduced."

We asked care staff for their thoughts about providing people with the care and support they needed. Comments included, "You are the first person after the night – they like to see you." "Ask people what they want. It rewards me when they are happy." "Treat them the way they want to be treated." "When you visit a client you smile, relax and make sure they are confident with you." "Kindness makes them know they can trust you." "It is about respecting the person and following their way and what they need." We also asked care staff what was important about working in care and one told us, "How you feel in your heart and how you do the job. You need to love the job."

The provider had copies of the assessments carried out by social services and this gave them a good picture of each person. People and their relatives had been involved with the pre-service assessment carried out by the provider so their needs and wishes could be included. Some of the people and relatives had also been involved with the care plans. One person said, "Got a booklet here, easy to understand and my personal information." Two relatives told us, "We got the service we expected" and "They involve both me and my [family member] in the care." Care plans were person-centred and provided staff with clear information about people including their backgrounds, family and friends and any care preferences so these were known. The care records included information about people's gender preference for the carers who

supported them and people were able to choose. Staff were also able to choose the gender of the people they cared for and felt that this made sure people and the care staff who supported them were comfortable and confident to work together.

Good

Is the service responsive?

Our findings

People were supported to make choices about their care and support and staff responded to their wishes. Comments included, "I choose what time I go to bed and they come to what time suits me, 8.00am is the time." "No, but I could have, their time is about 6.30 and they do one or two things that I want doing and shower me in the morning." "They wash me every day, part of the plan, they do this and change me every day. I make sure I've got hand sanitiser, the agency just provide gloves and aprons. They wear a jacket, I know their routine. I wouldn't like to lose them, I like the staff I have." A relative told us, "They'll give [family member] a choice, she's not able to do much. They are pretty punctual and stay as long as they should. Yes I would say they do all tasks; out of bed; shower; brush teeth; provide breakfast and lunch. In the evening back to bed." Another said, "They put him to bed at night and in the morning they wash and change the pad, they vary the times, I am happy with that."

People said staff listened to them and responded to their wishes. One person said, "Staff listen and act and ask me how I'm feeling they know when I'm in a lot of pain." Another said, "They'll say 'right come and shower now and then breakfast' they ask me what I want for breakfast. They help me do washing and hang out the laundry out in the garden." Another commented, "I do my own thing and they help me out." We asked relatives if the office staff listened to them. One told us, "Occasionally [family member] hasn't liked one [staff] and I've rung and they've sent over someone else." Another said, "They communicate with [family member] very well. They tell him what they are doing before doing it."

The majority of care staff were Somali and of the Muslim faith. Staff said they respected people's religious and cultural needs and would assist them to meet these, for example, by ensuring they were ready to go out to Church. Care staff told us, "Different clients, different needs, different personalities. You respect this and help them." "I have to respect the religion whatever it is" and "It is about respecting the person and following their way and what they need." Care staff also said if they needed to spend a few minutes praying whilst at a person's house they would always ask the person first and would make up the time this took.

Care plans were person-centred and identified people's needs, wishes and interests. Staff said they read these so they knew how to provide the care each person wanted and needed. Care reviews ranged from 3 months up to annual reviews and any changes were recorded, for example, when someone's mobility had deteriorated and it was identified they needed two care staff instead of one. People and their relatives confirmed they were involved with reviews. One person said, "A lady comes round and asks questions, she's been here twice, they phone up and ask if they can come and my [relative] is always here, so she can be useful." Staff said they read the care plans and followed them. One described them as the 'A to Z' of care and that they provided clear information about all the person's needs.

We asked people and relatives if they had ever made a complaint and, if so, had it been addressed. Comments included, "I've not made any complaints." "Sometimes, about the times they are coming. Yes, dealt with." "Never made a complaint." "If we had to make a complaint I know what to do, haven't made one." "Never had to complain at all, they are always here and open the door" and "No complaints, haven't needed to, I know the office number."

Systems were in place so people could raise any concerns to be addressed. The service had a complaints procedure and information about how to make a complaint was included in the Service User Guide, a comprehensive document that provided information about the care provision and what people could expect from the service. We saw that the provider notified the local authority of any issues that arose on 'quality alert' forms and the administrator showed us documentation to evidence that complaints had been investigated and responded to. Complaints had not always been recorded in the complaints log. During the inspection the provider updated the complaints log and said they would keep this up to date thereafter, so that the action taken to address each concern received was easily identified and complaints could be audited to look for any trends.

Requires Improvement

Is the service well-led?

Our findings

The service was not always being monitored effectively and this could place people at risk of not receiving the correct care and support. We saw the provider carried out audits of paperwork including medicine administration records (MARs) and daily logs. The audits did not always pick up shortfalls, for example, where staff had not signed for a particular medicine, or on daily log where there were some gaps in recording, including the finishing times for some visits. We did note an improvement in the recording of the finishing times, however the action that had been taken to address the situation was not identified on the audit record. Accidents and incidents were being reported to the local authority but the provider was not completing their own accident and incident forms and there was no evidence of any monitoring. Action was taken during the inspection to record the accidents and incidents and included any action that had been taken to minimise the risk of recurrence. We spoke with the registered manager who accepted they needed to improve the systems for auditing and monitoring to ensure any issues were identified so they could be addressed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people and their relatives if they had been asked for their opinion about the service. Comments included, "The [manager] comes out every so often every 2 or 3 months. I did have a service before but I prefer this one." "Yes, I've done a satisfaction survey, I've done recently, first feedback." "Had one survey, I filled it in, no feedback. The manager reviews now and then." "Yes, sent a satisfaction survey, not heard any feedback. We are very happy. They [staff] are all within walking distance." "No surveys. I'm frequently on the phone to managers. Very satisfied." We asked people if they felt their opinions were listened to. One person said, "I think so, I tell the girls they do a really good job and they are so clean, couldn't wish for nicer people."

We saw the surveys had been completed for 2016 and covered each aspect of the service. It included a question asking people if they had any care needs relating to race, culture, religion or sexual orientation that were not being met and asked for any comments people wanted to make. This provided people with the opportunity to express their views and wishes regarding this topic. We saw where a person had raised a concern via the survey action had been taken promptly to address this, including carrying out a review of the person's care. This showed feedback was taken seriously by the provider and was acted upon.

We also asked people if they were able to contact the office staff if they needed to and they confirmed they could. Comments included, "There's always someone available at the office." "Easy to get hold of, someone always there on the phone" and "I have numbers for the agency, I have all the numbers. They have weekend people, always someone there."

We asked staff about how the service was managed. They said, "They are good people, polite and listen to you." "The manager is very open and supportive." "They work together as a team." "The job is local and this works – the agency respect family, and culture, for example, Eid celebration. They respect our needs." "They are thoughtful and considerate, kind and hard working. We work as a team" and "Welcome at the office any

time. We are happy and they meet our needs. It makes the job go smoothly." One of the senior staff said of staff teamwork, "The goal is the same, the best care we can give to our clients." We asked the registered manager if staff surveys had been carried out and she said they had previously been done with poor response. The registered manager said they were considering a different format to try and gain feedback from the staff. Spot checks were carried out to monitor staff performance and these were recorded.

There was a Business Continuity Plan and this included a flowchart for responding to incidents and a priority assessment for each person using the service, so if there was a problem providing a service, for example, extreme weather conditions, action could be taken to ensure the most vulnerable people were prioritised for care. Because care staff supported people in their own geographical area, this helped to minimise the effects of any disruptions that could potentially the service, for example, transport problems.

The provider used electronic call monitoring for the majority of people using the service, which entailed care staff using the person's telephone to log in and out at each end of their visit. This meant the provider could monitor each call and would be alerted if care staff were late or should they miss a call, so action could be taken to provide cover if necessary. If it was not possible to use this system with a client the provider had an alternative electronic system and also paper timesheets in order to ensure care staff attendance for each person could be recorded and monitored.

A record of servicing dates for hoists in use in people's homes was kept by the provider and they said they would alert the integrated community response team if a service was due, to ensure equipment was being safely maintained. The administrator explained that as part of the review process it had been identified that people thought the folder with the service user guide and the daily log was in 'the carers folder' and were not reading it. As a result the two sets of documents had been placed in separate folders so people knew the information was for them to have.

The provider received care sector publications to keep up to date with changes and good practice. They had a file for good practice records. For example, they had done a publication analysis after reading an article about how assistive technology helps maintain independence. They had undertaken to promote awareness of the availability of assistive technology, for example, fall alarms, memory aids, reminder systems and link lines, in order to encourage people to access these and improve their quality of life. The provider had a development plan for 2016 and this covered training provision, continuing work with the local authority and to use technology to improve the service and also to improve people's lives. The service was in the process of changing over to an electronic record system and the administrator explained that this would improve the processes for monitoring the service provision.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not assess, monitor and improve the quality and safety of the services provided. Regulation 17(1)(2)(a)