Northwood Nursing and Care Services Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We undertook an announced inspection of Northwood Nursing and Care Services Limited on 12 and 13 November 2015. We told the provider two days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

Northwood Nursing and Care Services Limited provided a range of services to people in their own home including personal care. The serviced provided regular visits, full day support, overnight care and live in carers. At the time of our inspection 60 people were receiving personal care in their home. The people using the service were paying for their own care.

The service was last visited on 24 October 2013 and had met all the regulations that were inspected.

The service had a registered manager. 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.

The records produced relating to the administration of medicines were not accurate. Care workers had changed the times when medicines were taken with only verbal confirmation from a healthcare professional.

The provider had generic risk assessments in place but they had not identified possible risks in relation to specific issues for people using the service and provide care workers with guidance on how to reduce these risks.

People using the service felt safe when they received care and support. The provider had processes in place to respond to any safeguarding concerns. There was a procedure in place to record and investigate any incidents and accidents.

Care workers had received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people using the service. Also care workers had regular supervision with their manager and received an annual appraisal.

The provider had policies, procedures and training in relation to the Mental Capacity Act 2005 and care workers were aware of the importance of supporting people to make choices.

People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care. Care plans identified the person's cultural and religious needs.

Detailed assessments of need were carried out which were used to develop the person's care plan. People using the service and care workers felt the service was well-led and effective. There were regular team meetings and care workers felt supported by their managers.

We found breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to the management of medicines and risk assessments. 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?

Requires Improvement

Some aspects of the service were not safe. Risk assessments relating to people's specific support needs and associated guidance for care workers were not in place.

The care plans and medicines administration record (MAR) charts did not provide accurate information in relation to the administration of medicines.

There was a clear recruitment process in place. The provider had processes in place for the recording and investigation of incidents and accidents.

Is the service effective?

Good

The service was effective. Care workers had received the necessary training, supervision and appraisals they required to deliver care safely and to an appropriate standard.

The provider had a policy in relation to the Mental Capacity Act 2005. Care workers received training on the Act and understood the importance of supporting people to make choices. Processes were in place to ensure decisions were made in the person's best interest if they were assessed as not having capacity.

There was a good working relationship with health professionals who also provided support for the person using the service.

Is the service caring?

Good

The service was caring. People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

The care plans identified how the care workers could support the person in maintaining their independence.

Each person's cultural and religious needs were identified in their care plan.

Is the service responsive?

Good

The service was responsive. An initial assessment was carried out before support began to ensure the service could provide appropriate care. Care plans were developed from the assessments and were up to date.

Care workers completed a record of the care provided after each visit.

Is the service well-led?

Requires Improvement

The service was well-led. The provider had a range of audits in place to monitor the quality of the care provided.

People using the service and care workers felt the service was well-led and effective. There were regular team meetings and care workers felt supported by their managers.

Northwood Nursing and Care Services 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 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 the 12 and 13 November 2015 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 available.

One inspector undertook the inspection and a second inspector carried out telephone interviews with people using the service and their relatives.

Before the inspection we reviewed the notifications we had received from the service, records of safeguarding alerts and previous inspection reports.

The director of the service was also the registered manager and we spoke with them during the inspection. We also spoke with another director and a lead nurse for the service. We reviewed the support plans for five people using the service, the employment folders for four care workers, the training and supervision records for 55 care workers and records relating to the management of the service. After the inspection visit we undertook phone calls to 14 people who used the service, six relatives and received feedback via email from 19 care workers.

Requires Improvement

Is the service safe?

Our findings

The provider had a policy in place in relation to the administration of medicines but the care workers did not record accurate information on the medicine administration record (MAR).

The care plan for one person identified that they took their medicines without support from the care worker. We saw the care workers had completed a MAR chart recording when they had applied prescribed creams twice every day. The care plan did not indicate that the care worker should apply the prescribed cream and the frequency of application. Therefore the care worker was applying a prescribed medicine without appropriate guidance.

We saw the care records and MAR charts for another person who had been prescribed a course of antibiotics. The daily records showed a relative had informed the care worker the person should stop taking a diuretic medicine during the course of antibiotics. There was no record of who the relative obtained this guidance from and which care worker had written this information in the daily record. The guidance in the daily record stated the diuretic tablet should be left in the dossett box. Also, as all the medicines, apart from Warfarin, were provided in a dossett box by the pharmacy we did not see any confirmation of how the diuretic tablet had been identified and that it had not been taken by the person.

The MAR charts for one person using the service which indicated that their medicines should to taken three times a day. The medicines were provided in a dossett box by the pharmacy with the medicines in three separate sections for each day. The MAR charts we saw for this person showed that the care workers had been administering the medicines scheduled for the early evening and late evening at the same time. Both sets of medicines were being administered between 6pm and 7.30pm each day by the care worker and the time was recorded on the MAR chart. We asked the registered manager why this person's medicines were being administered at the same time when the MAR chart showed they should be taken at different times. The registered manager checked with the care workers who told us they had been informed verbally by a hospital consultant that the two sets of medicines could be taken together to enable the person to go to bed earlier. There were no records confirming this change and the person's General Practitioner (GP) was still issuing prescriptions indicating they should be taken three times a day. We saw the person's care plan did not inform care workers that the medicines could be taken at the same time.

We looked at the MAR charts for two people and we saw there were gaps in the recording of when medicines were administered. The medicines listed on the MAR charts included eye drops and warfarin. We asked the registered manager why there were gaps on the MAR charts and she explained that the care workers only recorded when they had supported the person to take their medicine. If the person took it without support or were assisted by a relative the care worker would not record the medicines as being taken. This meant that the provider could not ensure that the care workers had provided the appropriate support for the person with taking their medicines as the records were not accurate.

The above paragraph demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had risk assessments in place for people using the service but detailed risk assessments for specific issues were not in place. We looked at the care folders for five people and saw each person had a general risk assessment document which covered day to day living. There were also a number of issues that had been identified in individual assessments and care plans that were specific to each person. Possible risks were identified but an assessment had not been carried out and guidance for care workers on how to reduce these risks had not been provided. These issues included use of a hoist, increased risk of pressure sores, falls, epilepsy and hearing impairment. The registered manager explained that guidance sheets for some issues were included in the person's care folder such as catheter usage and low blood sugar levels but did not relate to the person's individual support needs. We also saw that a person who had been assessed as not having the capacity to make decisions relating to their care was regularly taken out by the care worker to the shops or other activities. A risk assessment had not been carried out to ensure the person was safe when out with the care worker. This meant that care workers were not aware of any increased risk in relation to the person's specific support needs and how to reduce these risks.

The above paragraph demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The director explained that care workers completed medicines management training as part of the induction course. Care workers would also complete an annual refresher course on medicines management. We saw training records that confirmed all care workers had completed a medicines management training course. Care workers also confirmed that if they prompted people to take their medicines that had received the appropriate training.
All the people using the service and relatives we spoke with said that they felt safe when their care workers were in their home and they had no concerns about their safety. One person told us "Yes absolutely. The company carry out all the required checks." We asked care workers if they had received training in relation to safeguarding adults and if they know what to do if they had any concerns. All the care workers we asked confirmed they had completed training, understood what safeguarding meant and knew how to report any issues. One care worker said "Safeguarding means I have a duty of care for a vulnerable adult who is unable to take care of themselves because of mental health problem, physical or learning disability age or frailty. If I suspect someone being harmed, it is my duty to report my concerns to my manager or the Health and Community Services." We saw the service had policies and procedures in place so any concerns regarding the care being provided were responded to appropriately. This included a whistleblowing policy for care workers and other staff. During the inspection we saw the records for two safeguarding concerns which were detailed and included copies of correspondence with information on any actions that were taken and the outcome. Information on the local authority safeguarding service and how they can be contacted was included in the information pack provided to people when they started to receive support from the service.

Care workers were aware of what to do in case of emergencies. They also had a telephone number they could use to contact a senior staff member at any time if they had any concerns. One care workers told us "I would call 999, or GP if not so serious, I would then inform the service. I would remain with the service user until not needed. I would then complete an Incident form, to record the event, along with recording it in the care notes."
The provider had a procedure for recording and investigating incidents and accidents. The registered manager told us if an incident or accident occurred the care worker would complete a record form and the information was transferred to the computerised system. The care worker would meet with the senior staff to discuss the incident. An investigation was carried out to identify any actions required to reduce the risk of the incident or accident occurring again which included referral to a healthcare professional, additional care worker training or a change to the person's care plan. During the inspection we saw four completed incident and accident record forms which were stored in the person's care folder. These had detailed information

about the event, the investigation and any actions were taken.

The registered manager explained that the number of care workers required for each visit was based upon the person's care needs which were identified during the initial assessments and in discussions with the person who would be receiving care and their relatives. The service provided live in care workers for some people using the service and if, during the assessment, it was identified that the person required the assistance of two care workers at specific times of the day they would arrange for additional care workers to visit.

The service followed safe recruitment practices. The registered manager explained that there were three parts to the recruitment process. There was an initial telephone based assessment when they were contacted by a potential applicant for a care worker role to review the person's skills and pervious experience. Once a completed application form was received the person would then be asked to attend an interview and the final assessment was carried out during the induction training to identify if the person was suitable for the care worker role. During the assessment process two references were requested and the applicant was asked to provide five years of their most recent employment history. The new staff member could not start their role until a Disclosure and Barring Service check had been received to see if they had a criminal record. We looked at four care worker employment folders and saw the provider had received two suitable references for each member of staff and a check for any criminal records had been completed. This meant that checks were carried out on new staff to ensure they had the appropriate skills to provide the care required by the people using the service.

Good

Is the service effective?

Our findings

When asked about the training of the care workers that visited them people told us "I know they get training and have to go off and do things to retain their qualifications and the like", "They were very experienced nurses and carers" and "The calibre of the carers was excellent. They were well trained and have on-going training often." We saw people were being cared for by care workers that had received training and support to deliver care safely or to an appropriate standard.

The registered manager explained new care workers completed a one day induction course which included providing personal care, infection control and health and safety. New care workers would then shadow and work with an experienced care worker. The experienced care worker gave feedback to the senior staff based on their observations and the competency assessment was recorded. During the inspection we saw the competency feedback for one new care worker which indicated they required further support to become more confident in their role which was put in place. New care workers completed the care certificate during their probationary period. The care certificate identifies specific learning outcomes, competencies and standards in relation to care.

The provider had identified three training courses that they viewed as mandatory for all care workers which were safeguarding adults, moving and handling and person centred care. We looked at the training records for mandatory training for 51 care workers and saw they had completed their refresher courses. The registered manager told us additional training courses were available for care workers depending on the specific needs of the people they visited. These included training relating to Parkinson's Disease awareness, using a hoist, dementia and first aid. The registered manager explained they had supported more than 30 care workers in completing Qualification and Credit Framework (QCF) modules and National Vocational Qualifications (NVQ).

We saw that one person using the service required thickened fluids and the registered manager confirmed the care workers that visited them had received training from the clinical nurse lead for the service. We identified that this training had not been recorded and the registered manager agreed that the competency of the care workers who attended the training would be checked and details of the training recorded.

During the inspection the registered manager told us that all care workers would have two supervision sessions with their manager each year, random spot checks to review how they provided care and an annual appraisal. Care workers confirmed they had regular supervision and annual appraisals which was supported by the records in the four employment folders we looked at.

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.

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.

The registered manager explained that during the initial assessment of a person's care needs it was identified if the person had the mental capacity to make their own decisions. If the person did not have capacity to make decisions the registered manager would ask their relatives in a Lasting Power of Attorney (LPA) was in place. A Lasting Power of Attorney in health and care matters legally enables a relative to make decisions in the person's best interest as well as sign documents such as the support plan on their family member's behalf. We saw copies of LPA's were kept in people's care folders. The registered manager told us if a person was assessed as not having capacity to make decisions but a LPA was not in place they would discuss with the person's relatives if they intended to apply for one. The registered manager would also arrange a best interest's discussion with the relatives to identify who should make decisions in the best interest of the person relating to their care and wellbeing. The contact details of the person identified to make the best interest decisions was recorded in the care plan.

We saw contact information relating to the local advocacy service was included in the information pack given to people when they started receiving support from the service.

The registered manager explained all care workers completed training on the MCA as part of their induction and records we saw confirmed this. We asked the care workers if they had completed training on the MCA and if they understood what it meant in relation to providing care. The care workers confirmed they had completed the training and they needed to support people in making decisions relating to their care whenever possible.

We saw there was a good working relationship with healthcare professionals who also supported the people using the service. The care plans we looked at provided the contact details for each person's General Practitioner (GP) and other health professional involved in the persons care. The registered manager explained the care workers worked in partnership with occupational therapists, physiotherapists and representatives from Royal National Institute for the Blind (RNIB). The registered manager also told us that people could ask the care workers to accompany them to GP and hospital appointments which were scheduled during visits.

We asked care workers about the training they had received if they supported the person they visited with eating or drinking and if they prepared food. The care workers confirmed they had completed a food hygiene training course including safe preparation and storage of food. Once care worker said "I understand why a variety of foods are important to get the nutrients the service user needs." We saw care plans indicated if the person required support from the care worker to prepare and/or eat their food. The registered manager told us that if concerns regarding a person's levels of nutrition or weight were identified the care worker completed a food chart recording what the person ate during each visit. If the care worker had any concerns in relation to nutrition they would inform the senior staff. We saw detailed food charts that had been completed by the care worker.

We asked people using the service if the care workers usually arrived at the time agreed and they all confirmed they did. They said "Always", "Bang on" and "If they were going to be late our carer always rings." One person told us the care workers usually arrived on time but also said "It can be a bit difficult when two carers are required if one is late, even if they let you know. It puts everything out." We also asked people if the care workers stayed for the full length of time agreed in the care plan and they confirmed that care workers did stay for the agreed time. The registered manager explained that the care workers recorded their

arrival and departure times on the record form they completed for each visit. When the visit record forms were received by the office every month they were checked. The registered manager told us if the person using the service had been identified as not having the capacity to make decisions relating to their care a telephone based system was used by care workers to record the time they arrive and leave a person's home.

Good

Is the service caring?

Our findings

We asked people if they felt the support they received from the care workers helped them to maintain their independence. People told us "I couldn't live at home without it", "Yes. They have been great whilst I have been recovering and I am hoping not to need them for much longer as I am getting better" and "My family feel reassured because they know someone is keeping an eye on me and sees me regularly." A relative said "The help means I can keep my family member at home. Without it I would not be able to". A care worker told us "It is important that my client be given the right to make choices and be in control of their life as much as possible. I would do this by consulting my client before carrying out an activity of any kind. I need to put my client's wishes first remembering that I am there to assist my client in whatever way necessary. It is imperative not to take control of my client's life as this will hinder and not empower my client." We saw the care plans identified when the person receiving care required support and when they were able to complete tasks on their own. The registered manager told us people using the service were supported to go shopping and maintain their links to the local community to enable them to maintain their independence.

People using the service and relatives were asked if they felt the care workers were kind and caring when they provided support. People using the service told us "The lady I have is a friend now rather than just a carer", "They are kind and helpful", "They are very kind" and "I am lucky. I have a lovely lady. I had two to start with but preferred this one and asked for her to do it all – the company arranged this." Relatives said "They took the trouble to build a relationship with my family member who didn't want them to come at first. But grew to really enjoy their visits", "The nurses send my relative a post card when they went on holiday which was really kind. And we had cards from them and the management when they died. They were very caring" and "They feel like part of the family. One feels like a real friend."

All the people we spoke with all told us they felt the care workers treated them with dignity and respect. One relative said "'They have a good rapport and understand how her mind works and are able to work well with my relative." We asked care workers how they ensures people's dignity and privacy was maintained when providing care. They told us "Personal care should maintain and respect privacy and dignity at all times. Respect my client's confidentiality by not leaving care notes lying around for anyone to read and not talking about my client outside my client's home. Also getting permission from my client before passing on information to professionals" and "I always ask the service user's permission to undertake their personal care. I provide space for the service user to have private conversations with visitors and to make personal telephone calls. When I am undertaking personal care I make sure the service user is shielded from the view and hearing (if possible) of other people that may be in the vicinity."

The care plans identified the person's cultural and religious needs. The person's preference in relation to the language spoken by care workers was recorded as well as if their wishes relating to the gender of the care worker providing their support. The name they preferred to be called by care workers was also identified.

We saw care workers were provided with information about the personal history of the person they were supporting. The information included which members of their family and friends knew them best, the person's interests and hobbies as well as their work and family history.

We asked people using the service and relatives if they felt they were involved in how the care and support was provided. Everyone we spoke with confirmed they did feel involved and a relative said "I leave instructions for my family member who has respite care. It seems to work well."

Good

Is the service responsive?

Our findings

The registered manager explained they carried out detailed assessments when a person arranged for care from the service. When the service was contacted by a person or their relatives to arrange for care to be provided in their home a booking sheet was completed with details of the care required and if the person was currently in hospital or at home. The person would then be visited for a full assessment of their care needs and how they wished their care to be provided. The registered manager told us the person would be asked to sign the form to confirm that agreed with the assessment. We looked at the assessments for five people using the service and saw they were detailed and the person or their relative had signed them.

We saw that everyone using the service had a care plan in place. The care plans were stored electronically in the office with paper copies kept in the person's home. The care plan kept in the office had a section which the registered manager explained was used for 'sensitive and confidential information' which could not go into the main care plan in the person's home. This could include information about medical conditions, the person's capacity or codes to a key safe to access the front door. The registered manager said the care workers would read this information before their first visit and when any changes had been made. The main care plan, which was kept in the person's home, had sections relating to allergies, continence issues, mobility, personal hygiene and diet. The care plan provided the care workers with general information relating to what support and care was to be provided during each visit. The registered manager told us they would explain what support should be provided during each visit to the carer worker before their initial visit to the person. We saw the care plans for five people using the service which were detailed and up to date. The registered manager confirmed the care plans were reviewed every six months or earlier if there had been a change on the person's support needs. We looked at the care plan review forms for five people which had a detailed notes section which identified any changes in their care needs, if additional equipment was required or if further involvement was required from healthcare professionals. The person was asked if they were happy with the care received and the person or their relative signed the review form.

Care workers completed a record for each visit to the person they provided care for. We saw copies of completed daily record forms were collected each month. The registered manager told us the daily records for each person were scanned and stored electronically. The records were reviewed by the senior staff to ensure they were appropriately completed. We looked at the daily records for five people and we saw these were appropriately detailed and reflected the needs outlined in the care plan.

We asked people using the service if the care workers completed the support task agreed with the service during their visit. They told us "The care worker knows all about what I need and is only too happy to help", "Yes: mine helps with my exercises as well as everything else", "She does all I want and more!" and "Yes – they do what is needed and when they come they ask 'anything special today'."
When we asked people using the service and relatives if they knew how to make a complaint they said if they had concerns they would contact the service and they expected to get a good response but most people could not confirm if they had received any information on the complaints process from the provider. People told us "I would be confident I would get a good response if I phoned in if something was wrong. But no I have not been given information about the complaints procedure" and "We have our ups and downs but

things get resolved. The only problems have been administrative things – like getting the invoice wrong. But they get it sorted out properly." Two relatives we spoke with were unhappy with the response they had received to concerns they had raised. They had not made formal complaints as "We feel that we don't want to take things up with the manager as the carers say they will get into trouble" but both said they were happy overall with the service.

We asked care workers how they would respond if a person using the service raised a complaint and their comments included "I would follow the proper complaints procedure from Northwood Nursing and care services", "I would respect their opinions and pass their complaint to my manager. I would record and report the complaint in the nursing care notes" and "I would try to resolve any complaint as soon as I was informed. I would contact my managers to advise them of the complaint and what action I had taken to resolve the issue." We saw there was a complaints policy and procedure in place. The registered manager explained information on each stage of the complaints process was included in the "Service User guide" which was given to people when they start receiving support from the service. We looked at the complaints records received by the service and we saw there was a detailed response to each complaint with all the associated paperwork on file.

Requires Improvement

Is the service well-led?

Our findings

Some aspects of the provider's quality monitoring systems were not effective in identifying issues. The provider did not have a robust system in place in relation to medicines and risk assessments to provide appropriate information to identify issues with the quality of the service and to assess, monitor and mitigate risks. The provider had not created individual risk assessments in relation to specific issues identified by the initial assessment of the person's needs. The MAR charts were checked monthly by a senior member of staff to ensure the care worker had recorded when they had supported the person to take any prescribed medicines. The checks of the MAR charts had failed to identify that the administration of medicines had not been accurately recorded.

The above paragraph demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people using the service and relatives if they thought the service was effective and well-led. People using the service said "They seem very efficient", "They provide an excellent service – very well managed" and "Administratively very good. They sought feedback themselves on their service." People also told us "Very happy with the agency but we have little hiccups. They sometimes change things without giving notice. I do ring up to complain and they are very apologetic so things do get resolved" and "Northwood care service is very approachable. They always dealt with our concerns quickly and effectively." Relatives told us "They are a very good agency. I wouldn't trust my family member with anyone else" and "The agency works round us. Not the other way round. They start with my family member's needs and organise around those." Relatives also said "The agency was really supportive when my family member had a fall and ended up in hospital" and "They were extremely helpful with advice and information and suggestions about what might be helpful for the future."

We also asked people if they knew who to contact at the service if they had any questions. All the people we spoke with confirmed they knew who to contact. When we spoke to people using the service that had complex care needs it was clear that they were in regular contact with the office and had a good experience. One person said "I am on first name terms with the people at the office."

We asked care workers if they felt supported by their manager and if the service was well-led. The care workers told us "Very well led. Definitely. I am very well supported by the managers up to the top. The registered manager knows everything that is going on within the company. She also takes an interest in my private life as well. She feels it is important to have happy carers and is very supportive of us. We can go and see her anytime with anything" and "The service is very well led and has sufficient staff both out of the office and office based to achieve a high level of service." Another care worker said "All of the management staff are approachable. All willing to help, support, advise and assist with any queries or problems that may arise. On more than one occasion when there has been a medical issue with a service user the registered manager has immediately been available to offer help and guidance. I am so pleased I chose Northwood Nursing as it is a caring, conscientious and supportive company to work for"

The provider carried out a number of different types of audits to review the quality of the care provided. We saw a care plan tracker spread sheet was used to monitor the process when a new person starts to receive support from the service. The senior staff recorded the dates the initial assessment had been carried out, when the draft care plan had been produced, who had approved the plan and when a copy of it was taken to the person's home. This enabled the registered manager to ensure all stages of the process had been followed.

The registered manager explained they attended a weekly clinical meeting with the senior nurse for the service. They reviewed any incidents and accidents, complaints, concerns and issues raised by care workers. They would identify if any actions were required including amending a person's care plan or contacting a healthcare professional for guidance. A service user report was produced twice a day which identified any issues that had been recorded, if care workers were unable to attend a visit or if a visit had been cancelled by the person using the service. This enabled the registered manager to monitor any issues and ensure the appropriate action was taken.

The provider had an external company carry out a quality audit during 2015 where questionnaires were sent to people using the service, their relatives and staff. We saw a copy of the detailed report that was produced from the results. This had an action plan which included the planned dates when each action would be completed. A quality assurance questionnaire was sent to people and their relatives when the care package ended. They would be asked to comment on the initial assessment of support needs, quality of the care provided and communication with the office. The registered manager confirmed the comments were reviewed to identify any areas for improvement and any positive feedback was passed to the care workers.

When the daily records of care were received by the office each month they were checked by a senior member of staff. The senior staff member completed a checklist to identify if the care workers had completed the daily records to the required standard. This included if the entries were recorded clearly and recorded the time the care worker arrived and left the persons home.

The registered manager confirmed that the service had received Investors in People accreditation during 2015. The Investors in People assesses the practices and outcomes of an organisation under three performance areas: leading, supporting and improving.

We saw the minutes of the recent care worker team meeting organised by the provider. The registered manager explained that three meetings had been held during the year and minutes of the meetings were circulated to all care workers. They told us the care workers had been asked for suggestions of how the provider could involve them in the service. A food presentation competition was suggested where the care workers could take photographs of how they presented the meals for people using the service and they could win a restaurant voucher. The aim was to encourage the care workers to be aware of how they presented a person's meal could influence how much they ate. Photographs of how the care worker who won presented meals was displayed in the office.

All care workers were given a copy of the organisation's policies and procedures with any updated documents sent out in the post or via email. Care workers signed a code of conduct as part of their contract of employment. This described the standards of professional conduct and good practice the provider expected from the care workers including promoting a person's independence, privacy, dignity and choice.

The registered manager told us they identified an 'Employee of the Month' award for care workers. The office and senior staff would nominate a care worker each month that they felt had gone above and beyond

their role when providing care. Compliments and feedback from people using the service was also used to identify care workers for the award. Care workers could also receive a long service award pin once they had completed 1000 or 5000 hours of work. The names of care workers who received the employee of the month and long service awards were displayed in the reception area of the office.

People using the service were given an information pack when they started receiving care which included the organisation's background and the types of care and support provided by the service. A list of all the senior staff was also included a description of their responsibilities and their contact email address.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Nursing care Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure the proper and safe management of medicines. Regulation 12 (2) (g)

Regulated activity	Regulation
Nursing care Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person failed to assess, monitor and improve the quality and safety of the service provided in the carrying out of the regulated activity. The registered person also failed to assess, monitor and mitigate the risks relating to the health and safety of service users and others who may be at risk which arise from the carrying on of the regulated activity. Regulation 17 (2) (a) (b)