

Day and Nite Services Ltd

Day and Nite Services (Kingston)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 14 and 15 November 2016 and was announced. We brought the inspection forward after we received some concerns about the service. The last Care Quality Commission (CQC) comprehensive inspection of the service was carried on 4 and 9 February 2015. At that time we rated the service as 'Good' overall, although we found the provider to be in breach of regulations in respect of clinical governance. This was because the service did not operate effective governance systems to assess, monitor and improve the quality and safety of the service they provided. We asked the provider to take action to make improvements. We went back to the service on 25 September 2015 to carry out a focused inspection and found the provider had made the necessary improvements and now met the regulations.

Day and Nite Services (Kingston) is a domiciliary care agency that provides personal care and support to people living in their own homes. At the time of our inspection 49 people received a service from the agency, which included four people who had live-in care workers. People using the service were mostly older adults who had a wide range of health care needs and conditions. Most people receiving a service were living with dementia.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Providers are required to inform the CQC when there are significant events in a service, including any allegations of abuse. These are called statutory notifications. We found the provider had not notified us about a safeguarding incident involving a person who received a service from the agency.

We identified a breach of the Care Quality Commission (Registration) Regulations 2009 during our inspection. You can see what action we told the provider to take at the back of the full version of the report.

People were satisfied with the overall standard of personal care and support they received from this provider. People told us staff that provided their care and support were kind and caring.

People felt safe with the care and support they received from staff working for the agency. Staff were supported to take appropriate action to ensure people were protected if they suspected they were at risk of abuse or being harmed by discriminatory behaviour or practices. Risk of injury or harm posed to people by their specific health care needs and home environment had been assessed. However guidance for staff on how to ensure these risks were minimised needed to be improved.

People were supported by staff that were suitable and fit to work for the service. Employment and criminal records checks were carried out on all staff before they started work. People did not have major concerns about staff turning up late or missing a scheduled visit. This indicated there were sufficient numbers of staff

available to support people. Staffing levels were continuously monitored by managers and senior staff to ensure people experienced consistency and continuity in their care and that their needs could be met at all times.

Staff received training to meet people's needs. Training was in areas and topics relevant to their work. Managers and senior staff monitored training to ensure staff skills and knowledge were kept up to date. Staff received regular supervision (one to one meetings) and appraisal so that they were appropriately supported to care for people. They felt well supported by managers who they said were approachable.

Staff were knowledgeable about the people they supported. This included their preferences, routines and their support needs. Staff provided people with the support they required in line with their care plans. Staff regularly discussed people's needs to identify if the level of support they required had changed, and care plans were updated accordingly.

People were involved in discussions about the care and support needed. Each person had a care plan which set out their specific needs and preferences, and how they wanted these met by staff. People said staff met their needs. People's right to privacy and to be treated with dignity was maintained by staff, particularly when receiving personal care. People were encouraged to do as much as they could and wanted to do for themselves to retain control and independence.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. Staff received training in the MCA so they were aware of their responsibilities in relation to the Act. Records showed people's capacity to make decisions about aspects of their care was considered when planning their support. Where people lacked capacity to make specific decisions there was involvement of their relatives or representatives and relevant care professionals to make these decisions in people's best interests.

People were supported to stay healthy and well. Staff were knowledgeable about the signs and symptoms to look out for that indicated a person's health may be deteriorating. If staff had any concerns about a person's health, appropriate professional advice and support was sought. People were supported to eat healthily, where the agency was responsible for this. Staff also took account of people's food and drink preferences when they prepared meals. People received their medicines as prescribed and safe medicines management processes were followed.

People knew how to make a complaint if needed. The provider also routinely sought the views and experiences of people about the quality of care and support provided and how this could be improved. They used this information along with other checks to assess and review the quality of service people experienced. Where there were any shortfalls or gaps identified through these checks senior staff took action to address these.

Managers communicated a strong ethos focusing on person centred care and ensuring people received a good quality service from the agency. Managers regularly met with staff and checked they were clear about their duties and responsibilities to the people they cared for. Staff told us they felt valued and appreciated for the work they did by the agency's management team.

Managers monitored the quality of service delivery. A range of regular audits were undertaken, and information was gathered about key aspects of service delivery. Where it was identified that improvements were required these were undertaken promptly by the provider. The provider also used external scrutiny and challenge to ensure people received appropriate care and support from the agency.

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 felt safe receiving care and support from the agency. Staff knew what action to take to protect people from abuse and harm.

Risks to people of injury or harm had been assessed, although guidance for staff on how to ensure these risks were minimised needed to be improved. Where the service was responsible supporting people to manage their medicines, staff ensured they received their prescribed medicines at times they needed them.

The provider had checked the suitability and fitness of staff to work for the agency. There were enough competent staff available who could be matched with people using the service to ensure their needs were met.

Is the service effective?

Good ●

The service was effective. Staff received a thorough induction and on-going training that enabled them to meet the needs of the people they supported. Staff were also supported by their line managers and senior staff through a programme of regular supervision and appraisal.

Staff were aware of their responsibilities in relation to the MCA. Where people lacked capacity to make specific decisions there was involvement of others to make decisions in people's best interests.

People were supported to stay healthy and well. If staff had any concerns about a person's health appropriate support was sought. People were supported to eat healthily, where the service was responsible for this. Staff also took account of people's food and drink preferences when they prepared meals.

Is the service caring?

Good ●

The service was caring. People said staff were kind, caring and respectful.

Staff were thoughtful and considerate when delivering care to people. They ensured people's right to privacy and to be treated

with dignity was maintained, particularly when receiving personal care.

People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

Is the service responsive?

Good ●

The service was responsive. People were involved in discussions and decisions about their care and support needs.

Support plans reflected people's choices and preferences for how care was provided. These were reviewed regularly by managers and senior staff.

People knew how to make a complaint if they were dissatisfied with the service they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well led. The provider had not notified CQC of incidents that had occurred over the last 12 months which they are legally required to do.

The views of people receiving services, their relatives, and staff were regularly sought and valued by the provider. Managers used this information along with other checks to assess and review the quality of service people experienced.

People and staff spoke positively about the management of the service.

There were systems in place to monitor the quality of the service provided by the agency and to make improvements where needed.

Day and Nite Services (Kingston)

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 14 and 15 November 2016 and was announced. We gave the provider 48 hours' notice of the inspection because managers are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that managers would be available to speak with us on the day of our inspection. The inspection was carried out by one inspector.

Before the inspection we asked the provider to complete 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. We also reviewed other information such as statutory notifications about events or incidents that have occurred, involving people using the service and which the provider is required to submit to the Commission.

Prior to visiting the agency's offices we undertook telephone calls and spoke to ten people using the service, five other people's relatives and a nurse who worked in a care home where an individual who received additional support from this domiciliary care agency lived. We asked them for their views and experiences of the service.

During our inspection we spoke to the registered manager, the new manager, the deputy manager, the head of governance, a senior care coordinator and a senior care worker. We also received written feedback from five members of the care staff team who we sent CQC questionnaires to complete. We looked at the care records of six people using service, five staff files and other records relating to the management of the agency.

Is the service safe?

Our findings

People told us they felt safe with staff. One person said, "I get on really well with my carers and definitely feel safe when they call round." Another person's relative told us, "I know my [family member] is in good hands. The carers are lovely." The provider had suitable arrangements in place to help protect people from the risk of abuse or harm. Managers through quality monitoring visits checked that people felt safe with the staff that supported them. A sample check of these visits recently carried out by the new manager showed us people said safe with their carers.

It was mandatory for all staff to attend and complete safeguarding adults at risk training to help them understand what constituted abuse and how to report this if they witnessed or suspected someone was at risk. Staff also received training on equality and diversity to help them understand how to protect people from the risks associated with discriminatory practices and behaviours. The provider had a safeguarding adults at risk policy and procedure which instructed staff how and when to report their concerns about people and to whom. We saw, through individual supervision and staff team meetings, managers and senior staff discussed the policy and procedure with staff to remind them of their duty to ensure people were respected and protected so that they did not suffer discrimination or abuse. It was clear from feedback we received from staff they understood the provider's policies and procedures in relation to safeguarding adults, lone working, handling people's keys and getting emergency support. One member of staff told us, "I was asked to read all these policies and procedures as part of my induction."

We asked staff whether they were aware of and knew how to use the whistleblowing procedure. Whistleblowing is when a worker reports wrongdoing at work to their employer or someone in authority in the public interests. A worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger. All the staff we spoke with were able to tell us how they would use the procedure to raise concerns if they did have any or knowledge of wrongdoing from others which could put people at risk.

Records showed safeguarding concerns were dealt with appropriately by the service. Where safeguarding concerns had been raised in the past 12 months, the provider's management had taken prompt action to report this to the relevant local authority and had worked with them to ensure people received the appropriate protection and support.

Staff received the information they needed to minimise known risks of injury or harm posed to people and others. Managers and senior staff carried out assessments to identify the risks posed to people by their health care needs, the equipment they used, such as a mobile hoist, and their home environment. Staff demonstrated a good understanding of risks to people they supported. For example, staff knew which people they supported needed to use a mobile hoist to transfer from one place to another.

The provider carried out checks on the suitability and fitness of staff to support people. We saw through these checks evidence was obtained and reviewed by managers to assure themselves of staff's suitability. This included proof of staff's identity, right to work in the UK, training and experience, character and

previous work references and criminal records checks.

There were enough staff to keep people using the service safe. Most people told us they had no concerns about staff turning up late or missing a scheduled visit. Two people who had raised this as an issue with us said they had noted a significant improvement in staff punctuality in the past three months. This was supported by comments people made through quality monitoring visits undertaken by managers. This indicated there were sufficient numbers of staff available at the time of the inspection to support people. Typical comments we received from people included, "The carers are very punctual these days and usually turn up on time", "Staff not arriving on time had been an issue over the summer, but the agency seems to have resolved the problem now. I can't recall the last time my carer was late" and "Sometimes staff run late. It's often not their fault and at least you always get a call from the office to let you know". People confirmed on the occasions where staff had been running late for a scheduled visit they were contacted by office based staff to notify them of this.

In addition, senior care coordinators planned and scheduled visits so that people received support from the same members of staff, wherever possible. This meant they experienced continuity in their care from people who were familiar with their needs and preferences. People were informed about the times and frequency of their scheduled visits and the staff member that had been assigned to each visit, so that they knew who to expect.

When planning visits, senior staff used information about people's specific needs to ensure appropriately skilled staff were assigned to meet these safely. For example, where people needed help to move and transfer two staff, trained in moving and handling procedures, attended to ensure this was done safely. Scheduled visits were planned for people living in close proximity of each other to reduce the risk of staff being late. We saw staffing rotas were planned in advance and we noted in most cases people received support from the same members of staff so that people experienced consistency and continuity in the care they were provided. Staff told us they were always given enough time to meet the assessed needs of the people they supported and felt their scheduled visits were well coordinated by their office based colleagues. This meant they could usually get to a visit on time and complete all the tasks agreed as part of the care plan for the person.

The registered provider told us they had recently purchased a new electronic system that would monitor the timings of scheduled visits through an app on staff's mobile phones. This would enable managers and senior staff to analyse any trends or concerns about staff's time keeping and to help them identify areas where performance could be improved. Managers confirmed this system would be going live by the end of the month.

Where people required assistance or prompting to take their prescribed medicines staff supported people to manage their medicines safely. People told us they were happy with the way staff prompted or supported them with their medicines. One person said, "My carers always remind me to take my medicines when I should." We saw where people were supported by staff to take their medicines their care plan included a medicines administration record (MAR) sheet that contained detailed information about their known allergies and how they preferred to take their medicines. Staff signed these MAR sheets each time medicines had been given and we saw the sheets we looked at had been completed correctly. This indicated people received their medicines as prescribed. Records also showed staff had received training in safe handling and administration of medicines and their competency to continue doing this safely was reassessed at regular intervals.

Is the service effective?

Our findings

People said staff were able to meet their needs. One person told us, "We have the same carers who know what I like." Another person's relative said, "My [family members] carers know what they're doing and are always professional."

Staff received training to help them to meet people's needs. The provider used two external trainers as well as their own managers who were qualified trainers to deliver staff training. This included a set induction that incorporated practical training on any equipment staff may have to use, shadowing senior staff on visits and reading the provider's policies and procedures. It was also compulsory for all new staff joining the agency to complete online training courses. Subjects covered by the training courses included: basic life support, equality and diversity; handling medicines safely, food hygiene, falls prevention, infection control, record keeping, moving and handling, safeguarding adults, lone working, health and safety and the Mental Capacity Act (2005).

Other training staff received that was relevant to their role and which the provider considered mandatory was dementia awareness training. The new manager told us they were a qualified dementia awareness trainer and would ensure all staff received regular refresher training on this topic. Staff confirmed their induction had been thorough and their on-going training had helped them understand and meet the needs of the people they supported. One member of staff said, "The agency provides us with free mandatory training, which ensures we have the right skills to meet the needs of people using the service." Since our last inspection we saw the provider had expanded their premises and converted their old office into a training room where staff learnt how to use a mobile hoist properly or complete their online training on one of the agency's computers.

Managers told us they had introduced an electronic system to monitor staff training which notified them when staff needed to refresh their existing knowledge and skills. This ensured staff training remained up to date and helped the provider plan their training programme.

People were cared for by staff who were supported in their roles by managers and senior staff. There was a supervision and annual appraisal framework in place through which staff had regular, planned meetings with managers or a senior staff member. Records showed in the last 12 months, staff had had an opportunity to meet with their line manager to discuss their current work practice and any learning and development needs they felt they had. Records also showed each year staff were expected to attend three group meetings with between five and ten of their fellow co-workers and four individual supervision sessions with their line manager. This included an annual appraisal of their overall work performance in the last 12 months. Managers used these meetings to review staffs' working practices and professional development, as well as to provide staff with the opportunity to discuss their work and any issues they might have. Staff's working practices were also observed during a visit at least once a year through an unannounced spot check undertaken by a manager.

Staff confirmed they received regular supervision and appraisal, which most felt enhanced their working

skills and knowledge. One member of staff said, "I do feel we get all the support we need from our managers who always make us feel welcome when we go into the office." Managers told us all staff had been issued with a company mobile which they often used to send group texts to staff. This meant managers were able to keep staff updated with important information they might need to share with the team.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. All staff had received training on the MCA. Records showed people's capacity to make decisions about their support was considered during assessments of their care needs by senior staff. There was involvement with people's representatives and healthcare professionals, where people lacked capacity to make specific decisions about their care to ensure these were made in people's best interests.

People were encouraged to eat and drink sufficient amounts to meet their needs, where the service was responsible for this. The level of support people required with this varied and was based on people's specific needs and preferences, which senior staff sought information about through the assessment process. Staff documented the support provided in people's records which gave others involved in people's care and support information about what people were eating and drinking and when. These records indicated meals prepared by staff were based on people's specific preferences and choices. Staff also closely monitored the food and drink intake of people who had been assessed as being at risk of malnutrition or dehydration to ensure these individuals continued to eat and drink adequate amounts. Where there were concerns about this, appropriate steps were taken to ensure people were effectively supported.

People were supported to stay healthy and well. Staff maintained records about people's health and well-being following each scheduled visit. This information was recorded in an individual's care plan. This meant others involved in people's care and support had access to information about their health and wellbeing as observed by staff. When staff had concerns about an individual's health and wellbeing we noted they notified managers and senior staff promptly so that appropriate support and assistance from others, such as the GP, was sought. One member of staff told us, "I was concerned recently about the deteriorating health of someone I regularly supported so I discussed it with a senior care coordinator and got their family and GP involved."

Is the service caring?

Our findings

Staff treated people using the service with kindness and respect. People told us they were generally happy with the service provided by the agency and that they received the support from staff they had agreed with them. Typical feedback included, "Myself and my [family member] are very happy with the carers that visit us from the agency", "We've received a very good service from them." and "Can't fault them really. They do what they say they will for my [family member]". People's responses documented at quality monitoring visits undertaken by managers, also indicated that they were generally satisfied with the service.

People spoke positively about the staff that supported them and typically described them as 'kind' and 'caring'. People also told us their carers always treated them in a respectful way and were mindful of their privacy. One person said, "The carers that visit me at home are all absolutely superb." Another person told us, "The staff treat me ever so well. They're all lovely." Staff spoke about the people they supported in a respectful way and were able to give us some good examples of how they upheld people's privacy and dignity. This included ensuring people's toilet and bedroom doors were kept closed when they were supporting individuals with their personal care. One staff member said, "I always try and have a chat with the people I support to find out how they are."

Staff understood and responded to people's diverse cultural and spiritual needs in an appropriate way. One person was able to give us a good example of how staff prepared meals that reflected their cultural and religious heritage, as well as personal taste. Staff demonstrated a good understanding of the various cultural backgrounds and spiritual needs of people using the service. A member of staff gave us several good examples of how they had been assigned to support a number of people who spoke the same language and practised the same faith as them.

The provider had clear goals and objectives about what people should expect from staff and the service in terms of service standards and conduct. This included people being involved and encouraged to make choices. Records showed people and their relatives, where appropriate, were involved in planning and making decisions when setting up new care and support packages or reviewing existing arrangements. People were provided opportunities through these meetings to state their views about what they wanted in terms of their care and support. People told us the information they had received from the agency was always clear, which helped them understand the care and support choices that were available to them.

People told us the care and support they received from staff helped them to maintain some independence in their lives. In people's records there was information about their level of dependency and the specific support they needed with tasks they couldn't undertake independently, such as getting washed and dressed. Staff were encouraged to prompt people to do as much for themselves as they could to enable them to retain control and independence over their lives. For example, although some people were prompted or assisted to take their prescribed medicines when they needed them, people who were willing and capable of managing their own medicines safely were actively encouraged to continue doing so. Goals for achieving this were agreed and reviewed with people by staff to ensure these were being met.

Is the service responsive?

Our findings

People were supported by staff to contribute to the planning of their care. People told us they were involved in planning the care and support they would receive from the agency. One person's relative said, "Staff from the agency came to see my [family member] when they were still in hospital so we were able to ask about our care options from the start."

People were encouraged to state their views about what support they needed and how they would like this to be provided. For example they could state if they preferred to be supported by a member of staff of the same gender or whose cultural background closely matched their own.

We saw people's care plans were personalised and informative. People told us they had been given a copy of their care plan. These plans took account of people's specific needs, abilities and preferences. They also included detailed information about how people preferred staff to deliver their personal care. Staff said they had been told about the needs, choices and preferences of the people they provided care and support to. Staff told us the care plans they used each contained up to date information about the needs and preferences of the people they supported. This ensured people received support that was personalised and reflective of what they wanted.

People's care and support needs were reviewed with them by managers and senior staff. People were able to discuss and agree any changes they wanted to the support they received. Records showed these were reviewed annually or sooner if there had been a change in people's circumstances. People's records were updated when there had been changes to the care and support they required. This meant staff had access to the latest information about how people should be supported. Dates when care and support packages should be reviewed were scheduled in the provider's database which allowed the area manager to monitor that these were happening in a timely manner.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People knew how to make a complaint about the service if needed. They had been provided information about what to do if they wished to make a complaint. The provider's complaints procedure set out how people's complaint would be dealt with and by whom. We saw a process was in place for the manager to log and investigate any complaints received which included recording any actions taken to resolve any issued that had been raised. A relative gave us an example of how the agency had improved the time keeping of their carers after they had raised a complaint about this issue three months previously. They told us, "The agency listened to what we had to say and to be fair to them they took our concerns seriously and promptly resolved this problem of staff lateness."

Is the service well-led?

Our findings

The provider had a legal obligation to notify the CQC without delay about certain incidents which had adversely affected the health, safety and well-being of people receiving a service from the agency. Records indicated a safeguarding incident involving a person who received a service from the agency had been raised in 2016. Although it was clear from records we looked at and feedback received from the relevant local authority's safeguarding team the allegation of abuse had been appropriately dealt with by the provider at the time, they had failed to notify the CQC about this safeguarding incident.

This failure represents a breach of Care Quality Commission (Registration) Regulations 18 (Notifications of other incidents) 2009.

At our last comprehensive inspection we found the provider was in breach of legal requirements because of a lack of consistent management oversight of the agency. The provider did not have effective governance systems in place to review all aspects of service delivery and ensure a focus on continuous improvement. Specifically, systems were not in place to review key data including complaints, incident and accidents to identify any learning and areas for service improvement. We went back to the service on 25 September 2015 and found the provider had followed their action plan and made the necessary improvements to meet the legal requirements in relation to the effectiveness of their governance systems.

At this inspection we saw the provider continued to have effective systems to review key performance data. This included reviewing call logs, accuracy of people's care plans and risk assessments, the management of medicines, the use and maintenance of equipment used in people's home, health and safety of people's home environment, and accidents, incidents and complaints. This information was used to identify any themes or trends and was shared with the provider's senior management team. We saw the provider's new electronic system was used by managers to track staff training and supervision sessions and to make sure these were up to date. The system also monitored visits to ensure staff did not miss visits and turned up on time and the frequency of spot checks by managers to make sure these checks were carried out regularly.

Managers told us they met regularly to discuss any themes identified and what action was taken to address these. The new manager also told us they were in the process of reviewing the quality of everyone's care plans and had begun addressing any improvements required. For example, improving information contained in people's risk assessments so staff had clearer guidance about the support people required to mitigate any identified hazards they might face.

The service had a registered manager in post. Although we received some negative comments about the management prior to our inspection, people and staff were positive about the management of the service. When asked if they thought the service was well run, one person said, "It seems to run smoothly." Another person told us, "Because it's a fairly small agency you can always pick up the phone and speak to one of the managers who are happy to listen to you." Staff said they felt comfortable approaching managers and senior staff about any concerns they might have or to suggest improvements. A staff member said, "The managers are very nice here." Another told us, "Managers are pretty supportive." Managers spoke about

their vision for the agency including the importance of individualised care and supporting staff to ensure their vision and values ran through the care and support they provided.

Information we received during the inspection showed that the provider promoted an open and inclusive culture which welcomed and took into account the views and suggestions of people using the service. People told us the agency regularly asked them what they thought about the service they received from Day and Nite. The provider used a range of methods to obtain their views about what they felt the agency did well and what they could do better, which included managers and senior staff regularly visiting or calling people at home. The provider also sent satisfaction questionnaires to everyone who received a service on a quarterly basis which was managed by a dedicated member of staff. Recent feedback received from these questionnaires indicated people were in the main satisfied with the overall standard of care and support provided by the agency.

In addition, managers carried out 'service monitoring visits' annually where people were asked to contribute their views about the support they received from staff, rate their level of satisfaction of the service they received and give suggestions about what they thought the agency could do better. Managers told us they used this information in supervision and staff meetings to support staff to continuously improve their work based practice.

The provider used an external consultant to analyse the service's strengths and weaknesses and to identify opportunities for how the service could be improved. The recommendations made by the external consultant about what the service needed to do to develop in order to continuously improve was used by senior managers to develop an improvement plan for the service. For example, we saw the provider had expanded their electronic quality assurance system to include monitoring when staff carried out their visits to people and what training and supervision they received in response to the external consultant's most recent recommendations.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had failed to notify the CQC without delay about allegations of abuse or neglect involving people using the service. Regulation 18(2)(e)