Town and Country Homecare Ltd

Town & Country Homecare Limited

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

The inspection took place on 21, 22 and 23 September 2016, and was an announced inspection. The registered manager was given 48 hours' notice of the inspection.

Town & Country Homecare Limited provides care and support to people in their own homes. The service is provided to mainly older people and some younger adults. At the time of the inspection there were approximately 107 people receiving support with their personal care. The service undertakes visits to provide care and support to people in Tenterden, Cranbrook, Rye and surrounding villages. It also provides staff to cover wake night and sleep in duties within people's homes and a sitting service.

The service is run by a registered manager who was registered with the Commission in September 2015. 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.

People told us they received their medicines when they should and felt their medicines were handled safely. However there were shortfalls in some medicine records and a lack of guidance about some areas of medicine management.

Risks associated with people's care had been identified, but there was not always sufficient guidance in place for staff, to ensure people remained safe.

People were involved in the initial assessment and the planning of their care and support and some had chosen to involve their relatives as well. However care plans varied in the level of detail and some required further information to ensure people received care and support consistently and according to their wishes. People told us their independence was encouraged wherever possible, but this was not always supported by the care plan.

There were audits and systems in place to monitor that the service ran efficiently. These had been effective in identifying most of the shortfalls highlighted during the inspection, but not all.

People felt safe using the service and when staff were in their homes. The service had safeguarding procedures in place. Staff demonstrated an understanding of what constituted abuse and how to report any concerns in order to keep people safe.

People had their needs met by sufficient numbers of staff. The majority of people's visits were allocated permanently to staff schedules and these were only changed when staff were on leave. People received a service from a team of regular staff. New staff underwent an induction programme, which included relevant training and shadowing experienced staff, until they were competent to work on their own. Staff received training appropriate to their role and more than half of the staff team had gained qualifications in health and social care.

People told us their consent was gained at each visit. People were supported to make their own decisions and choices. No one was subject to an order of the Court of Protection although people had made Lasting Power of Attorney arrangements and some people had a Do Not Attempt Resuscitation (DNAR) in place. Some people chose to be supported by family members when making decisions. The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager understood this process and had recently made improvements to ensure all legal arrangements and best interest decision making would be recorded.

People were supported to maintain good health and they told us how observant staff were in spotting any concerns with their health and taking appropriate action.

People felt staff were very caring. People said they were relaxed in staffs company and staff listened and acted on what they said. People were treated with dignity and respect and their privacy was respected. Staff were kind and caring in their approach and knew people and their support needs well.

People told us they received person centred care that was individual to them. They felt staff understood their specific needs relating to their age and physical disabilities. Staff had built up relationships with people and were familiar with their personal histories and preferences.

People told us that communication with the office was good and if there were any queries they telephoned and action was taken. People felt confident in complaining, but did not have any concerns. People had opportunities to provide feedback about the service provided. People felt the service was well-led and well organised. There was an open and positive atmosphere in the office and staff were committed to improving the service people received.

The provider's aim for the service was included on their website and we found these principles were followed through into practice.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this 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?

Requires Improvement

The service was not always safe.

There were shortfalls in medicine records and a lack of guidance about some areas of medicine management.

Risks associated with people's care had been identified, but there was not always sufficient guidance about how to keep people safe.

People's needs were met by sufficient numbers of staff and these were kept under review.

Is the service effective?

Good

The service was effective.

People's care and support was delivered by staff whose knowledge and training was up to date, to ensure it was effective.

Staff encouraged people to make their own decisions and choices, where people lacked capacity best interest decisions had been made. Action had been taken to ensure legal powers in place and best interests were recorded.

People received care and support from a regular team of staff.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and staff adopted a kind and caring approach.

Staff supported people to maintain their independence where possible.

Staff took the time to listen and interact with people so that they received the care and support they needed.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans varied in detail and did not reflect all the detail of their personal care routines, their wishes and preferences or what they could do for themselves, to ensure consistent care and support.

People felt comfortable if they needed to complain, but did not have any concerns.

People were not socially isolated and some felt staff helped to ensure they were not lonely.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were audits and systems in place to monitor the quality of care people received. These had identified most of the shortfalls highlighted during the inspection, but not all.

There was an open and positive culture within the service, which was focussed on people. The provider had an aim for the service and staff followed this through into their practice.

There was an established registered manager who was supported by a team of senior staff team who worked hard to drive improvements.

Town & Country Homecare Limited

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.

This inspection took place on 21, 22 and 23 September 2016 and was announced with 48 hours' notice. The inspection carried out by an inspector and 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. The expert by experience had personal experience of caring for a family member.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this and other information we held about the service, we looked at the previous inspection report and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we reviewed people's records and a variety of documents. These included eight people's care plans and risk assessments, three staff recruitment files, staff training, supervision and appraisal records, visit and rota schedules, medicine and quality assurance records.

We spoke with 13 people who were using the service, four of which we visited in their own homes, we spoke with 17 relatives/representatives, the registered manager, the company director and company secretary and nine members of staff. Following the inspection we received information by email from the business manager who was on leave at the time of the inspection.

After the inspection we received feedback from two social care professionals who had had contact with the service, which was positive.

At the last inspection on 25 March 2014 the provider was found to be compliant with regulations.

Requires Improvement

Our findings

People and relatives told us they felt safe when staff were in their homes and when they provided care and support. Comments included, "Yes very safe". "Yes no worries at all". "Safe as houses". "The staff are all very nice and they make you feel safe".

People told us they felt they received their medicines when they should and staff handled them safely. However people were not fully protected against the risks associated with medicine management.

There was a clear medicines policy and procedure in place. Staff had received training in the management of medicines and their competency was checked by senior staff during observations of their practice.

Where people were prescribed medicines on a 'when required' or 'as directed' basis, for example, to manage constipation or skin conditions, there was a lack of clear individual guidance for staff on the circumstances in which these medicines were to be used safely, where (for topical medicines) and when they should seek professional advice on their continued use. For example, people were prescribed different creams/sprays, but there was not always guidance about where or when these should be used. Another person was prescribed a medicine to help with constipation, but there was no guidance about when this should be given and when or if further doses could be administered. This could result in people not receiving the medicine consistently or safely.

People's needs were assessed and during this assessment it was identified what help people required with their medicines and/or topical medicines. However information recorded was not always clear. For example, one assessment stated 'assist with meds and creams', another stated 'assist with meds and creams if required', but did not give clear guidance about how staff should assist to ensure consistent and safe support.

People had Medication Administration Records (MAR) charts in place where staff were involved with the administration of people's medicines. MAR charts examined in some cases showed a lack of codes or signatures so we were unable to ascertain whether people had received their medicines (these all related to topical medicines). A code of 'X' was being used by staff, but this was not an authorised code and records had no explanation of what it meant. The registered manager told us it meant that the topical medicine had not been required, but acknowledge this then needed to be an authorised code and actions to address this were discussed during the inspection.

The system for returning MAR charts to the office was not effective. MAR charts were return so that audits could be undertaken, shortfalls highlighted and addressed with staff. However for one file we looked at the last audit had been undertaken in April 2016 and there was no later MAR charts on the file, which meant any current shortfalls would not be identified and addressed. One audit did not show what action had been taken in relation to the shortfalls identified.

Risks associated with people's care and support had been identified. For example, risks in relation to people's environment, falls and moving and handling people. People told us that they felt risks associated with their support were managed safely and one person said they felt safe when staff used equipment, such as to move them in the hoist. However there was not always sufficient guidance in place to reduce these risks to ensure people remained safe. For example, some moving and handling risk assessments only stated the equipment to be used and the number of staff required, there was not always guidance about how the person preferred to be moved or how it should be done safely, such as detailing what hoist sling hooks should be used so that the person would be moved in the right position. In the care plan it only stated 'hoist onto commode' or 'transfer into chair' it did not inform staff how to do this. Where people had catheters in place staff monitored the output of urine including the colour, but risk assessments did not detail this. People were responsible for ensuring their equipment was serviced within the recommended timescales. Records held in the office did not always show that equipment had been serviced within these timescales, because information had not been updated. However staff told us they always visually checked equipment before they used it and this would include the checking that the equipment had been serviced within the recommended timescales, so they knew it was safe.

The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. The provider had failed to have proper and safe management of medicines. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they had a risk assessment in place for events, such as power failure, fire or bad weather. These included measures, such as running the service from home with the on-call laptop, access to 4x4 vehicles, staff working locally to where they lived, to ensure people would still be visited and kept safe.

People were protected by safe recruitment procedures. We looked at three recruitment files of staff that had been recruited this year. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character.

People had their needs met by sufficient numbers of staff. Most people we spoke with told us staff "on the vast majority of cases" arrived when they were expected, but could be delayed because of emergencies or traffic. One person said, the timing of visits could be "a little erratic at weekends". To improve the quality of visit timings the provider had a call monitoring system where staff logged in using the person's telephone (with their consent) when they arrived and logged out again when they left. If the visit was more than 30 minutes late in logging in a reminder appeared on the office staffs screens, so they could take action. Staff felt there was sufficient staff to meet people's needs. The provider employed 'stand-by' staff for both the mornings and evenings; these staff were not allocated any work in advance and were available to cover when required. For example, staff sickness or a car breaking down. The registered manager kept staffing numbers under review and told us that the service was at the time of the inspection recruiting and felt they required six new staff in order to run the service effectively. People said staff "generally" stayed the full time or did all the tasks required.

The registered manager told us approximately 85 per cent of people's visits were allocated permanently to

staff schedules and these were only then changed when staff were on leave, others were scheduled week by week. Staff worked in a geographical area. There was an on-call system covered by the registered manager and senior staff.

There was a safeguarding policy in place. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions or allegations. There had been safeguarding alerts in the last 12 months and the registered manager was familiar with the correct process to follow when any abuse was suspected; and knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council's safeguarding team.

Good

Our findings

People and relatives were satisfied with the care and support they received. Comments included, "We are very happy with the care". "I am very happy with my care, totally satisfied". "I am very satisfied". "At all times they are very professional".

Care plans contained information about how a person communicated and what support was required to enable good communication, such as 'speak slowly and look directly at (person) when talking'.

People and relatives felt staff had the right skills and knowledge to provide care and support that met people's needs. Comments included, "All very competent". "The staff seem to be well trained and up to date". "Have full confidence in the staff and their training". "Yes all of them are very proficient. They receive training updates".

People had signed a contract agreement consenting to their care and support. People said their consent was also achieved by staff discussing and asking about the tasks they were about to undertake. One person said, "They are constantly talking to me about what I want". Another told us, "I am in charge". People said staff offered them choices, such as what to have to eat or drink.

Staff were trained in Mental Capacity Act (MCA) 2005. The registered manager told us that no one was subject to an order of the Court of Protection although some people did have Lasting Powers of Attorney arrangements in place and others had a Do Not Attempt Resuscitation (DNAR) order. The needs assessment tool used to gather information about people had recently been updated to ensure that it captured this information and a letter sent to people asking them to confirm the legal arrangements they had in place to ensure their wishes would be followed and staff acted legally. The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager told us about a best interest decision they had been involved in regarding the future arrangements of one person's care and demonstrated they understood the process that was followed. Records and discussions identified that one person had restrictions in place; their medicines were kept locked away for safety reasons. Although it was apparent through discussions with staff that the person's capacity had been assessed and a best interest decision had been made in relation to the medicines there were no records to evidence the capacity assessment or who was involved in the decision making, which was rectified during the inspection as the provider had recently identified that capacity assessment and decision making required better

recording and had already developed a form for this purpose.

People told us they received their care and support from a team of regular staff and were happy with the number of staff that visited them. One person told us "Continuity is key". Other comments included, "Some lovely people on a regular basis". "Different carers, but mostly good". "Mostly the same ones, I like that". The registered manager told us that following an initial phone call where they discussed people's needs they matched members of staff to cover the visits. The matching process was based on gaps within staff schedules, staff working in the geographical area, people's preferences and staff skills and experience. Records and discussions with people showed that when people were not happy with a particular staff member there had been no problem with changing. People said they usually knew who was coming because staff told them or they received a telephone call from the office.

Staff understood their roles and responsibilities. Staff told us they had completed an induction programme, which included attending training courses, completing knowledge questionnaires and shadowing experienced staff until they were signed off as competent. In addition staff also received a staff handbook.

The registered manager told us the induction met the specification of the Skills for Care Care Certificate. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life.

Staff received training relevant to their role and this included first aid, food hygiene, safeguarding vulnerable adults, fire awareness, dementia, infection control, nutrition and diet, equality diversity and inclusion, mental capacity act, medicine administration, moving and handling, catheter care and managing challenging behaviour. Training was periodically updated and further training in managing incontinence, stoma care and catheter was booked.

The service had 49 active care staff and 25 had achieved a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard. Staff felt the training they received was adequate for their role and enabled them to meet people's needs.

Staff felt well supported and received opportunities for support and supervision. A lot of the support staff received was achieved in an informal way. Staff felt the registered manager and senior staff were always available and approachable and used this to telephone or come into the office to discuss any concerns or issues. Staff told us they received spot checks on their practice. Spot checks were undertaken unannounced, by senior staff, whilst staff were undertaking visits to people. During these observations staff practice was checked against good practice, such as communication and offering choices, infection control, privacy and dignity, food hygiene, handling of medicines and encouraging independence. Staff received an annual appraisal and they told us they had had opportunities to discuss their learning and development. Team meetings were held, but were not well attended and the registered manager was looking at other options to raise attendance, such as merging these with training.

People's needs in relation to support with eating and drinking had been assessed and were recorded. Most people required minimal support with their meals and drinks if any. Staff told us where people were at risk of poor hydration measures were in place to reduce these risks, such as fluid charts to monitor their intake. Staff usually prepared a meal from what people had in their home. Special diets were supported including diabetes. One staff member told us how they encouraged a person to have a healthy diet through planning their shopping list with them. Staff talked about one person who was on a pureed diet due to swallowing

difficulties and how with great patience the person was encouraged to eat. One person used a straw, which enabled them to drink independently. People said staff encouraged them to drink enough and would leave a drink or drinks for later.

People were supported to maintain good health. People told us staff were observant in spotting any concerns with their health and took any appropriate action when they were concerned. One person told us, "They (staff) have a good sound knowledge about my (family member's) condition and have recommended for medical service". Another person talked about a time when they were unwell and staff called the 111 service. Information about people's medical conditions were located in people's care plans to help inform staff. For example, diabetes, arthritis, osteoporosis and urine infections.

Good

Our findings

People told us staff were caring and listened to them and acted on what they said. People were relaxed in the company of staff and they and relatives were complimentary about the staff. Comments included, "The staff are nice". (Staff member) is absolutely fantastic". "(Staff member) was lovely, helped me on my computer and things". "They are great, lovely people". "They are extremely (caring) and thoughtful". "Very gentle and caring". "They are always polite and helpful". "They are very happy, friendly and positive people. We have a laugh all the time". "I am totally happy with all the staff. They do all I expect and much more".

People and relatives felt staff always treated people with dignity and respect and that the staff were kind. People were asked during review visits if they were happy with staff visiting them, if staff were friendly and polite and they were treated with dignity and respect and all those seen contained positive comments. Some people talked about staff that "Went that extra mile". One person told us, "(Staff member) does any little extra, she see things that need doing and does it, she is very very good". Another person said, "(Staff member) is outstanding, caring and understanding, does things without being asked absolutely wonderful. She is instinctively caring". One person told us about a staff member that visited them in the morning, they said, "She is confident and she knows me and how to get me going in the morning". Another person said, "One or two of them go all out to make sure you are well and happy and content".

The service had received a number of compliments, including "(Staff member) is really lovely and a very good carer". "(Staff member) showed common sense and brilliant care when (family member) was taken ill". "(Staff member) is a calm and competent carer".

During the inspection staff took the time to listen to feedback and answer people's questions. When people raised concerns or wanted to make changes to better suit them, senior staff listened, looked at the daily report book to check information and explained what options were available to improve things for them. When we spoke to the registered manager the following day we found these things had all been discussed with them following the visits and action was being taken to try to make the changes. For example, an extra wake night each week and the timing of the evening visit as this had been changed to requiring two staff and using a hoist.

People told us they "definitely" or "always" received person centred care that was individual to them. People felt staff understood their specific needs relating to their age and physical disabilities. Staff had built up relationships with people and were familiar with their life histories and preferences. Care plans contained some details of people's preferences, such as their preferred name and some information about their

personal histories, although in some care plan folders there was a specific document 'This is me' with which contained more detailed information about the person, their history and preferences. During the inspection staff talked about people in a caring and meaningful way.

People told us their independence was encouraged wherever possible. One person said, "I am terribly independent". Another person told us how staff encouraged them to walk a short distance and a relative told us how staff got their family member up and about and in the garden.

People told us they were involved in the initial assessments of their care and support needs and planning their care. Some people had also involved their relatives. Most people told us that senior staff visited periodically to talk about their care and support and discuss any changes required and reviewed their care plan. People felt care plans reflected how they wanted the care and support to be delivered.

The registered manager told us at the time of the inspection most people did not require support to help them with decisions about their care and support, but if they did or chose were supported by their families or their care manager, and no one had needed to access any advocacy services. Details about how to contact an advocate were available within the service.

People told us they had their privacy respected. Care plans contained information to ensure people's privacy, such as 'pull blinds down to offer privacy' or 'use orange towel to cover (person)' or close curtains before personal care. People told us staff did not speak about other people they visited and they trusted that staff did not speak about them outside of their home. Information within the service user guide confirmed to people that information about them would be treated confidentially. The service user guide was a booklet that was given to each person at the start of using the service, so they knew what to expect.

Requires Improvement

Our findings

People told us they were involved in the initial assessment of their care and support needs and in planning their care. Some people told us their relatives had also been involved in these discussions. One person said, "Yes we all sat down and worked out the best service for me". Another told us, "We were (all involved) and our needs were identified and planned". Senior staff undertook these initial assessments, which included physical well-being and medical history, personal care, nutrition, daily life and communication. People told us they felt their care plans reflected the care and support staff undertook on each visit. One person said they had a "full and comprehensive care plan".

Care plans were developed from discussions with people, observations and the assessments. Care plans should have contained a step by step guide to supporting people on each visit, including their preferences, what they could do for themselves and what support they required from staff. However they varied in detail and most required further detail to ensure that people received care and support consistently, according to their wishes and staff promoted people's independence. For example, daily notes showed that staff did things, such as cleaned a catheter site, emptied a catheter bag, attached the night bag and changed the night and day catheter bag each week, but this detail was not included in the care plans. In another instance a person liked the newspapers brought upstairs and the lights turned on or off, but again this detail was not in the care plan.

Some care plans did contain information about what a person could do for parts of their personal care routine, such as washing, but nothing about what they could do for themselves when drying, dressing or undressing.

Other care plans stated the tasks to be undertaken, such as 'assist with a full strip wash', 'assist with oral hygiene', 'assist with drying', 'assist with toileting needs', 'assist with shower', 'wash hair on Monday and Thursday', but had little or no detail about people preferences or what they could do for themselves and how staff should assist.

One person's health had deteriorated and therefore their care plan required updating as they now did not always get up each day, but preferred a different routine. Staff talked through another person's routine, but the care plan showed things done in a different order to how it was actually done. One person's mobility had very recently deteriorated and they now required two staff and a hoist, which meant parts of their routine had also changed, but the care plan still required updating.

This meant that people would have to explain their preferred routine to any new staff that visited or would not receive consistent and safe care particularly when their regular staff member did not visit.

The provider had failed to ensure that information within the care plan reflected people's assessed needs and preferences. The above is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People said senior staff came and reviewed their care plans periodically. One person said, "They are very good at that stuff". Another person told us, "They took great care in getting it right and they have just done a new one".

People were not socially isolated. Staff told us they supported some people to ensure they were ready in time for daycentre transport. A relative told us they (staff) provided a sitting service so they could go out. Some people said they looked forward to the staff visits each day and told us this in itself sometimes ensured they were not lonely. One person said, "They always cheer me up". Others had visitors or were able to get out and about in the community.

People told us they felt confident in complaining, but did not have any concerns. People knew how to make a complaint and if they had complained previously most felt the service had responded well to concerns raised. The complaints procedure was contained within information in people's care folders, which were located within their home along with their care plan. Records showed there had been three formal complaints in the last 12 months, which had been investigated and responded to. The provider had identified that complaints were not always responded to in writing, when they were received in writing, but planned to do this in future.

People had opportunities to provide feedback about the service provided. People were visited by senior staff as part of staff's observational supervision and had the opportunity to raise any concerns during this visit. In addition when people received a care plan review visit they were asked for their feedback about the service they received. The provider sent out annual questionnaires to people to gain their feedback about the service and an action plan was put in place to address any negative feedback and make improvements.

Requires Improvement

Our findings

The service was run by a registered manager, who had registered with the Commission in September 2015. They worked Monday to Friday in the office and also participated in the on-call rota. The registered manager was supported by four coordinators and two supervisors. In addition there was a business manager, company secretary and an admin assistant. The business manager undertook people's initial assessments, quality assurance visits, staff recruitment, payroll and organised the induction training. The company secretary did the monthly invoicing and the supervisors undertook the spot checks on staff, delivered some training and undertook the care plan review visits.

The provider had engaged a consultant to undertake an audit of the service in June 2016. They had made several recommendations and the management team had started work to address these, but further work was required. There were other audits and systems in place to ensure the service ran smoothly. However they had not been totally effective in identifying all the shortfalls highlighted during the inspection. Effective quality monitoring is an area that we have identified as requiring improvement to ensure shortfalls are identified and action can be taken in a timely way to ensure compliance.

There was a system to monitor that people received care plan reviews and staff received spot checks and supervision. Records showed that there had been some slippage on staff receiving supervision/spot checks in line with the provider's policy. The registered manager had already identified this and had recently taken action to increase supervisor availability in order to catch up and meet policy.

Accidents and incidents were monitored and analysed to see if any learning could be taken from these and used to reduce the risk of further occurrences.

During the inspection there was an open and very positive culture within the office, which focussed on people. The registered manager demonstrated a strong commitment to learning and driving improvements to the service people received. It was evident during the inspection that the office staff worked hard as a team to ensure the service ran smoothly. People and relatives spoke well of the management team. People felt comfortable in approaching and speaking with them. The registered manager and management team adopted an open door policy regarding communication. People felt communication with the office was good and staff were always polite and courteous.

Most people felt the service was well-led and well organised. One person told us, "They manage very very well". Other comments included, "It's got much much better at considering you and what you want". "The

staff are picked well". "One or two aspects could improve, but mainly a well-led service". "Very very pleased with them". "On the whole it works". "Very efficient". "The office staff are all very friendly and listen". "They seem to know what they are doing". "Exceptional service". "Extremely well-led".

A social care professional told us they thought this was a "very good agency and they hardly ever received any complaints regarding the care they provided to clients".

Staff understood their role and responsibilities, were happy in their role and felt they were well supported. There were arrangements in place to monitor that staff received up to date training. Recently a decision had been taken to change the safeguarding and Mental Capacity Act training to annually. Staff felt the registered manager and office team were open and approachable and motivated them. They felt they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns. Their comments about the management team included, "(The registered manager) is doing her best, everything is fine, there are no problems and they are very supportive". "Any concerns and I can ring up and talk it through". "They (company) care about staff". "They have an open door policy or you can phone in anytime". "(The registered manager) is very good and very thorough". "(The senior staff team) know their jobs inside out and that helps a lot". "(The service) is managed really well, it (management team) is very supportive and understanding if you have a problem".

The provider had engaged a consultant, used the internet as well as information from the local authority and the Commission to keep the management team up to date with changes and good practice.

The provider's aim was to 'help people remain in their own home for as long as possible and to assist those who need help due to frailty, disability or illness to live as independently as possible with comfort and dignity'. In discussions staff were not always aware of the actual aim, but told us their role was to "give as much care as we can and understand people's needs", "to give people quality care", and "to promote/encourage independence".

Staff had access to policies and procedures via the office or their staff handbook. These were reviewed and kept up to date. Records were stored securely and there were minutes of meetings held so that staff would be aware of up to date issues within the service. Staff also received a monthly newsletter to keep them up to date.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure that information within the care plan reflected people's assessed needs and preferences. Regulation 9(3)(b)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. The provider had failed to have proper and safe management of medicines. Regulation 12(1)(2)(b)(g)