

KAAD Care LTD

# Sydni Centre

## Inspection report

Cottage Square  
Sydenham  
Leamington Spa  
Warwickshire  
CV31 1PT

Tel: 01926316200

Date of inspection visit:  
22 July 2016

Date of publication:  
30 August 2016

### Ratings

Overall rating for this service

Requires Improvement ●

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?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 22 July 2016. The inspection was announced. We gave the provider 48 hours' notice of our inspection. This was to make sure we could meet with the manager of the service and care workers on the day of our inspection.

Sydni Centre is a domiciliary care agency which is registered to provide personal care support to people in their own homes. At the time of our visit the agency supported approximately 97 people with personal care and employed 62 care workers.

At the time of this inspection the location was registered with us in the name of the Sydni Centre. However, the provider told us the location was more widely known as Lotus Care. The provider confirmed they had submitted an application to us for the name of the location to be changed to Lotus Care.

A requirement of the provider's registration is that they have a registered manager. 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. At the time of our inspection there was a registered manager at the service. We refer to the registered manager as the manager in the body of this report.

There were enough care workers to provide care to people and the service was making improvements to ensure people had consistent care workers. People had different experiences about the times care workers arrived, most people told us care workers did not arrive at the times agreed. People said regular care workers stayed the agreed length of time and knew how they liked to receive their care.

Care workers received training the provider considered essential to meet people's needs safely and effectively. Care workers practice was checked to make sure they worked in line with the provider's policies and procedures. Care workers felt supported by the management team and completed an induction when they joined the service.

People and relatives told us they felt safe using the service and care workers understood how to protect people from abuse. Staff understood the risks associated with people's care and consistently followed processes to minimise risks to people's safety. Checks were carried out prior to care workers starting work to ensure their suitability to work with people who used the service.

The managers had an understanding of the principles of the Mental Capacity Act (MCA) and their responsibilities under the act. Care workers gained people's consent before they provided care and support. Care workers respected people's choices and decisions. However, where people did not have capacity to make some decisions information was not always clearly recorded.

People told us care workers were caring and had the right skills and experience to provide the care and support required. People were supported with dignity and respect. Care workers encouraged people to be independent where possible.

People who required support had enough to eat and drink and were assisted to manage their health needs. Care workers referred people to other professionals if they had any concerns about their health and well-being. Systems were in place to manage people's medicines safely and staff had received training to do this.

Care records were up to date and gave care workers the information needed to ensure care and support was provided in the way people preferred. People and relatives were involved in planning their care.

There were systems to monitor and review the quality and safety of service. People and relatives were able to share their views of the service they received, however the provider did not always use this feedback to make improvements to the service. People and relatives knew how to complain but were not always satisfied with way their complaints were managed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe with care workers and there were enough care workers to provide the support people required. People received support from staff who understood the risks relating to their care and knew how to safeguard people from harm. There were procedures for administering medicines and staff were trained to do this. The provider ensured staff were recruited safely.

### Is the service effective?

Good ●

The service was effective.

Care workers had completed the training needed to ensure they had the knowledge and skills to deliver safe and effective care to people. The manager had an understanding of their responsibilities under the Mental Capacity Act 2005, however people's capacity to make decisions was not always clearly recorded. Care workers gained people's consent before care was provided. People were supported with their nutritional needs and were supported to access healthcare services when required.

### Is the service caring?

Good ●

The service was caring.

People felt supported by care workers they considered to be caring and kind. Staff ensured people were treated with dignity and respect. People were able to make everyday choices and these were respected by staff. People were encouraged to maintain their independence, and had privacy when needed.

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People did not always receive visits from care workers they knew at the times they needed to support them effectively. People and relatives knew how to make a complaint, but were not always

satisfied with how these were managed. People's care plans were personalised and informed care workers how people wanted their care and support to be provided. People were involved in planning and reviewing care needs.

**Is the service well-led?**

The service was not consistently well led.

Some people and relatives were not satisfied with the service they received and said the management team did not always respond to their concerns. People were given opportunities to share their views about the service, however improvements were not always made in response to their feedback. The provider used a range of checks to monitor the quality and safety of the service. Care workers felt supported by the management team.

**Requires Improvement** 

# Sydni Centre

## **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.

As part of our inspection we reviewed information received about the service, for example, from members of the public and the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

Prior to our inspection we received concerns from people and relatives about care call times and continuity of care provided to people, which we were able to check during our inspection. We contacted the local authority commissioners to find out their views of the service provided by Sydni Centre. Commissioners are people who contract care and support services provided to people. They had no further information to tell us that we were not already aware of.

We conducted telephone interviews with 14 people who used the service and three relatives of people to obtain their views of the service they received.

The inspection took place on 22 July 2016 and was announced. The provider was given 48 hours' notice of our visit. The notice period ensured we were able to meet with the manager and care workers during our inspection. The inspection was conducted by one inspector.

During our visit we spoke with two care workers, a field care supervisor, two care coordinators, the care manager and the registered manager. We reviewed four people's care records to see how their care and support was planned and delivered. We checked whether care workers had been recruited safely and were trained to deliver the care and support people required.

We looked at other records which related to people's care and how the service operated, including the service's quality assurance checks.

# Is the service safe?

## Our findings

People told us they felt safe with their regular care workers. One person told us, "I would definitely say I feel safe." Another person said, "They [Care workers] make sure I'm safe. Without them I wouldn't be able to stay living in my home." A relative described how care workers reassured their family member when using equipment to help the person move. They said, "I know [Person] feels safe because you can see [Person] relaxes when the girls chat with [Person] whilst they use the hoist."

Care workers told us they understood the importance of keeping people who they supported safe because they received safeguarding training. When we talked with care workers, they were able to explain how people might experience abuse. One care worker said, "You have to be alert. Keep your eyes and ears open. Abuse could be about money, it could be hitting someone or it could be emotional." The care worker went on to explain about 'whistleblowing' and told us there was a policy about this. Whistleblowing is when an employee raises a concern about a wrong doing in their workplace which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public. All care workers told us they would report any concerns to the senior person on duty and were confident these would be actioned. One care worker told us, "I know [Care manager] deals with things because I reported a concern which was looked into straight away." They added "It turned out there wasn't a problem but we had to check."

Care coordinators confirmed there were enough care workers to allocate all the planned calls people required. There were 69 staff working at the service at the time of our visit. The care manager told us staffing levels had recently been increased in response to feedback received from people about their call times. Ten new care workers had been recruited who were completing the provider's induction. The care manager said they were in the process of allocating regular care workers to each person who used the service.

The provider's recruitment policy and procedures minimised risks to people's safety. The provider ensured, as far as possible, only suitable staff were employed. Prior to staff working at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff confirmed they were not able to start working at Sydni Centre until all pre-employment checks had been received by the manager. One care worker said, "I was told when I applied for the job even if my interview went well, I still had to have good references and a clean police check before I could work here."

Staff undertook assessments of people's care needs and identified any potential risks to providing their support. A care coordinator told us, "Risk assessments are completed as soon as the service starts and all the information is shared with the carers. If something changes suddenly we send a message to the carer's phone. This way we make sure they [Care workers] have the information they need before they do a visit." Risk assessments and care plans gave care workers up to date instructions on how to manage and reduce the risks to each person. For example, one person needed assistance with moving. The risk assessment included the number of care workers and the equipment required to help move this person safely and to minimise potential harm to the person and to care workers.

Care workers told us they knew about the risks associated with people's care and how these were to be managed. One care worker told us, "Everyone is responsible for making sure they know about any risks to people, we always read the files in people's homes so we know." Another care worker told us, "If anything changes or we are worried we ring the office. Like this morning. When I got to [Person] they said they had tripped and fallen. [Person] was fine but I still rang the office to let them know." Records showed a care coordinator had made arrangements to visit this person at their home to review their risk assessments and had made a referral to a GP for a re-assessment of the equipment the person used to help them move around their home.

People told us they received the support they need to take their medicines. One person said, "I don't worry about my tablets. They [Care workers] deal with everything." A relative told us, "All [Person's] medication comes in a sealed box. The carers make sure [Person] takes it at the right time."

Care workers told us, and records confirmed they had completed training in the management and administration of medicines as part of their induction. One care worker told us, "We all know you have to check, right person, right tablets, right time. You do this every time." They went on to describe how they had identified an error when checking a person medicine. They told us, "...because I followed my training I found one too many tablets in the box. I rang the office straight away and they spoke to the doctor. Everything was sorted." Another care worker told us, "The supervisor watches us do medication to make sure we are doing it right." We saw MAR records were brought back to the office each month for safekeeping and quality checking. The care manager completed monthly checks of records and where needed, for example, if a gap was identified action was taken and this was recorded.

Records of accidents and incidents were completed. We saw a form had been completed when a person had fallen. The person's risk assessment had been updated and advice had been sought from a health care professional. The care manager told us, records were regularly reviewed to identify possible patterns or trends and agree any actions needed.



## Is the service effective?

### Our findings

People told us care workers who visited them regularly had the skills and knowledge needed to support them effectively. One person said, "My regular carers know exactly what I need and how I like them to do things." Another person told us, "No fly's on them [Care workers], they know what they're doing."

Care workers told us they completed an induction when they started work at the service. This included working alongside an experienced care worker, and completing training the provider considered essential to meet the needs of people using the service. One care worker told us, "Even though I had worked in care before I had a full induction when I came here. It helped me to understand what was expected and how things must be done. It was very good."

The care manager told us the induction for new staff was linked to the 'Care Certificate'. The Care Certificate assesses care workers against a specific set of standards. As a result of this, care workers had to demonstrate they had the skills, knowledge, values and behaviours expected from care workers within a care environment to ensure they provided high quality care and support. Staff told us that in addition to completing the induction programme, they had a probationary period to check they had the right skills and attitudes to work with the people they supported.

The care manager told us field care supervisors observed care workers' practice. They told us this was to ensure care workers followed policies and procedures and continued to have the skills and knowledge needed to support people. Care workers confirmed their practice was regularly observed. One care worker told us, "My supervisor is lovely. When they watch me I do feel nervous but I now they are just making sure I am doing things right. It's nice to hear when you are doing something well." Records showed these checks had been completed.

Care workers spoke positively about the training they received which they said gave them the skills and knowledge needed to carry out their role. One care worker described the training they received as "Brilliant." They told us they had recently completed training about 'common health conditions'. They said, "We covered things like strokes, conditions which the people we support could experience. I learnt so much." A field supervisor told us they were looking forward to attending a course being delivered by a local hospice. They told us, "Talking about dying is really difficult but important. The course will help me to learn how to approach the subject sensitively, but confidently."

The care manager told us they delivered the services 'in house' training. They said, "All our in-house training is face to face. We don't use DVD's because we found that practical training for care staff is very important." We saw the care manager maintained a training record which showed staff received training at regular intervals which helped keep their skills and knowledge updated. Care workers told us the provider also invested in their personal development, as they were supported to achieve nationally recognised qualifications.

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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way possible. 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had an understanding of MCA and their responsibilities under the act. The care manager told us no one using the service at the time of our visit required a DoLS authorisation, however they were aware of when this may be applicable for people.

Staff had received training in the area of mental capacity. One care worker told us, "It's about (People) being able to make choices and decisions. They [People] may be able to make some decisions but not others." We asked another care worker what they would do if a person who could not make decisions declined the support they needed to keep them safe. They told us, "Firstly I would try to encourage the person, I'd go and do something else and then try again. If that didn't work I would ring the office and the person's family, then I would write everything in the record book." Whether people had capacity to make decisions was recorded on their care records. However, records detailing people's capacity to make decisions was not decision specific, which meant staff were not given instructions on which decisions people could make for themselves, and which decisions needed to be made in their 'best interests'. We discussed this with the provider who told us they were further training for the whole team.

Care workers understood the importance of obtaining people's consent before assisting them with care. One person told us, "One of the first things they [Care workers] do is ask me if I'm ready and which order we are doing things in today." A care worker told us, "We talk to people and ask them if we can make a start. We know this is really important." We saw people's consent had been obtained and recorded, for example, to allow staff to use people's key safes to gain entry to their homes. A key safe is a strong metal box in which a key can be securely stored. The key can only be accessed with a security code.

People told us they were supported with eating and drinking if this was part of their care plan. Most people received support to eat food which their relatives had made, or were assisted to eat pre-prepared meals heated by care workers. One person said, "The girls do my lunch. They ask me what I would like and I chose from the frozen meals I have delivered." Care records gave information about people's food and drink likes and dislikes. For example, one person's records said they liked porridge with a banana, but disliked marmite. Where people were at risk of dehydration or malnutrition, their care plans informed staff to encourage and prompt them to eat and drink. Daily care records showed care workers followed the instructions in care plans.

People told us they mainly managed, or were supported by a family member, to organise their day to day healthcare needs. Care workers said they informed people's relatives or the office if a person was unwell and needed a visit from the GP. Records showed the service involved other health professionals with people's care when required including district nurses and occupational therapists. Where needed people were supported to manage their health conditions and had access to health care services if required.

# Is the service caring?

## Our findings

People told us their care workers were caring and supportive. Comments made included, "Brilliant, that's how I would describe my girls." "I would say they are like my family," And "Wonderful carers. They are lovely."

Care workers told us what being 'caring' meant for them. One care worker told us, "You've got to have a heart to do this job. You need to care for someone you don't know as much as you do for your own family." Another care worker said, "Caring is being genuine so they [People] know they can depend on you when they need to." A field care supervisor told us, "...It's about listening; being patient, walking in with a smile and making each person feel that they are important. Our carers do everything they can do and are the best they can be. It's more than just a job to all of us."

People told us their privacy and dignity was respected by staff. One person told us, "Oh yes, I never feel embarrassed they make sure I'm nicely covered when I have help in the bathroom." Another person said, "My carers are very respectful." A relative told us they felt the way care workers assisted their family member move using with a hoist was very respectful. They told us this was because care workers took their time and gave verbal reassurance to their relative.

Care workers told us how they ensured people were cared for with dignity, "It's about making sure we cover people up when helping them to have a wash. Making sure the bathroom door is closed and the curtains are drawn." Another care worker described how they sang songs when supporting one person with personal care. They told us, "I could tell [Person] felt embarrassed. Through chatting I learnt they liked to sing. So now we sing together in the bathroom. It takes [Person's] mind off it so they're not embarrassed anymore."

People told us they were supported to maintain their independence and the support they received was flexible to their needs. One person told us, "They [Care workers] don't do everything for me, they do it with me. They know what I can do and what I need help with." Another person told us, "I have good days and bad days. The girls do what I need depending how I'm feeling."

Care workers told us how they encouraged people's independence. One care worker told us, "We encourage people to do as much as they can. It would be easier to just do everything for them [People] but if we did that we wouldn't be doing our jobs right." Another care worker described how they used music to enable a person to be involved in meal preparation. They said, "[Person] finds walking difficult but can move easier when they dance. I put a CD on in the kitchen and we dance together. [Person] picks things up and passes them to me that way they are involved. We have fun together."

People told us their regular care workers knew about their care needs and supported them in the way they preferred. One person told us, "They know how I like things done and that's how they do it. They are first class." Another person told us, "I've had the same ones [Care workers] now for the last few weeks. I like it because they know me, and I don't have to keep telling them what I need."

Care workers we spoke with told us they supported the same people regularly and knew people's likes and

preferences. Care workers told us, "Yes, I have a regular round. So I go to the same people.", And "I know all my clients. I take time to sit and chat to them to learn about their lives and what's important to them." A field care supervisor told us, "We are quite good at making sure people have consistency. We have to consider the right carer for the right round which can take a bit of time to sort out."

Care workers told us they were allocated sufficient time to carry out planned calls and had flexibility to stay longer if required. One person told us, "They [Care workers] sit and have a chat with me. I like that." A field care supervisor said, "If there is an emergency or someone needs extra help I am very handy. You see I can pop in to offer support, or I can cover another call so the carer can stay with the client who needs them."

## Is the service responsive?

### Our findings

Despite care workers telling us that they supported the same people regularly, people told us they did not always receive their care call from care workers they knew and the times of their care call regularly changed. Comments made by ten of the people we spoke with included, "I have a key box so they [Care workers] let themselves in. I look up and there is a stranger in my house. It's not good.", "You never know who is coming, or what time they are coming. I can't plan my day because I just have to sit and wait.", And "The office never let you know who is coming or what time. I think we should be informed. It's probably because it changes so often they would never be off the phone."

One person told us they needed their calls at set times each day because of a specific health need. The person explained they were dependant on care workers preparing their meals which they needed within a short time of the district nurse visiting to administer medicine. The person's relative told us, "The problem is you never know what time they are going to arrive. It's a worry." We looked at the person's care records and the care workers allocation system. We found the person's care records did not identify the need for a specific call time. There was no information on the care workers' allocation system to alert the care co-ordinators to the need for this call to be prioritised if the allocated care worker was unable to make the visit. We discussed this with the care co-ordinator who took immediate action to confirm the time the district nursing service visited the person and added an alert to the allocation system.

Two people and a relative told us improvements had recently been made. One person said, "...recently it has been much better. I hope it stays that way." Another person told us, "For the last two weeks I've had a regular carer. This makes such a difference. I am a bit worried that it could change because it's the school holidays and they [Care workers] will be taking time off." A relative said, "At the moment we know who is coming. We are happy with the arrangement."

We looked at the call schedules for four people who used the service. These showed people were allocated regular care workers where possible. The manager told us there was a 30 minute 'window' either way for calls times to allow care workers time to travel. A care coordinator told us people were informed about the 30 minutes when the service started.

We discussed people's concerns about care call times and consistency of care workers with the care manager. They told us, "We have been so fixated on getting care plans and reviews right we have missed other things. We have had recent issues about call times coming in. This was the trigger for us to relook at carer's rounds. For the last few weeks we have been working hard to put things right. We have recruited staff, looked at care rounds, the strengths of carers and call times. Changes have been, and are being made to give people the consistency they need."

We asked care coordinators how they informed people about changes to their care calls. One care coordinator said, "To be honest, if a carer goes off at short notice we don't have time to ring people and tell them. Our priority is to get the call covered and get care into the person." Another care coordinator told us, "We don't send client's a rota telling them times or who is visiting because we have to put them in the post

and they don't get there on time. Plus things change." We shared people's concerns with the manager. They told us they were planning to speak to other providers to explore effective ways of sharing information with people.

Care workers we spoke with demonstrated they had a good understanding of people's care and support needs and told us they had time to read care plans. One care worker told us, "If I'm going to a new client I ring the office to get some background before I visit. When I get their [Person home] I explain I need to read the care plan. Then I check with the person that it's right." Another care worker told us, "Everything we need to know is written in the plans. But you also learn what people want by talking to them. Getting to know them. It's really important."

We reviewed the care records for four people. We saw care records were 'person centred', and reflected people's abilities, preferences, likes and dislikes. For example, 'On arrival please knock the door my husband will let you in...I like a smiley face and I need you to use good communication skills, like closed questions where there is a yes or no answer.' Care plans gave care workers clear detailed instructions about what they needed to do at each call and how they should do this. Care plans were regularly reviewed and updated. Records of calls completed by care workers confirmed these instructions had been followed.

People were involved in planning and agreeing their own care. One person said, "Someone from the office visits me and we talk about how things are going or if there are any changes." Another person said, "Funnily enough, one of the people from the office came to see me yesterday to discuss things."

Records showed people's care was reviewed six weeks after their service started, three months after the service started and then at regular six monthly intervals. The care coordinator told us, "We do face to face and telephone review. We always have at least one face to face meeting with people and their relative's, with the persons permission, every year. If there is an issue or a concern we have an additional meeting. We are very flexible to make sure everyone the client wants to be at the meeting can attend."

We looked at how complaints were managed by the provider. We asked people if they would feel confident raising concerns and complaints with the service. People told us, "I know I just have to ring the office.", And "You can talk to the carers or contact the office if you have any concerns." However, we received mixed responses when we asked people and relatives if they were satisfied with the way their concerns or complaints were managed. One person told us, "When I ring the office they [Staff] just make excuses. Nothing changes. They say they will call you back but never do." Another person said, "I don't bother ringing and complaining anymore because they don't get back to you." A relative told us, "I had one grumble. It took a while with me having to call the office but it was sorted out."

We looked at the service's complaints record which showed eight complaints had been recorded and managed in line with the provider's complaints policy since the start of 2016. However, the number of complaints recorded was not consistent with the number of complaints people and relatives told us they had made. We discussed this with the care manager. They told us, "Calls from people are dealt with straightaway by the care coordinators so they are recorded in the persons 'journal' [record on the computer] and not as a complaint." During our visit the care manager informed office staff all telephone concerns and complaints must be recorded in line with the provider's complaint procedure.

Care workers knew how to support people if they wanted to complain, we were told, "If it's something small I would always try and sort things out myself. If I couldn't I would report it to the office.", And "I tell the client I needed to tell my supervisor or the office so they could sort it out." We saw information about how to make a complaint was detailed in the 'Service user Guide' which was given to people when their service started.

The service kept a record of compliments. Recent compliments made about the service included, "Son called to thank us for the exceptional care over the weekend.", And, "Daughter called to say care their mother received was amazing and wanted to say thank you."

## Is the service well-led?

### Our findings

When we asked people and relatives if they were satisfied with the service they received, we received mixed responses. Comments made included, "No it's not good there are too many changes. I keep raising it, but nothing changes.", And "Couldn't ask for more. I'm very happy.", And, "There are some good things. If only they would just sort my call times and my carers. I have asked but no one gets back to me."

We shared people's comments with the care manager. They told us, "I am shocked and upset to hear what people have said. Usually we receive very good feedback. I take it personally when we don't get it right. We [Provider and care manager] will be doing everything we need to do to make sure people are happy with the service they get."

The provider conducted six monthly satisfaction surveys which asked people to share their opinions about the service and where improvements could be made. Some people and relatives told us improvements were not made in response to their feedback. One person said, "I got a survey just recently but I haven't bothered to fill it in. It's a waste of time they don't do what you ask." A relative told us, "We keep making the point about the lack of communication and not being informed about changes but they don't take any notice." The care manager told us the results of the most recent questionnaire in June 2016 were in the process of being reviewed. When we looked at people's feedback from previous years questionnaires we saw common themes with what people had told us during this inspection. For example, A summary of a 2014 survey noted some people had stated they wanted regular carers, at regular times and a phone call from the office when their carer was running late. This meant the provider was not always using people's feedback to make improvements to the service.

There was a clear management structure within the service. The manager was part of a management team which included a care manager, two care coordinators, three field care supervisors and human resources advisor. We were told the 'day to day' running of the service was the responsibility of the care manager with the registered manager overseeing more office based functions. The registered manager was also the service provider. The care manager told us, "[Provider] is very supportive, very family orientated. We work with each other in the office every day, so [Provider] is always there if I need to discuss anything or need support."

The provider told us their plans for the future of the service. A new contract with the local authority had been secured and the provider was planning to expand the business by providing a service in more geographical areas. Work was also planned to further develop the electronic system the service used. The provider said, "We are looking at adding additional functions, for example, 'right to work' for when we leave the European union. We are thinking about the future." The provider told us they had been invited to join discussions with the local authority about new ways of working including the development of a "super carer. A 'super carer' is a care worker who would be trained to undertake basic health care tasks.

Staff told us they felt supported by the management team. One care workers told us, "[Care Manager] is amazing. The best I have ever had. [Care manager] is not only supportive to the clients, but to the staff as



well." Another care worker said, "[Manager] or [Care manager] are there whenever you need them. The office staff are really supportive as well." Care workers told us the management team were available to support them outside 'normal' office hours. One care worker said, "We [Care workers] all have the phone number for the on call. If we have any problems when the office is closed we call the number and someone answers."

Care workers told us, they had regular individual meetings with a member of the management team. They told us these included observations of their practice which they found valuable. One care worker said, "I really value supervision [individual meeting]. It's a time to recap and talk about any queries or worries." Another care worker said, "We meet face to face to discuss things, it might be training I want to do, or a worry I have about a client. You don't have to wait to talk about things because you can ask for a meeting at any time."

A staff meeting was held every other month and gave staff a formal opportunity for discussion. One staff member told us they regularly attended 'Cake and catch up' [team meeting]. They said, "We are all able to ask questions, share ideas and say what we think. I find them enjoyable." Another care worker told us, "At one meeting I suggested keeping a record of one client's fluid intake and the next day there was a monitoring chart there." The provider told us, "As an agency we talk to our staff, we give them opportunities and a voice."

The provider used a range of quality checks to monitor the quality and safety of the service, including checks on the administration of medicines and care records. We saw action plans where a need for improvement had been identified. For example, The local authority had visited at the start of the year and suggested the layout of care plans could be changed to make information more easily accessible. We saw these changes had been made. Action plans were reviewed and updated to show when actions had been completed and those which still needed to be addressed. The care manager told us that they welcomed any advice or recommendations that would help to provide a better service.

The provider had sent notifications to us about important events and incidents that occurred. The provider also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations.

We asked the provider what they were most proud of about the service. They told us, "Our ethos. The way our organisation is run. We operate an open culture. We support and value our staff and what they do. We encourage and support everyone to bring ideas to the table and we listen to what is said."

The care manager told us they were clear about the areas of the service where further improvement was required, They said, "Recruitment is an on going challenge and we are looking for innovative ways to address this. It has been a hard slog since I took up post two and a half years ago, but we have worked hard to get recruitment and training right, and to get our carers to work differently. The way we want them to. The way clients want them to. We have a good relationship with the district nurse and local authority and we will continue to work with them. We know we don't always get things right but we are open and honest when we don't and we learn from it."