Carers with Care Limited

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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

The inspection was announced and took place on 7 March 2017.

Carers with Care Limited is a domiciliary care agency that provides personal care to people in their own homes in the West Surrey area of Camberley, Frimley, Lightwater, Bagshott and Michett.

People who receive a service include those living with frailty or memory loss due to the progression of age, mobility needs and health conditions such as diabetes. At the time of this inspection the agency was providing a service to 54 people between the ages of 50 to 102. Visits ranged from 15 minutes to one and half hours. The frequency of visits ranged from one visit per week to four visits per day depending on people's individual needs.

During our inspection the registered manager was present. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had been in post since October 2016 and registered with CQC since February 2017. The registered manager was committed to continuous improvement and feedback from people, whether positive or negative was used as an opportunity for improvement. However, quality assurance systems were not robust and were not fully embedded or used to drive improvement. As a result, some records were not accurate and staff had not received training in all required areas. You can see what action we told the provider to take at the back of the full version of the report.

People were happy with the service they received and complimented the care workers who supported them. People felt they were treated with kindness and said their privacy and dignity was respected.

People's care and support plans contained information about what was important to them and how care should be delivered. People were involved in reviewing care plans with members of the management team. People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible.

People were generally happy about the timing of their visits but said that improvements could be made of a weekend. The agency was aware of this and had taken steps to make the required improvements.

Care workers knew how to keep people safe. They understood their responsibilities under safeguarding procedures and were confident the management team would act swiftly and deal with any issues appropriately. Recruitment procedures ensured care was provided by staff who were safe to support people in their own homes.

People said that they were happy with the support they received to manage their medicines. Risks to people had been identified and assessed and information was provided to staff on how to care for people safely.

People were happy with the support they received to eat and drink. Changes in people's health care needs and their support was reviewed when required. If people required input from other healthcare professionals, this was arranged.

Complaints and concerns were investigated and responded to appropriately. People who used the service felt able to make requests and express their opinions and views. A formal complaints process was in place that people were aware of.

Care workers were committed and said that the registered manager and the management team were approachable and supportive. Care workers were supported to provide appropriate care to people by a system of supervision that included observations of their practice when in people's homes. They felt confident with the support and guidance they had been given during their induction and subsequent training.

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 said that on the whole visits occurred at the times that had been agreed. There were safe recruitment procedures to help ensure that people received their support from care workers of suitable character.

People's medicines were managed safely. Risks to the health, safety or wellbeing of people who used the service were managed safely.

People were protected from harm. People had confidence in the service and felt safe and secure when receiving support.

Is the service effective?

Good

The service was effective.

People confirmed that they had consented to the care they received. Procedures were in place to ensure people's legal rights were upheld.

Care workers said that they received sufficient training and support to meet people's needs effectively.

People were supported with their health and dietary needs.

Is the service caring?

Good

The service was caring.

People who used the service valued the relationships they had with care workers and expressed satisfaction with the care they received. People felt that their care was provided in the way they wanted it to be and that they were involved in making decisions about their care and support.

People were treated with dignity and respect and were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Apart from the timings of some visits of a weekend people felt the service was flexible and based on their personal wishes and preferences. Changes in people's needs were recognised and appropriate; prompt action taken, including the involvement of external professionals where necessary.

Assessment and care plans were focussed on the individual needs and wishes of people. A system was in place to the review the care people received that included consultation.

Systems were in place to make sure people's complaints and concerns were investigated and resolved where possible to the person's satisfaction.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Formal processes were not being used in full to monitor and audit the quality of service provided and to drive improvements.

The registered manager promoted a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the agency.

Carers With Care 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 7 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to ensure that someone would be available. The inspection team consisted of one 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 inspector visited the agency office and the expert by experience spoke to people who received a service and their relatives by telephone.

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. They did not return a PIR and we took this into account when we made the judgements in this report. We checked information that we held about the agency and the service provider. This included information from other agencies and statutory notifications sent to us by the provider about incidents and events that had occurred at the agency. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with five people who received care and support from the agency by telephone and nine relatives. We also spoke with five care workers by telephone. In addition to this, we contacted five health and social care professionals to obtain their views of the agency. Three of the professionals responded and we have included their views in this report.

Whilst at the agency office we spoke with the registered manager, the nominated individual and a member of the office team. We also reviewed a range of records. These included care records for eight people and other records relating to the management of the domiciliary care agency. These included staff training, support and employment records, minutes of meetings with staff, policies and procedures, accident and

incident reports and quality assurance audits and findings.

Good

Is the service safe?

Our findings

People said that in the main they were satisfied with the timings of visit. One relative said, "They come at the times we ask." One person said, "Sometimes there are late calls but there is usually a reason." They went on to tell us that if a visit was going to be late they usually received a telephone call to them know this. People said that if there were issues with the timings of visits these usually occurred of a weekend. One person told us, "The only problem we have with times is at the weekend. On Sunday it is very late when they come. Hopefully this is going to be resolved. It has been raised with the office." A second person told us that they had meals on wheels and the lunchtime visits were arranged to try to coincide with the meal arrival. They said that this had had proved difficult at first had now been resolved.

The agency used an electronic software system for planning care workers rotas and for monitoring that visits took place at the agreed time. This was linked to mobile phones that care workers used which logged times of arrival and leaving at people's homes. The system also identified if a care worker had not arrived for an agreed visit. Whilst at the agency office we observed that the call monitoring system alerted office staff when a potential visit was late and action was taken immediately to ensure the person was informed. Visits ranged from 15 minutes to one hour 30 minutes. The registered manager explained that the agency monitored if times allocated were sufficient for care workers to deliver the required care. She said this was done by monitoring the length of time care workers stayed at people's homes and when spot checks were undertaken where people's views were sought.

Care workers said that they had sufficient time to care for people safely. One care worker said, "There are no problems with staffing, there seems to be enough to cover the calls. I get plenty of time for the calls and they are not rushed. Plus I also get travel in-between time of five mins. This is fine as my calls are planned really close to each other. In fact three people live in the same property."

Recruitment checks were completed to ensure care workers were safe to support people. These included checks having been undertaken with the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Other information obtained included proof of the person's identity, references, proof of identification and a recent photograph. Records were also in place that confirmed care workers vehicles were safe to use when traveling to visit people in their own homes and that they had the required insurance to drive.

People were happy with the support they received with their medicines. One relative said, "They help my X with medication at lunchtime. I leave the medication in a Dossette box. X isn't great with tablets." A second relative told us how the care workers helped their family member by observing them take their medicines to ensure that these were taken regularly.

Care workers were able to describe how they safely supported people with their medicines. One care worker told us, "I do give some people medicines, I've had the training. We sign the MAR chart and record in the care notes. If there were any problems I'd contact the office."

Medicine assessments considered the arrangements for the supply and collection of medicines, whether the person was able to access their medicine in their own home and what if any risks were associated with this. The assessments also considered potential risks such as whether medication could be left out for the person to take at a later time and if any 'as and when required' (PRN) medicine was prescribed and what circumstances this would be taken or offered. Medicine administration record (MAR) charts were in place for people that care workers used to record when medicines were taken. The MAR charts included the administration of topical preparations, the site of application and PRN medicines. Care workers used codes when completing MAR charts so that it was clear if they had administered or prompted people to take their medicines or whether medicines were left out for the person to take at a later time. We noted some discrepancies in medicines records which we have reported on further in the well led section of this report.

Care workers were able to explain the procedures that should be followed in the event of an emergency or if a person was to have an accident or to fall. This included checking for injuries, calling for medical assistance if needed and notifying the agency office and completing records. For example, one care worker said, "I would call the office or the on call; if it was a serious injury I would call 999. We have to fill in body maps and write everything down in accident forms and the communication book." The agency operated an out of hour's system that people and staff could access to change aspects of peoples care package, raise concerns and notify of events. Records and discussions with staff at the agency office confirmed that action was taken when incidents and events were reported to ensure people received safe care. The family of one person wrote and thanked the agency for the help their family member received during an incident. They wrote, 'The care worker called 999 and the on call. Thank you for everything you did, very impressed.'

Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. These included environmental risks and any risks due to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. Where risks were identified management strategies had been developed to help reduce these. Examples of such included staff numbers and the use of specified equipment including hoists and slide sheets to manage people's mobility needs. One health and social care professional informed us, "My involvement with Carers with Care is with equipment that we have provided to help with the moving and handling needs of people. I have not had any negative reports from clients about how the agency workers manage their moving and handling needs."

Emergency contingency plans were in place to ensure people continued to receive a service in the event of staff shortages, equipment failure and other events. People told us that information was provided when they first received a service that included emergency contact details. Care workers were also aware of these procedures.

Everyone that we spoke with said that they felt safe with the care workers who supported them. One relative told us of their family member, "X feels safe with them around. There's a lot of trust involved."

A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Care workers that we spoke with confirmed they had received training and were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One care worker said that they would look for signs such as, "Changes in body language, lack of hygiene, weight loss and bruising." They also confirmed that if they had any concerns they would have no hesitation calling their line manager, the police or the local authority.

The registered manager understood her responsibilities in relation to safeguarding people from harm. Before this inspection, the registered manager had notified us of concerns and events that had the potential

to impact on people's safety. The information included evidence of actions taken to address the concerns and reduce risks to people.

Good

Is the service effective?

Our findings

People said that care workers provided effective care. One relative said, "They are good at checking for bed sores." A second relative said, "They visit four times a day; get her up and dressed; heat up her lunch, see to any needs; do washing every other day. The service is excellent we've had the odd hiccup with late calls due but nothing to cause alarm."

Although people expressed satisfaction with the staff sufficient numbers of care workers had not completed training in moving and handling, first aid and fire safety. The registered manager and the nominated individual were aware of the need to improve training provided to care workers. A training and development officer had been recruited to deliver training. Despite this care workers were satisfied with support they received to undertake their roles and responsibilities. One care worker told us, "I am up to date with my training. We have annual training; most of it is done on line. I have supervisions and annual appraisals. Someone from the office comes out also and does spot checks. There is an out of hours number we can call if there is an emergency and they are there 24/7." A second care worker said, "I am in the middle of doing my NVQ level 2. I've done moving and handling. They (management) are so helpful and always offer support and advice."

All new care workers completed an induction programme at the start of their employment. Care workers confirmed that they had completed an induction that helped equip them with the knowledge required to support people in their own homes. One care worker told us, "My induction was really good. As well as training I shadowed other staff for over a week before I went solo." The majority of staff had completed training in areas that included health and safety, record keeping, safeguarding and the Mental Capacity Act. All staff had received medicines training.

Some staff had also completed courses that were relevant to the needs of people who received a service from the agency. These included falls prevention, diabetes awareness, pressure ulcers, catheter care, stoke awareness and epilepsy awareness.

In addition some staff had either completed a National Vocational Qualification or were completing training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one sessions and group staff meetings. Supervision included formal spot checks of care workers when supporting people in their own homes. Since being in post the registered manager had reviewed the form used to record spot checks. This was now more detailed and considered not only what tasks care workers completed but also the quality of their work.

People were happy with the support they received to eat and drink. One person told us that they "Tell the carer what food to get out of the freezer each day." A relative said, "The carers mostly prepare the meals and know what she likes/doesn't like. We recently added a fluid chart."

People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people's individual circumstances. Some people lived with family members who prepared meals. Care workers reheated and ensured meals were accessible to people who received a service from the agency. Other people required greater support which included care workers preparing and serving cooked meals, snacks and drinks.

Care workers were available to support people to access healthcare appointments if needed. They also liaised with health and social care professionals involved in their care if their health or support needs changed. Information was included in people's care plans of healthcare professionals involved in their lives. This included details of their GP and district nurses.

People confirmed that they had consented to the care they received. They told us that care workers checked with them that they were happy with support being provided on a regular basis.

Care workers understood people's rights to be involved in decisions about their care. One care worker said, "I always make sure people have a choice. We are given a background to the person and medical information before we go into their homes. However I always ask people preference on the day. Would they like baked beans or soup, would they like to wear trousers or a skirt? We do the MCA training as well." A second care worker told us that they had not received MCA training but was still able to explain aspects of this. They said, "This is all about people's rights and what they want and agree to."

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the agency was working within the principles of the MCA. Staff received MCA training and were able to explain what consent to care meant in practice. At the time of this inspection no one who received a service was subject to a Court of Protection Order. This gives a named person the legal right to make decisions about health and welfare or financial matters for a person who does not have the mental capacity to make these themselves.

People's ability to consent was considered at the initial assessment stage of their care package. Care plans made reference to and emphasised the importance of care workers asking people for permission prior to doing things for them in their homes.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and respect by the care workers who supported them. One person told us, "Privacy is fairly good, it's a personal service." A relative said, "They know how to talk to us in an open way, no embarrassment on either side." A second relative said, "They know all X little habits, like where to find the chocolate and how much he can have."

Positive, caring relationships had been developed with people. One relative said, "There is one main carer my Mum has built quite a rapport with." The majority of people said that they received care from a consistent care team. People did comment that there were often different care workers who visited them at weekends. One relative said, "The care staff changed again and whilst they were very, very nice we like to have continuity. This is our first gripe." One person explained that the consistency of care workers had improved. They added, "I got quite upset when the staff varied so much."

Care workers understood the importance of building trusting relationships with people. One care worker told us, "I really know my clients well. I have two people that are still with me from when I started six years ago. We have such a good relationship. Mind you I have a good relationship with them all. And with their families. You get to build up positive relationships; I think this helps them feel safe."

Care plans reinforced to care workers that for many people spending time talking to them was as important as the personal care tasks they delivered. For example, one person's plan stated, 'My name is X but I am happy to be called X. I had three children who all live out of the area so I don't get to see them as much as I would like. I am very friendly and love to chat with my support worker so please can you make time for this.'

People said that care workers helped them to maintain their independence. One relative told us, "They take my mother round to the shop on a Wednesday; it gives her a bit of independence. Her eyesight isn't good but she feels safe in their care." A care worker explained the importance of maintaining people's independence. They said, "It's very important; it's the nature of the business of home care. People want to stay in their own homes but due to changes in their circumstances need help. So we give options about what they can do for themselves; confidence building."

Care workers were respectful of people's privacy and maintained their dignity. They were able to explain how they promoted people's privacy and dignity. For example, one care worker said, "When we undress people we always cover them up and make sure doors are shut. It's important to make them feel comfortable." A second care worker said, "Make sure curtains and doors are shut, cover as much as possible; this is basic stuff. It's important to give dignity. People can request male or female carers. On occasions we can't meet this request but it's important to have a chat with the person about their preferences, give the office a call if they prefer a different carer. I would not do personal care if someone not comfortable with this. Instead I try and build their confidence in me as a carer."

Dignity and independence were reinforced as one of the main values of the agency within its statement of purpose and service user guide. This stated 'Helping you to retain your independence and dignity all within

the comforts of your own home'. Care workers received guidance during their induction in relation to dignity and respect. Their practice was then monitored when they were observed in people's own homes. Since being in post the registered manager had reviewed the form used for monitoring care workers practices. This now included a section for recording the quality of personal care delivered, if care was personalised and how privacy and dignity were promoted. For example, one care workers record stated, 'X was very gentle with X at all times and although X didn't speak X still talked through each step before doing it. I found X to be very calm and relaxed throughout the call.'

People were supported to express their views and to be involved in making decisions about their care and support. People told us that they and their family members had been involved when their care packages started. People also told us that they had been involved in reviews after this.

Good

Is the service responsive?

Our findings

Apart from the timings of some visits of a weekend people said that they received care that was responsive to their individual needs and preferences. One person told us, "I have a group of friends that come around for dinner sometimes. The carers will delay their evening call until 9.30pm so I can spend more time with them." A relative told us that their family member had recently had a bereavement and was feeling a little down. Care workers had noticed the change in the person. The relative explained, "Last evening they called to let me know that Mum didn't appear to be herself and was already in bed at 8pm." Care workers offered emotional support to the person in addition to monitoring changes in their normal routines.

Another relative told us how their family member's needs had changed. As a result advice had been sought from the falls prevention team who had provided guidance about exercises. They relative said that care workers followed the guidance and that this included prompting their family member.

Care workers noticed a change in one person's physical needs. As a result the agency consulted the person's family and arranged for regular chiropody treatment to ensure the person was not in discomfort.

People also said that they agency was responsive to requests for changing pre-arranged visits when circumstances changed. One relative said, "If we change calls, they respond quite quickly." A second relative said, "I recently had to arrange additional cover as I needed to go to give evidence in court. The agency were very helpful and the cover was arranged."

People's care and support was planned in partnership with them. People said that had care plans in place and some of them had recently been updated with their involvement. People said that when their care was being planned at the start of the service a member of the management team spent time with them finding out about their preferences. This included what care they wanted or needed and how they wanted this care to be delivered.

A system was in place to review the care people received. The review included consultation with people who received a service from the agency, their representatives and other professionals that were involved in the formulation of the care package. A health and social care professional told us, "I arrange regular reviews and if there are any issues in between these reviews then they will contact my team. I have always been able to speak to someone in the office and arrange joint visits as required." The family of one person who lived with dementia expressed the view that their relative had become more forgetful. The registered manager consulted the persons care workers who felt the person's state of mind had not altered. Despite this the registered manager implemented a change to the persons care package for care workers to record the person's moods so as to 'paint a better picture of what is going on.'

Care workers were knowledgeable about the people they supported. This enabled them to provide a personalised and responsive service. One care worker explained, "Knowing people so well you get to know when things change with them. For example I've got one gentleman who previously had skin cancer and I notice he had a small lump on his ear. I was able to say to him about this and suggest he gets it checked out

by the GP." A second care worker said, "One of my clients has dementia and let the office or on call know if they have changed or deteriorated in any way. I also write any changes in their mood down in the communication book. The office staff then feed this back to the person's family." One person wrote and thanked the agency for the help they had received stating, 'Thank you for all your good care and support since I came out of hospital. It certainly helped my recovery."

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. These were reviewed on a regular basis in accordance to people's changing needs. Care plans were person centred. They focussed on the individual needs and wishes of people. Descriptive sentences were used to help make it clear to care workers how people wished to be supported. For example care plans routinely included sentences starting with, 'I would like…; I am unable…; I am able…; Please change my…; and be careful when…'

People's preference for male or female care workers was noted in their initial assessments and care plans. People said that their preferences had been met nearly all of the time. When they had not then they had told the agency they were unhappy and this was listened to and acted on. Where two care workers were required this was specified in peoples care plan. Cross checking care plans with visit records showed that where two care workers were specified these had been provided.

People said that they were aware who to speak to in order to raise concerns. People using the service and their relatives told us they were aware of the formal complaints procedure and that they were sure that the agency would address concerns if they had any. One relative explained that they had made a complaint when a care worker did not visit their family member. They explained that this was acted upon to their satisfaction. They added, "If we have any concerns we just go into the office and get it resolved there and then."

The agency had a complaints procedure in place to respond to people's concerns and to drive improvement. The agency's complaints process was included in information given to people when they started receiving a service. Formal complaints were investigated and responded to. For example, disciplinary action was taken against a member of staff when a person did not receive a visit. The letter in response to the complaint included an apology by the registered manager in line with the providers Duty of Candour policy. Duty of Candour places a requirement on providers to inform people of their rights to receive a written apology and truthful information when things go wrong with their care and treatment. This demonstrated that the registered manager understood the provider's policy and ensured it was reflected in her practice. Informal concerns were followed up and recorded on people's individual records. These were not included in the formal complaints log and the registered manager agreed was an area for future development.

Requires Improvement

Is the service well-led?

Our findings

People said that in the main the agency was well led but that communication could be improved. One relative said, "We have a good working relationship and the carers keep us up to date." A second relative said, "The management are receptive and understanding when you talk to them. Things don't always happen the first or second time. Communication within their office isn't great, things don't get passed on but things do seem more settled now." A third relative said, "I have some difficulty with the general organisation and communication, for instance if we are taking X away for the weekend I will email them and let them know. I don't receive a reply and there have been a couple of times where the carer still goes in." The registered manager was aware that communication was an area for improvement and had started to address this but acknowledged further work was needed.

Quality assurance systems were not robust and did not ensure that the agency could monitor and where needed improve the quality of service that people received. Records were not always accurate and at times contained conflicting information which had the potential to impact on service delivery. One person care records stated they lived with dementia, that they did not remember to take their medicines and that care staff should 'Prompt' them but in another section that care workers should 'Administer'. Examination of MAR charts and discussions with care workers and the registered manager confirmed that the person had their medicine administered. Another person's records did not include details of the medicines they were supported to take. Their MAR chart evidenced they had been supported to take their medicines but only stated 'Dossette Box.' The agency had a quality assurance policy however aspects of this related to a residential service and not a domiciliary care service. These issues had not been identified by the agency within the quality assurance systems in place.

The electronic system for planning and managing visits to people allowed for immediate action to be taken if a care worker was late for a visit. No one in the office, including the nominated individual or the registered manager could show us any system that audited late visits; the frequency of these or any trends.

Prior to our inspection the registered manager had not completed and returned the PIR as we requested. The nominated individual and the registered manager told us that they had passed this on to a member of the office team to complete but that they had not retained sufficient oversight of the process.

Although aspects of the service were checked such as care packages and training of care workers, formalised actions plans and a development plan was not in place that could be used to drive improvements. For example, training had been identified as an area for improvement and a training and development officer employed. The training matrix detailed 33 people employed. Of which only 12 had completed moving and handling and first aid training and eight fire safety training. This meant that they might support people in an unsafe or ineffective way. There was no action plan in place to monitor staff training and to address the shortfalls. The registered manager had been in post since October 2016 and registered with CQC during February 2017 and acknowledged that further work was needed in this area. This demonstrated that the registered manager was open and transparent about what the agency did well and areas that she had identified would benefit from improvement.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The agency obtained the views of people who received a service in the form of surveys and the findings were used to drive improvements and influence the quality of service provided. One relative told us, "We receive satisfaction surveys every six months. They are quite difficult to fill in as there is interaction between Mum and the carers that we do not see." At the time of this inspection 27 completed surveys had been received. These were in the process of being reviewed. The registered manager informed us that once analysed the findings would be shared with people who received a service. The registered manager had identified from the surveys that issues with visits of a weekend was a theme. All care workers were being given new mobile telephones that allowed for better monitoring of arrival times.

The agency worked in collaboration with others to drive improvements. For example, Surrey County Council quality assurance team visited the agency in July 2016 and made a number of recommendations all of which were acted upon. These included improving competency assessments for new staff and reviewing how the electronic call monitoring systems are monitored outside of office hours.

There was a positive culture at the agency that was open, inclusive and empowering. Care workers spoke highly of the registered manager and the company. One care worker said, "The management are really good. We had a staff meeting and they told us that X (previous manager) was leaving. When X (new registered manager) joined, she fitted in lovely just like a glove. There has been a slight improvement. Generally the happiness of the team, she really supports that." A second care worker said, "The manager is absolutely great. If I have any problems they always offer to help. I can't fault the management." A third care worker said, "X is a very good owner; X is a very good manager. They are always helpful and always respond to calls."

Care workers were motivated and told us that they felt supported and that they received regular support and advice via phone calls and face to face meetings. They said that the management team was approachable and kept them informed of any changes to the service and that communication was good.

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 17 HSCA RA Regulations 2014 Good governance The registered person had not ensured systems and processes operated effectively to assess and monitor the quality of service provided to service users.