

Time2Care Hillingdon Ltd

# Time2Care Hillingdon Ltd

## Inspection report

1 Harvil Road  
Harefield  
Uxbridge  
Middlesex  
UB9 6JR

Tel: 01895262573

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 14 November 2017 and was announced. We gave the provider notice 48 hours before the inspection as the service provided personal care to people in their own homes and we wanted to be certain someone would be available to assist with the inspection.

This was the first inspection of the service since it was registered on 1 November 2016. The service previously operated under a different provider.

Time2Care Hillingdon Ltd is a domiciliary care agency providing personal care and support to people living in their own homes. At the time of the inspection 89 people were receiving a service. The majority were older people, some who were living with the experience of dementia. The provider also offered services to any adults needing care, including people with learning disabilities, physical disabilities, mental health needs and autism. This was the only location for the provider. All of the people using the service lived close to the location within the London Borough of Hillingdon or in Buckinghamshire.

The registered manager was also the owner of the company and 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 and associated Regulations about how the service is run.

People told us they were happy with the service they received. They had regular contact with the agency and felt that their needs and wishes were respected when care was planned. People told us they had good relationships with the care workers, who were kind, compassionate and respectful. Whilst people were happy with the care they received, a number of people commented that the care workers did not always arrive on time and were sometimes rushed. Records of care visits indicated that some people did not consistently receive visits at the same time each day. We spoke with the registered manager about this. They were aware that this had been an issue for some people and had a plan to make improvements in this area. The improvements included a new electronic call monitoring system which would track when visits were taking place in real time so lateness could be promptly identified and action taken to address it..

The staff who we spoke with told us they felt supported and had the training they needed. They told us that they could speak with the registered manager whenever they needed and they enjoyed their work. The staff had information about their roles and responsibilities and demonstrated a good understanding about key policies and procedures.

People were cared for in a safe way. The staff had assessed the risks to people's wellbeing. The assessments included plans telling the staff how people should be supported to minimise risks. The provider had procedures for safeguarding adults and for responding to accidents and incidents. There was evidence the provider had learnt from incidents and had changed practices to help protect people in the future. People received their medicines in a safe way and as prescribed. There were enough staff to meet people's needs

and they had been recruited in a suitable way.

People's needs had been assessed and care had been planned in a way to meet these assessed needs. People had consented to their care and the provider was working within the principles of the Mental Capacity Act 2005. People were happy with the support they received at mealtimes. The staff monitored people's care and worked with other healthcare professionals to support people with their health needs.

The registered manager worked closely with the local authority, other providers and other professionals to make sure they were up to date with best practices. There were systems for monitoring the quality of the service and making improvements. Records were accurate, up to date and complete. The provider made use of technology to improve the way the service was run, for example by using electronic systems for informing the staff about changes to people's needs and care plans. There was a clear management structure and the senior staff knew their roles and responsibilities.

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

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe.

There were enough staff to meet people's needs. However, people told us that the staff sometimes arrived late, appeared rushed and did not stay for the correct amount of time. This was being addressed by the provider but was still an issue at the time of our inspection.

The provider had procedures designed to protect people from abuse and for staff to whistle blow.

The risks people were exposed to had been assessed and planned for.

People received their medicines as prescribed and in a safe way.

People were protected by the prevention and control of infection.

The provider learnt from incidents when things went wrong and took action to make improvements.

**Requires Improvement** 

### Is the service effective?

The service was effective.

People's needs and choices were assessed in line with current legislation and standards.

People were cared for by staff who were well trained and supported.

The provider was working within the principles of the Mental Capacity Act 2005.

People were supported to have access to healthcare services and receive on-going healthcare support.

People were supported to meet their nutritional needs.

**Good** 

### Is the service caring?

Good ●

The service was caring.

People were cared for by kind, compassionate and polite staff.

People's privacy and dignity were respected.

People were supported to be independent if they wished and to make decisions about their own care.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

People's concerns and complaints were listened and responded to.

### Is the service well-led?

Good ●

The service was well-led.

There was a clear vision to deliver person centred care and support. The culture of the organisation was open and positive.

The provider had a clear management structure and governance procedures that identified areas for improvement, monitored quality and mitigated risks.

The provider worked in partnership with other agencies to continuously improve their services.

# Time2Care Hillingdon Ltd

## 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 14 November 2017 and was announced. We gave the provider notice 48 hours before the inspection as the service provided personal care to people in their own homes and we wanted to be certain someone would be available to assist with the inspection.

The inspection visit was conducted by one inspector. Before the inspection we contacted people who used the service and their relatives for feedback. Some of these telephone calls were made by an expert-by-experience. 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 the inspection visit we looked at all the information we held about the service. This included notifications of significant events and information we received about the provider during their registration. We spoke with seven people who used the service and fourteen relatives of other people who used the service. We received feedback by email from five care workers.

During the inspection visit we met the registered manager, care manager, care coordinator, supervisor, risk assessor and administrator. We looked at the care records for six people who used the service, the records of staff recruitment, support and training for five members of staff and other records the provider used for managing the service, which included records of complaints, quality monitoring, accidents and incidents and meeting minutes. The registered manager showed us the computerised system for recording care interventions and planning visits. We looked at the provider's training room and the resources used for training the staff.

## Is the service safe?

### Our findings

People who used the service and their relatives told us that they felt safe with the care workers. They said that the care workers were professional and caring. They told us they felt they could report concerns to the agency if something was wrong.

There were enough staff to meet people's needs. The registered manager explained that the agency would not accept referrals to provide care to somebody if they did not have the staff available to meet this person's needs. The staff worked in small geographical areas so that travel time between people's houses was minimised. Everybody using the service lived within close proximity to the office location of the service.

People using the service and their representatives told us that they felt there were sufficient numbers of staff. However, people told us that the staff were sometimes arrived late, appeared rushed and did not stay for the correct amount of time. Some people explained that this happened occasionally and was the result of traffic problems. However, others said that this happened on a regular basis.

Some of their comments included, "Timing of the calls can be an issue but very recently it has improved", "Timing at the weekends is the worst", "They can be an hour and a half late, I cannot get up until they arrive so I am very uncomfortable waiting for them", "They do what they need to do and then go, even when they are supposed to stay the full hour they do not if they have finished", "Sometimes they are so late that [my relative] starts to get dressed herself and [they] cannot do this properly", "I am very cross – timekeeping is so poor", "The lunch time visits can be as short as six minutes – I think if they have done their job they should stay and chat not just flit out again", "They will call and let you know if they are going to be held up", "Once [my relative] had a fall and the carers stayed with [them] until the ambulance arrived, so I understand that when things like this happen they can be late for their next calls", "It's only the traffic and the people before that make them late and I'm here anyway" and "They try to come on time but it can't be helped when they are late."

The care workers told us that they did not have allocated travel time between care visits. They said that this caused problems because they would not be able to reach people's homes in time.

We spoke with the registered manager about people's concerns around care workers arriving late and the lack of planned travel time between visits. The registered manager acknowledged that there had been problems in this area. They told us that the majority of visits for each care worker were planned within walking distance so that there was minimal travel time and the care workers could usually manage to get to different visits quickly. However, they recognised that this was an issue and were in the process of reviewing how visits were planned. There was a new electronic call monitoring system which was due to go live the week after our inspection. The visits were planned on this in a way to enable the care workers to be able to travel between different people's houses and still arrive on time for the planned visit. There was an alert in the system which ensured that office staff were informed straight away when visits did not take place as planned and on time. This meant that the office staff could respond. The registered manager told us that all office staff were trained care workers and the location of the office was within 15 minutes travel time of

everybody who used the service. They explained that they would be able to carry out visits if needed and if the regular care workers were delayed.

We looked at the records of care provided to six people during September and October 2017. The records showed some inconsistencies with the times that visits had taken place. For some people this meant that mealtimes or times they received medicines were too close together or too far apart. We also saw that some care visits were very short and the care workers had not stayed the full allocated time. The registered manager explained that the new electronic monitoring system should ensure that visits were planned and took place at the same consistent time and that any variations in the length of visit would be identified and acted on.

Following receipt of the draft report the registered manager contacted us to say that if a care worker was running late the agency gave the person using the service a courtesy call. They also explained that, if medicines were administered later than the planned time, the next visit to administer medicines was adjusted so that there was the right length of time between doses.

The provider had procedures designed to protect people from abuse and for staff to whistle blow. The staff had training in these and there was information about these procedures shared with the staff and people who used the service. The staff who we spoke with were able to tell us about how they would respond if they thought someone was being abused or at risk of abuse. The provider had a log detailing allegations of abuse and the action taken. We saw that they had worked with the local safeguarding authority to protect people from further harm and to investigate any allegations.

The provider had a contingency plan which outlined how the staff should respond to different emergency situations. This included back-ups for the computerised records, an out of hours' emergency on call number for people using the service, relatives and staff and how to deal with travel disruption and adverse weather conditions. The registered manager explained that alerts could be sent to specific members of staff or the whole staff team to advise them of emergencies or disruptions.

The risks people were exposed to had been assessed and planned for. The staff had created risk assessments for each person which included risks associated with moving, their environments, their physical and mental health, their skin condition, their dietary needs and risks of falling. The assessments recorded people's wishes and personal preferences as well as information about any achievements they wished to make. There were plans to tell the staff how people should be cared for safely to minimise these risks. The assessments and plans were regularly reviewed and updated.

People received their medicines as prescribed and in a safe way. People using the service and their relatives told us they were happy with the support they received in respect of this. The initial assessments of care and reviews of care included information about people's medicines needs. The provider had created medicine administration charts for recording when the care workers supported people with their medicines. The registered manager told us they spoke with the GPs and pharmacists about medicines for each person. The records we looked at were appropriately detailed. They included information about any instances when medicines had not been administered and the reason for this. The staff were trained so that they understood about safe handling of medicines. They completed competency assessments to show what they had learnt. The provider carried out checks on the care workers to make sure they were following procedures for administering medicines safely.

The provider supplied the care workers with personal protective equipment, such as gloves and aprons, to help prevent the spread of infection. The care workers told us that they had received training and



information about infection control procedures. As part of the provider's quality assurance they asked people who used the service whether they were happy with support in this area. The provider also carried out spot checks on staff where they observed how they cared for people. As part of these checks they looked at whether infection control procedures were followed.

The provider learnt from when things went wrong and took action to make improvements. All accident, incidents, concerns and complaints were recorded. There was information about how the provider responded to these at the time of the event. In addition, the registered manager had created an action plan for developing the service. This took account of negative feedback and incidents. The registered manager had recorded what action would be taken or had been taken to prevent reoccurrence of these incidents in the future.

## Is the service effective?

### Our findings

People's needs and choices were assessed in line with current legislation and standards. The provider met with people who used the service and their representatives to carry out an assessment of their needs. These considered their personal care needs, health, skin condition, daily routine and their preferences. The assessments were recorded and copies of these were kept at people's homes. People told us they had been involved in these assessments and were happy with the way in which care was planned. Care plans gave the staff clear instructions about how each person needed to be cared for and supported. The registered manager regularly met with the local authority, health and social care training organisations and other providers to discuss changes in good practice guidance and legislation. They shared their knowledge with the other staff and we saw that the provider worked in a way which was consistent with current best practice guidance.

People were cared for by staff who were trained, supported and supervised. The staff told us that they had the training, information and support they needed to carry out their roles and responsibilities. The registered manager was a qualified trainer and the agency was an approved training centre with a national train the trainer organisation. There was a training room set up with equipment, resources and information for the staff.

The care workers and senior staff received training from the registered manager when they started working at the service. The training was organised in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Training updates were organised for all the staff when needed. The registered manager explained that she offered training to individuals and in small groups. The training course included use of practical work, discussions, handouts, videos and competency testing. The care staff told us that the training was useful and relevant. Some of their comments included, "The training is good. [The registered manager] listens to what we say and we can talk about any problems we have", "I have had refresher courses for training and also been offered a multitude of different training available should I wish to do so", "I was trained when I started, and I did a week of shadowing an experienced staff member" and "The training is regularly updated, and if need be we can request further training, and this will be provided."

New care workers shadowed experienced staff for one week during their induction to the agency. They were observed by a senior member of staff who recorded their competencies and any areas for development before they started working on their own. We saw evidence of these inductions and competency tests in staff files. The staff were issued with a handbook of information and they told us they had the information they needed to help them in their roles.

There were regular team meetings where the staff were informed about changes in procedures, given updates and asked to share their experiences. The minutes of these meetings showed that the staff were well informed. One member of staff told us, "There are planned team meetings every few months but I can pop into the office and talk about any concerns pretty much any day during the week." The registered

manager told us that the care workers regularly visited the service, and we saw this to be the case during our inspection visit. There were also informal gatherings organised by the registered manager each week for the staff to get together and discuss any issues over a meal and a drink. The provider had a system for sending information to the staff via email and text. The new electronic system being introduced at the agency included an app downloaded to the staff mobile phones which could be used to send information about changes to people's care plans and other important information.

The senior staff carried out spot checks on the staff. These were unannounced visits where they observed how the care workers performed. The visits included gaining feedback from people using the service. We saw that where issues about performance had been identified these had been acted on by providing the care worker with more information, additional supervision and/or training.

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. We found that they were.

The registered manager was a qualified trainer in the MCA. They had shared their knowledge and learning with the other staff. The staff who we had feedback from demonstrated a good knowledge of the MCA and how to provide care within the principles of this Act.

People using the service told us that they had been asked to consent to their care. They said that the care workers always asked for their permission and consent when providing support. There were records in each person's file to show that they had been part of the assessment of their needs and they had consented to their care plans. For people who lacked the capacity to consent their representatives had signed an agreement that care was being planned and provided in their best interests.

People were supported to have access to healthcare services and receive ongoing healthcare support. There was evidence that the provider worked closely with GPs and community nursing teams to make sure people received the support they needed. The registered manager explained that the community nursing teams had trained the care workers in some healthcare interventions so that they could provide support for people with these needs. The training included caring for specific people and their individual needs. We saw that the provider had made referrals to healthcare professionals when they identified a particular need and when people became unwell. When people had developed wounds, the care workers had taken photographs of these (with the person's consent) to share with the nurses who were treating the wounds. The registered manager told us they were liaising with the community nursing team to request training for the care workers on how to use equipment to identify urinary tract infections so that they could speed up the process for requesting antibiotics for the treatment of these for people in the future.

The care workers supported some people at mealtimes. Where care workers prepared meals, people told us they were happy with this support. Their comments included, "They are good at encouraging [my relative] to eat and drink, they never force [them] and appreciate that [they] have a small appetite", "They manage to plate up decent meals" and "It works well, they give me the food I like." People's dietary needs and any risks associated with this were recorded in their care records.

## Is the service caring?

### Our findings

People who used the service and their relatives told us they were happy with their care workers. They told us that they were kind, compassionate and respectful. They commented that they had good relationships with their regular care workers. Some of their comments included, "The carer in the morning is the best", "They are good and just get on with it", "I have fallen on my feet with them they are more friends than carers and I can find no fault with them", "I am delighted, everything is fine", "Beautiful girls who are good company", "The girls take to [my relative] about [their] past life and they understand her nature", "They are friendly and chatty", "When it's a good carer I know because everything is done and I can hear her chatting to [my relative]", "Our regular carer is excellent", "Some carers go above and beyond, when [my relative] was in hospital they went in to feed the cat – this was so important to [my relative] and we are so grateful", "They know [my relative] well and calm [them] when they are agitated" and "They make me feel comfortable and they are never in the way."

The registered manager and senior staff had all previously worked as care workers and continued to do this when needed. The care manager told us that they regularly provided care for some people, and the other senior staff did this too. The registered manager told us it was important that they knew everyone who was being cared for and offered them a service which reflected their individual needs. They demonstrated a good knowledge of people's individual needs. They spoke about an example earlier in 2017 when one person had told the care workers that they would take themselves to bed and had been requested to be left in the lounge. However, at 3am they had found that they were unable to move and get up the stairs. They had rung the agency's out of hours call service. The registered manager and another senior member of staff had immediately gone to the person's home and assisted them to bed.

The registered manager told us that the care staff often thought about people's individual needs and went out of their way to meet these. For example, they told us about a person who had limited finances and there had been instances when they had not had food or drinks at their home. The registered manager told us that the staff had purchased these items for the person without requesting payment for this.

People were supported to express their views and be involved in making decisions about their care. They told us that they had been involved in creating their care plans and we saw evidence of this. People also told us that the care workers offered them choices and allowed them to make decisions about their care each visit. People told us that care workers respected their decisions. The provider carried out quality monitoring visits where they asked people about their views on the service and if any changes were needed. We saw that the provider had acted on people's comments and where they had asked for changes in the way their care was delivered, for example a change of care worker.

People's privacy, dignity and independence were respected and promoted. They told us that the care workers provided care behind closed doors, covered them with towels when providing care and always knocked before entering their house and rooms. They explained that the staff respected their culture and family lifestyles and provided care with minimal disruption to their home life. People using the service and

their relatives told us that the care workers supported them to do things for themselves if they wanted and were able, for example making drinks with support, performing part of their washing and dressing routine and taking their own medicines.

The care workers told us they had received training about providing person centred care and respecting people. They said that they had information from the agency and were reminded about the importance of respecting people during discussions with the registered manager. One care worker told us, "I ensure our service users are treated with the highest levels of respect and dignity. Just as an example making sure we close doors and curtains when a service user is getting changed and covering them with a towel when drying elsewhere." Another care worker commented, "I treat all people with respect. I treat them as an equal, and I give them their privacy when needed."

The registered manager ran training sessions about diversity and different religions. We saw that the training room had resources such as a book and poster giving staff guidance about different religious needs and cultures.

## Is the service responsive?

### Our findings

People using the service and their relatives told us that they received personalised care which met their needs. However, some people told us that the visits did not take place at a time they wanted and this meant that meals, getting up in the morning and going to bed at night were not always reflective of their preferences. Some of their comments included, "The calls are not spaced out enough, although recently it has been better", "In the past they came at 6am to get [my relative] up which was ridiculous, [they] are an elderly person it was too early; things have improved in the last few months" and "Last week they came at 3:15pm and again at 5:45pm, the calls were too close together."

We looked at the records of care visits for six of the people who used the service. We saw that their preferred times for visits were recorded in their assessments of needs. Sometimes these were not reflected in the actual care provided. We discussed this with the registered manager. They explained that when a person was referred to them by the local authority they explained whether they could arrange visits at people's preferred times or not. They told us the local authority often accepted the times offered by the agency even if these did not reflect people's preferences. They told us that they worked with people to try to make sure visits took place as near to their preferred times but this was not always possible when lots of people wanted visits at the same time of day.

People told us that they had the same familiar care workers most of the time and they were happy with this. They told us that the agency had responded when they had a change in their needs, such as following a hospital stay. They explained that the senior staff had reassessed their needs and adjusted the care visits when needed. Some relatives told us about how the agency had been responsive to individual needs. For example, one relative told us they lived a long way from the person receiving care. They said that one evening the care workers had helped their relative to bed but their relative had got up again. They were worried about their safety so they had called the agency. A senior member of staff had gone to the person's home, made them a hot drink, helped them to bed and stayed with them until the person fell asleep. The relative commented, "They phoned me to reassure me - I thought that was wonderful and was so grateful to them. Way beyond their duties and normal hours."

In another example a relative told us that the person being cared for had been discharged from hospital. They said that they were more dependent than previously and the agency had adjusted the visits to make sure the person was kept safe and their needs were met. A third relative told us, "If [my relative] runs out of something, the girls always check her cupboards and go and buy what [they] need. They pay for this and I pay them back. It is a good arrangement and makes sure [they] have everything they need."

People using the service and their relatives told us that they had been asked for their views when care was planned. One person said, "I felt fully involved in the plan." Another person said, "I have been asked for my views for the care plan."

We saw that care plans included information about people's personal preferences and needs. For example,

if they wished to be supported in a specific way this had been recorded clearly in the plan. Care plans were regularly reviewed by senior staff who involved the person and their representatives in this review.

The care workers recorded how they had cared for each person during the visit. These records were reviewed by the senior staff to make sure they reflected the care which had been planned.

People's concerns and complaints were listened to and acted upon. People using the service told us they knew how to make a complaint. They said that they felt able to contact the registered manager or office staff if they needed. The provider kept a record of all complaints and concerns which included information about the investigation into these and any action taken as a result, for example staff training, additional staff supervision or disciplinary action.

## Is the service well-led?

### Our findings

People using the service and their relatives told us that they were happy with the agency and care provided. Some of them told us that the timing of calls was unpredictable and they did not like this. Most people said that they were happy to contact the agency offices if something was wrong, although some people told us that they did not feel that changes would necessarily happen when they spoke about problems, such as care workers being late. Some of their comments included, "When they sort out about the timings of calls it soon lapses back again", "They visit me for feedback but I am not sure it makes much difference", "I am happy to call the office and discuss concerns, they take it on board and try to sort it", "I have a good relationship with [senior member of staff] in the office" and "I feel able to call the office if I want advice and they help me or tell me where I can go to get help."

Some of the things people using the service and their relatives told us they liked about the agency were, "The staff can really relate to my relative", "They are friendly, polite and encourage [my relative] to be independent", "There are some very good carers", "They are very keen", "They have a lovely attitude", "They are a small company and you are not just a number", "They are all friendly people", "They are easy going", "Beautiful carers" and "They are all really caring people and very well chosen."

The staff told us they enjoyed working for the agency and liked their jobs. Some of their comments included, "I see great potential in this company and feel it can grow", "The managers always listen", "I love being in the community and generally spending my time getting to know my service users and knowing after each day that I was able to make their day just that little bit easier", "I get pleasure from helping vulnerable people who need assistance" and "I feel the Agency are doing a good job."

The registered manager was also the owner of the company. They employed a care manager who worked with them in the day to day running of the service. The company was a small family run business and members of the registered manager's family worked as part of the senior staff and care working team. The staff who we spoke with told us the registered manager was responsive and they could speak with them at any time. One member of staff commented, "I believe that [the registered manager] has a passion for good care and makes Time2Care a good company to work for." The registered manager spoke enthusiastically about the service and the people being cared for. They told us that they knew all the people and we noted that they demonstrated a good knowledge of people's individual needs. The other senior staff also demonstrated an in-depth knowledge. We heard them offering advice and information to care workers about people's needs. The registered manager told us they respected and valued the staff team. They commented, "We have a great bunch of carers, they all work extremely hard." Positive feedback from people using the service was shared with the staff. We heard one senior member of staff telephoning a care worker to explain how someone had passed on gratitude for their care. We also saw records of compliments which had been shared with the staff.

The registered manager told us they had an open door policy for people using the service and staff. We saw that care workers visited the office during the day and the registered manager told us that this was always the case. There were weekly informal gatherings where the registered manager met with care workers over a



meal to discuss how they felt and any general concerns they had. The staff told us they could have formal individual meetings with the registered manager whenever they needed. People using the service and their representatives regularly contacted the office staff. We witnessed this on the day of the inspection with office staff supporting people with advice and reassurances over the phone.

Some of the feedback the provider had received directly from people using the service and their representatives included, "I am very pleased with my carer", "Wonderful care", "[We are] in safe hands" and "You resolved some of the worries that [person] had about being on her own...she enjoyed the chats and reassurances that someone would comfort her."

The provider had systems to monitor the quality of the service and identify risks. They carried out quality checks meeting with and telephoning people who used the service to ask for their feedback. They also had regular individual meetings with the staff. These were recorded and there was evidence that action had been taken where concerns were identified.

There were clear policies and procedures which were shared with the staff and people using the service. These were regularly reviewed and updated. There was evidence that the provider had continuously changed and developed the service to reflect changes in legislation and good practice and feedback from stakeholders. For example, they had created an action plan which outlined some of the areas where they wished to develop. These included improvements of time keeping, consistency of staff, sharing information and improving rostering. There were detailed plans about how these improvements would be made and the registered manager regularly reviewed and monitored the success of these plans. The registered manager explained how they used examples of care provided to individuals in the past to develop their training for the staff. They used specific examples to explain how people should be cared for and when things had gone wrong. They told us this helped the staff to have a clearer understanding and be able to relate the training to their actual work.

The provider had just started to transfer their records to a new computerised system of care planning. The system allowed for changes in people's needs and care plans to be sent directly to the care staff's mobile phones. The care staff then used these to record each care task they had performed so that this could be viewed in real time by the office staff. The system linked to the local authority systems for monitoring the timing of care visits and how long these took. The registered manager told us they were planning to request a facility whereby family members could access agreed information about their relative's visits, so that they would be able to see when care was being delivered.

The provider worked in partnership with other organisations. The registered manager was the co-chair of a group of registered managers in the London Borough of Hillingdon linked to a national organisation overseeing training for health and social care services. The registered manager organised and chaired meetings where information was shared with other organisations. The registered manager also attended meetings run by the local authority for care providers. Part of the provider's action plan was to set up quarterly meetings with healthcare providers, such as the GPs and community nurses, along with family representatives to discuss how best the services could work together.