Excelcare (Home Care Division) Limited

Excelcare (Homecare Division) Ltd – Ealing office

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook an announced inspection of Excelcare (Homecare Division) Limited on 07 December 2016. We gave the provider 48 hours' notice because the location was a domiciliary care service and we wanted to make sure that someone would be available to assist with the inspection.

The service was registered with the Care Quality Commission on 01 March 2016 and had not been inspected before.

Excelcare (Homecare Division) LTD (Ealing office) is a domiciliary care agency providing personal care and support to people who live in their own homes. At the time of our inspection there were 61 people receiving a service. The agency provided care and support to people with a range of different needs, including older people, some of whom were living with long term conditions or dementia and children and younger adults who were living with learning or physical disabilities. Excelcare Homecare Division Limited has been providing homecare since 2000. Their first branch opened in Tower Hamlets, followed by the Ealing Branch which opened in 2008 and their latest branch in Milton Keynes was opened in 2014.

There was a registered manager in post at the time of our inspection. 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 that care workers were sometimes late particularly at weekends.

All but two people we spoke with and their relatives said that they were happy with the level of care they were receiving from the service. Those who had been unhappy told us that there had been a marked improvement in the last few weeks and were happy to continue receiving care from the agency.

The risks to people's wellbeing and safety had been assessed, and there were detailed plans in place for all the risks identified.

There were procedures for safeguarding adults and the staff were aware of these. The staff knew how to respond to any medical emergencies or significant changes in a person's wellbeing.

Feedback from people and relatives was positive. Everyone said they had formed a good rapport and trusted the care workers.

People's needs were assessed by the provider prior to receiving a service and support plans were developed from the assessments. People had taken part in the planning of their care and received regular visits from the senior staff.

The registered manager and staff were aware of their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005 and had received training in this. People had consented to their care and support and nobody was being deprived of their liberty unlawfully at the time of our inspection.

There were systems in place to ensure that people received their medicines safely and the senior staff carried out regular audits.

Recruitment checks were in place to obtain information about new staff before they supported people unsupervised.

People's health and nutritional needs had been assessed, recorded and were being monitored.

Care workers received the training and support they needed to care for people.

There was a complaints procedure in place which the provider followed. People felt confident that if they raised a complaint, they would be listened to and their concerns addressed.

There were systems in place to monitor and assess the quality and effectiveness of the service, and the provider ensured that areas for improvement were identified and addressed.

People and relatives told us that the staff were approachable and supportive. There encouraged an open and transparent culture within the service. People were supported to raise concerns and make suggestions about where improvements could be made.

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

Good

The service was safe.

The risks to people's wellbeing and safety had been assessed, and there were detailed plans in place for all the risks identified.

There were procedures for safeguarding adults and staff were aware of these.

People were given the support they needed with medicines and the staff were trained in the administration of medicines.

Recruitment checks were undertaken to obtain information about new staff before they supported people unsupervised.

Is the service effective?

Good

The service was effective.

The provider was aware of their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005 and understood its principles. People had consented to their care and support. Nobody was being deprived of their liberty unlawfully.

Staff received the training and support they needed to care for people.

People's health needs had been assessed, and staff liaised with other healthcare professionals to ensure people's needs were met.

Is the service caring?

Good

The service was caring.

Feedback from people and relatives was positive about both the care workers and the provider.

People and relatives said the care workers were kind, caring and respectful. Most people who used the service were receiving care from a regular care worker and developed a trusting relationship.

People and their relatives were involved in decisions about their care and support.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care workers did not always arrive on time to deliver care and support to people who used the service.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and were regularly reviewed.

There was a complaints policy in place. People knew how to make a complaint, and felt confident that their concerns would be addressed appropriately.

The service conducted satisfaction surveys of people and their relatives. These provided vital information about the quality of the service provided.

Is the service well-led?

Good

The service was well-led.

A range of audits were undertaken regularly, and these were effective when issues had been identified.

At the time of our inspection, the provider employed a registered manager.

People, relatives and stakeholders found the management team to be approachable, supportive and professional.

There were regular meetings for staff, managers and people using the service which encouraged openness and the sharing of information.

Excelcare (Homecare Division) Ltd – Ealing office

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 07 December 2016 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by a single inspector and an expert-by-experience carried out telephone interviews with people using the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert for this inspection had experience of caring for a person who used domiciliary care services.

Prior to the inspection 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. We reviewed the information sent to us in the PIR and notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted and obtained feedback from one healthcare and two social care professionals.

During the inspection we looked at records, including seven people's care plans, four staff records, medicine administration records and records relating to the management of the service. We spoke with the registered manager, the area manager, a care coordinator, a field supervisor and two care workers.

After the inspection we spoke by telephone with eight people who used the service and six relatives.

Good

Is the service safe?

Our findings

When people and relatives were asked if they considered that the service had enough staff to support people, two people raised concerns. Their comments included, "I think they are struggling finding reliable carers" and "They haven't got enough staff especially at weekends. They need to have more staff. They have to juggle people for here to there." We discussed this with the registered manager who told us that they were currently recruiting staff specifically for weekends and a number of newly recruited staff were being inducted. They told us they were hopeful that the issues raised would be resolved in the near future.

People and relatives told us they felt safe and trusted the care workers who supported them. Their comments included, "I like the service. They are quite safety concerned", "The carers are very good", "Excellent, I could not have better carers. I wouldn't want to change them", "Yes the service is ok", "They are completely trustworthy. They vet the staff and we can trust their honesty", "They've been supporting my [family member] for about eight years now. Generally speaking, they are very good" and "Some are pretty good carers."

Recruitment practices ensured staff were suitable to support people. These included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working for the service. These included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check such as a Disclosure and Barring Service (DBS) check was completed.

People told us they felt supported by dedicated staff. Their comments included, "We have one regular carer. We know a lot of them, four or five", "I asked for a certain carer and now they are giving me regular carers, because I complained a lot", "They understand, we need regular carers, we have two different ones a week and they rarely change" and "We have a regular care Monday to Friday twice a day and another one every other weekend. They are fantastic." We viewed the staff rota for four weeks and saw that all shifts were covered appropriately.

People told us they received their medicines as prescribed. One person said, "They are trained with medication. We are happy with this." Care workers supported some people with either prompting or administering their prescribed medicines. We viewed a sample of medicines administration record (MAR) charts which had been completed over several weeks. These showed not gaps in signature, indicating that the staff had administered all the medicines as prescribed. Where people had not taken a particular medicine, the appropriate code had been recorded, and a full explanation given with the date and signature of the care worker. Staff were clear about only administering medicines that were recorded on the MAR charts. These were supplied by the local pharmacy and included the person's name, date of birth, GP details and allergy status. Medicines were clearly listed and included their strength, quantity and frequency.

Medicines risk assessments were in place and were reviewed to ensure they were accurate. We saw training records showing that all staff had received training in medicines management and that they received yearly refresher training in this. The senior staff carried out spot checks in people's homes to ensure that people

were supported with their medicines. This meant that people were protected from the risk of not receiving their medicines as prescribed.

People confirmed they would know who to contact if they had any concerns. One person told us, "I don't ring them, because there's nothing to tell them. I would contact the office if there was a problem" and another said, "I got the number in the book. If there was an emergency, I'd call Excelcare. Everything's gone fine. Nothing to tell."

Staff received training in safeguarding adults and training records confirmed this. Staff were able to tell us what they would do if they suspected someone was being abused. The service had a safeguarding policy and procedure in place and staff had access to these. There was an easy-read version of the policy for people who used the service and who were unable to read or understand the full version. Staff told us they were familiar with and had access to the whistleblowing policy. This indicated that people were protected from the risk of abuse.

The registered manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the Care Quality Commission (CQC) as required of allegations of abuse or serious incidents. The registered manager worked with the local authority's safeguarding team to carry out the necessary investigations and management plans were developed and implemented in response to any concerns or trends identified to support people's safety and wellbeing. The provider kept a log of all safeguarding alerts including details of the concern, who was involved and the outcome of investigations.

Where there were risks to people's safety and wellbeing, these had been assessed. Person-specific risk assessments and plans were available and based on individual risks that had been identified either at the point of initial assessment or during a review. These included risks to general health, mobility and personal safety, mental health and the person's ability to complete tasks related to everyday living such as personal hygiene, nutrition and communication. Each assessment identified the risk indicator, history and current situation and an action plan to minimise the risk. For example, we saw that a person at risk of malnutrition had been referred to a dietician and a meal plan was in place with instructions to care workers to mitigate this risk.

Staff were clear about how to respond in an emergency. Senior staff were available to help and support the staff and people using the service as required, and involving healthcare professionals as needed. A care worker told us, "If I was worried about anything regarding a client, I would report immediately. We report everything. They (senior staff) take action. Sometimes they speak to social services and the families. For example, one person had red marks. We called the office. They contacted social services, then that was dealt and everything is ok."

Incidents and accidents were recorded and analysed by the registered manager to identify any issues or trends. We saw evidence that incidents and accidents were responded to appropriately. For example, where a person had fallen and sustained a cut to their head, the staff had called the emergency services and the person had been taken to hospital. Records showed that close observations of the person were carried out on their return from hospital.

Good

Is the service effective?

Our findings

People told us the care workers met their care needs in a competent manner. Their comments included, "They've been supporting me for two or three years now, on a morning and lunchtime. She is marvellous, she is like a friend. She is really nice", "[Care worker] gives me a full body wash, makes my breakfast and puts the washing in the machine. Another carer comes at lunchtime and takes the washing out and makes me a sandwich for tea" and "She is very nice. She is chatting away when she is working."

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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Assessments were undertaken to establish people's capacity to consent to aspects of their care and support as they arose. 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. We checked whether the service was working within the principles of the MCA. Consent was sought before support was offered and we saw evidence that people were consulted in all aspects of their care and support. This included medicines, finances and safety. We were told that nobody using the service were being deprived of their liberty but the registered manager was clear about what to do if a person using the service was losing the capacity to make decisions about their care and support. This indicated that care and support was being delivered according to the principles of the MCA.

Staff were knowledgeable about the principles of the MCA and were able to tell us what they would do if they noticed that a person lacked the capacity to make decisions about their care and support. They told us they encouraged people to remain as independent as they could be. People confirmed that staff gave them the chance to make daily choices. People and relatives we spoke with and care records confirmed this.

People were supported by staff who had the appropriate skills and experience. People's comments included, "The staff are of a very high quality. Vetting and training must be very good", "Excelcare makes sure they are fully trained", "New ones (care workers) come with experienced carers", "They have good training" and "They don't send me a new carer without a shadow. I have to tell them what to do."

All staff we spoke with were subject to an induction process that consisted of training followed by shadowing and observing the care provided by an experienced member of care staff. The care workers we spoke with confirmed the induction gave them confidence in their role and helped enable them to follow best practice and effectively meet people's needs. Comments included, "I shadowed for several days, then I was still under the guidance of a senior carer", "I was introduced gently", "I was assessed and guided and corrected if something was not done properly", "We had training and shadowing before starting properly. I

had all the training necessary. It prepared me well and made me confident. I also learned about confidentiality. That was important." Staff were supported to complete the Care Certificate qualification. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. New staff were receiving this training on site at the time of our inspection. There was a designated training room at the office location, which was fully equipped with moving and handling equipment and relevant information for care workers. This enabled them to get practical experience prior to delivering care to people.

In addition, staff received training the provider had identified as mandatory. This included health and safety, infection control and food hygiene, medicines management, safeguarding and MCA. They also undertook training specific to the needs of the people who used the service which included equality and diversity, autism, challenging behaviour and person centred care. Most staff had obtained a nationally recognised qualification in care, or were studying for this. Records showed that staff training was up to date and refreshed annually. This meant that staff employed by the service were sufficiently trained and qualified to deliver the care to the expected standard.

During the inspection we spoke with members of staff and looked at files to assess how they were supported within their roles. Staff told us and we saw evidence that they received regular supervision from their line manager. One staff member told us, "We get supervision. It's helpful." Staff we spoke with told us they felt supported and were provided with an opportunity to address any issues and discuss any areas for improvement. Staff also received an annual appraisal. This provided an opportunity for staff and their manager to reflect on their performance and identify any training needs. The field supervisors carried out regular supervision observations in people's homes. These included how care workers interacted with people, if they followed people's care plans, medicines administration and recording. Any concerns or training needs were identified, and comments and actions were recorded, agreed and signed by both the care worker and the field supervisor. This indicated that people who used the service were being cared for by staff who were suitably supervised and appraised.

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, as an important aspect of their daily life. People and relatives were happy with the support they received. Their comments included, "We (relatives) make the food and the carers take the food upstairs and clean up. They tell me if she does not want to eat" and "The regular carer told me 'I know she loves this food'. I asked her how she knew this and she said, 'because she told me'." People's individual nutritional needs, likes and dislikes were assessed and recorded in their care plans and included instructions for staff to follow such as, 'I have [name of product] cartons to drink twice a day to help to maintain my nutrition', 'Please assist me and encourage me to eat', 'I like my food not to be thick in consistency' and 'I like strong tea with two sweeteners'. Where necessary, people had been referred to a dietician who had created a 'meal plan' to ensure that a person's nutritional needs were met. Meal plans outlined specific instructions and ideal food for a particular person's needs and included a shopping list of all the ingredients the person needed. For example, 'Aim for all products to be full fat (yogurts, cheese, milk and double cream)' for a person who had been identified to be at risk of malnutrition and of losing weight.

People were supported to shop for their food and cook their own meals if they wanted to. Care workers recorded what people ate for their meals at each visit. This included, 'We asked if [person] would like anything to eat and warmed up some chicken soup' and 'made breakfast, mushroom, tomatoes, eggs and coffee'. This indicated that people's nutritional needs were met.

Records showed that the service worked effectively with other health and social care services to ensure people's needs were met. We saw the service had acted to ensure people's needs were recognised by

healthcare professionals. Care workers told us they communicated regularly with the registered manager and would report anything of concern. This would prompt a review of the person's care needs and a referral to the relevant professional if needed.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the care and support they received and said that staff treated them with consideration and respect. Comments included, "I feel they all tend to have personal worth beyond their responsibility with warmth and humanity", "They deal with my relative like a daughter and a teacher", "They are happy to come to my home and we are happy for them to come. They are like a family", "They teach her how to shower and bath herself. She does a lot to help her to be independent. They absolutely understand her needs", "They chat to her", "They understand her. It's like they live with her", "[Family member]'s relationship with the helpers is terrific. They all seem to get onto my [family member]'s wavelength and get on with his speech very quickly. I can hear them continuing a conversation when they come in and laughing. They're like friends. They have a laugh and a joke together", "My personal care is done very discreetly, nicely. They cover up the bits they are not washing" and "When she washes my hair, she asks, 'is that dry enough?'."

The staff and management team spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and diverse needs. Their comments included, "We are doing our best to give the best care we can give." The registered manager told us, "I am extremely passionate. I want to do all I can to make people happy. The service users have my phone number. They can call me anytime. I love what I do."

People's cultural and spiritual needs were respected. We were told and records confirmed that staff asked people who used the service if they required anything in particular with regards to their faith and cultural beliefs. Comments included, "Yes the carers respect my own cultural needs" and "One of the carers is a Muslim and we are Hindu. The carers respect her when she is praying." Where possible, people were supported by carers who spoke the same language, however the registered manager told us that this was not always possible and people at times were dissatisfied with the service when their regular care workers were unavailable. People were able to choose the gender of the staff supporting them and care records we viewed confirmed this. One relative told us, "My [family member] would rather die than have a female helper assisting him in the toilet. They have never let us down."

We saw that care plans contained relevant and detailed information to identify what the care needs were for each person and how to meet them. The information was concise, relevant and person-specific, and had been signed by people who used the service or, where appropriate, their representatives.

Care notes were recorded after each visit. These included information about the person's daily routine, activities, the person's wellbeing, personal care, food intake and any events or appointments. We saw that these records were written in a clear and respectful way and included details of people's wellbeing and social interactions.

We saw a number of compliments received which indicated that people and their relatives were happy with the care they received. Comments included, 'I would like to thank you all for all you do for [family member]. I have been impressed and touched by your care, patience and an ability to do a difficult job day after day'. A

relative has also praised all the care workers for treating their family member with respect and giving them the best support and care.

Requires Improvement

Is the service responsive?

Our findings

All but one person told us that they had never experienced a missed visit. The person who had reported that one weekend some time ago, the carer did not arrive for their lunchtime visit. After calling several times, the agency was able to send someone at 7pm, which meant that the person had missed their lunch and medicines. They told us, "Everything was alright but it could have been, I mean, if I had passed out, no one would have known. That's the worst case. I take medication myself but I can't take it until I have had food, so I put it off. I missed one lot of pills but they were only painkillers." We raised this with the registered manager. They told us they were not aware of this and had not received a complaint from the person using the service. The registered manager called the person during our inspection to gather more information and told us they would carry out an investigation and meet with staff regarding this.

There was a mixed response from the people and relatives consulted with some saying that carers generally arrived on time and others stating this was not always the case. Comments included, "They visit us four times a day, two carers each time. Once a day, they come at different times. I don't mind five or ten minutes but it is usually half an hour difference", "If they are late they let me know, missed calls do not happen", "My regular carer comes on time every day. If my regular carer is not available they never come on time, they do apologise. The morning and evening calls are important. Recently they were due at 8pm and they did not come until 10pm", "Not always but generally on time. The office will ring and say they are going to be late. A couple of times I have had to ring them", "They sent a carer at 12.30pm instead of 1.30pm changing the time without asking. This was a little better last week and this week" and "Generally on time, the regular carers." The service used an electronic call monitoring system which required the care workers to use their phones to log on. This ensured service delivery was timely and monitored accurately and enabled the agency to take proactive action during instances of late or missed calls. Alarms were raised in real time when care workers had not logged on. This system provided a full audit trail and a record of actions taken. The registered manager told us that they were working to minimise lateness by allocating care workers to people in their catchment area, and using their disciplinary procedure to deal with staff where necessary. Records we viewed confirmed this.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and we saw evidence that people had been involved in discussions about their care, support and any risks that were involved in managing their needs. People told us that they were consulted before they started receiving care and support and they had felt listened to. People were referred from the local authority and the provider had obtained relevant information from them. This included background information which helped the service to understand each person and their individual needs. The healthcare and social care professionals we contacted said that the staff team provided a service which met people's individual needs and they had no concerns.

The care plans were comprehensive and contained detailed information of the care needs of each person

and how to meet them. Each person's care plan was based on their needs, abilities, likes, dislikes and preferences. For example, 'please make sure you are very gentle with washing and pat me dry so my skin does not break'. People we spoke with told us they were involved in making decisions and in the care planning process and had access to their care plans. We saw in the records that we viewed these had been signed by people, which indicated that they had understood and agreed what had been recorded.

Each person had an 'outcome focussed' care plan. This was written in the person's perspective, and included important information in red to ensure that care workers paid immediate attention to this, such as allergy status and any particular risk identified. For example, 'I am at risk of pressure ulcers and dehydration' and 'If there are any breaks noticed on the skin, inform the office at once'. We viewed the care plan for a person who was at the end of their life and being cared for in bed. We saw that the service had put in place appropriate measures to ensure that the person was as comfortable as they could be. This included a heel pressure ulcer preventing boot and a turning chart for staff to complete at every visit to prevent skin deterioration.

People's advanced care wishes were recorded and outlined how they wanted their care delivered when they reached the end of their lives. For example, what would make them happy, what was important to them and any particular wishes they had. This included one person who particular wanted a friend's visit as she read poetry.

Care plans included detailed information about specific conditions people were living with, to ensure that the care workers understood these conditions and knew how to deliver appropriate care to people, such as symptoms, cause and treatment. Information included chronic kidney disease and pressure ulcer prevention and how to use pressure relieving equipment.

The service had a complaints procedure in place and this was available to people who used the service. A record was kept of complaints received. Each record included the nature of the complaint, action taken and the outcome. Where complaints had been received, we saw that they had been investigated and the complainants responded to in line with the complaints procedure. People told us they knew who to complain to if they had a concern and felt confident about raising any issues. Their comments included, "I wasn't happy with a care worker. I rang the agency and they sorted it out. I never saw her again", "When we flagged up any problem, Excelcare dealt with it" and "I think they are pretty good. We've said, in order for them to cover every eventuality, they should have a fourth helper and they have taken that on board and said they would train someone up. They are amenable and open to requests. We're very happy with them."

Good

Is the service well-led?

Our findings

People and their relatives were mostly complimentary about the registered manager and the senior team and told us they thought the service was well run. Their comments included, "All very good", "They clearly employ good people", "The manager is very good" and "We talk with the manager who asks how we feel". However when asked how the service could be improved, one person told us, "Improved communication with some carers" and three relatives said, "The carers being on time", "Happy with carers, not the office" and "They only get in touch when there is rule or regulation involved. They have to speak policy. Never ask if you are happy." Another relative thought that the service needed to organise themselves better and did not think the care workers were respected. They said, "It's the management, just a shambles." However the relatives all agreed that the service and communication with the management had considerably improved in the last few weeks. A social care professional told us, "I can say I have good communication with Excelcare and they always respond to me swiftly. They have been able to provide carers who speak community languages and who can start quickly, and some carers have been long term staff who have made close and reliable relationships with children and their parents which parents appreciate."

We asked care workers and office staff if they felt supported by their manager. Their comments included, "She is the best manager I have ever had", "It's a really nice company to work for", "I like it here", "[Manager] is very supportive", "[Manager] has an open door policy, she comes out and mucks in", "We have a really good manager, she listens. She can be friendly, she can be strict", "We get supported. Always", "I have no problem asking for guidance. I feel supported" and "The manager is professional. I am always able to secure a few minutes to discuss anything."

The management team carried out regular audits. It was clear from the evidence gathered during our inspection that the audits were thorough and identified issues. Audits included accidents and incidents, complaints and compliments and medicines. The area manager and the administrator also conducted regular quality audits of the service. These included spot check audits, documents and policies and procedures. Where issues were identified, an action plan was completed with timescale, date of completion and signature of the manager. For example, specialist training was organised for staff where it had been identified as needed.

At the time of our inspection, there was a registered manager in post who had 12 years' experience in social care and was studying for a level 5 Diploma in Health and Social Care. They attended regular meetings organised by the local authority and kept abreast of development within the social care sector by attending provider forums and conferences.

The registered manager and one of the field supervisors had undergone 'train the trainer' qualifications in medicines administration and moving and handling respectively and were now qualified to deliver training to staff.

The registered manager attended provider forums organised by the local authority. They also had a good relationship with the Skills for Care organisation and often attended events and workshops organised by

them. They told us that they also kept themselves abreast of development within the social care sector by accessing relevant websites such as that of the Care Quality Commission (CQC).

Care staff and office staff informed us they had regular meetings and records confirmed this. The items discussed included people's care needs, team work, rota, health and safety, safeguarding, staffing, audits, care plans, duty of care and professional conduct. Outcomes of complaints, incidents and accidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations. Regular management meetings also took place and included discussions about people using the service, recruitment, audits and supervisions. In addition, the registered manager organised regular group supervision sessions with care workers, where they were able to reflect and discuss any concerns together and provide support for each other.

People and relatives were consulted about the care they received through quality assurance questionnaires. We viewed a range of recent questionnaires received which indicated that people were happy with the service. Some of the comments we saw included, 'I have no complaint about the carers. They are efficient, courteous, considerate and work well', 'I am very happy with my care worker, who shows respect for elderly people', 'The carers are great, very well presented, most of them very nice mannered', 'Good communication from the office' and 'Generally everything is well'. The provider identified areas for improvement such as, 'Regular rota to be in place', 'Better communication with the client', 'To keep client informed of any change' and 'To keep time/carer according to the rota'. We saw that the registered manager had put in place an action plan to address all areas that needed improvement, and the feedback from people and relatives indicated that their concerns had been taken seriously and improvements had been made.

A welcome pack was given to people receiving care and support from the agency. This included information about the service, the care workers, service delivery and staff organisation. Each person was given a service agreement which included a complaints procedure and the contact details of the registered manager, the company director, the Care Quality Commission, local authority and the local government Ombudsman.

The registered manager organised an 'Alzheimer's cupcake day' where people, relatives and care workers were invited. Whilst this provided an opportunity to socialise, it was also a fundraising event for the benefit of the Alzheimer's Society.

The registered manager told us they gave Christmas presents for every person who used the service and every care worker. Staff told us the presents were always thoughtful and individual. At the time of our inspection, a Christmas party for care workers was being organised.

The registered manager carried out 'personal development' sessions with staff. They told us these sessions encouraged staff to increase their skills and make them more interested and motivated in their job, thus improving morale and staff retention.

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 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of service users was not always appropriate, met their needs or reflect their preferences. Regulation 9 (1) (a) (b) (c)