Berkeley Home Health Limited

Berkeley Home Health - Surrey & Berkshire

Inspection report

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Date of inspection visit:
17 April 2018

Date of publication:
08 June 2018

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?	Good

Summary of findings

Overall summary

The inspection took place on 17 April 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults, including people living with dementia, and younger adults who may have needs related to a physical or learning disability. There were 99 people using the service at the time the provider returned their provider information return (PIR) on 8 February 2018, 12 of whom were receiving live-in care.

Not everyone using the service received the regulated activity personal care. CQC only inspects the service being received by people provided with personal care; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post at the time of our inspection. Like registered providers, registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff provided people's care in a safe way. They understood any risks involved in people's care and managed these well. People felt safe when staff provided their care and said staff used any equipment involved in their care safely.

There were enough staff employed to meet the agency's care commitments. The provider carried out checks to ensure they employed only suitable staff. Staff attended safeguarding training and understood their responsibilities in terms of recognising and reporting abuse.

The provider had made plans to ensure people's care would not be interrupted in an emergency. If an incident or accident occurred, this was recorded and checked to identify what action could be taken to prevent a recurrence. Action had been taken to improve when people had experienced poor care.

Staff maintained appropriate standards of infection control. Where people received support with their medicines, this was managed safely.

People's needs were assessed before they used the service to ensure the agency could meet their needs. People were encouraged to contribute to their assessment to ensure they agency understood their needs and preferences.

Staff had access to the training and support they needed to do their jobs. All staff attended an induction which included all elements of mandatory training and shadowing colleagues to understand how people preferred their care to be provided. Staff had access to regular refresher training and training relevant to the needs of the people they cared for. Staff had opportunities to speak with their managers about their

performance and training and development needs.

People's care was provided in accordance with the Mental Capacity Act 2005. Staff understood the importance of consent and respected people's choices about their care. If people lacked the capacity to make decisions, relevant people had been consulted to ensure any decisions were made in the person's best interests.

The agency worked effectively with other professionals when people moved between services, working closely with local hospitals regarding planned discharges to ensure people's transition from hospital to home was well managed.

Staff monitored people's healthcare needs and responded appropriately if their health deteriorated. Staff accompanied some people to healthcare appointments and communicated with healthcare professionals where people wished them to do so.

People's nutritional needs were assessed when they began to use the service. A care plan was developed to meet any identified dietary needs and specialist professional input obtained where necessary.

Staff were kind and caring. People received their care from regular staff who knew them well. People told us they had developed positive relationships with their care workers and enjoyed their company. Relatives said staff treated their family members with respect and maintained their dignity when providing care. Staff supported people to maintain their independence wherever possible.

People received a service that was responsive to their individual needs. Each person had an individual care plan, to which they were encouraged to contribute. People were supported to pursue their interests and to take part in activities they enjoyed.

The agency responded effectively if people's needs changed and worked closely with hospitals regarding the care of people towards the end of their lives. People with life-limiting conditions who wished to return home from hospital were supported to do this with the agency's support. The agency worked well with other professionals to ensure people received the package of care they needed.

People knew how to complain if necessary and were confident any concerns they raised would be taken seriously. The agency's complaints log demonstrated that complaints were investigated and responded to appropriately.

The agency was effectively managed. The registered manager provided good leadership and there was a clear distribution of roles in the office team. People and their relatives could contact the agency's office when they needed to. There were systems to monitor the quality of the service which included seeking the views of people who received care and their relatives. The agency had established effective working relationships with other professionals involved in people's care, including GPs, district nurses and occupational therapists.

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.

Staff provided people's care in a safe way.

There were enough staff employed to provide people's care.

Staff knew their responsibilities should they suspect abuse was taking place.

People were protected by the provider's recruitment procedures.

There were plans in place to ensure people's care would not be interrupted in the event of an emergency.

People's medicines were managed safely.

Staff maintained appropriate standards of infection control.

Is the service effective?

Good

The service was effective.

People's needs were assessed before they began to receive care.

Staff had access to the induction, training and support they needed.

People's care was provided in accordance with the Mental Capacity Act 2005.

People's nutritional needs were assessed and care plans developed to meet any needs identified.

Staff monitored people's well-being and responded appropriately if their health deteriorated.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and had positive relationships with the people they supported.

People received their care from regular staff who understood their needs.

Staff treated people with respect and maintained their dignity when providing care.

Staff supported people to maintain their independence.

Is the service responsive?

Good

The service was responsive to people's needs.

People were involved in the development of their individual care plans.

Staff supported people to take part in activities and to pursue their interests.

The agency responded effectively if people's needs changed.

People knew how to complain and felt comfortable raising concerns.

Any complaints received were investigated and responded to appropriately.

Is the service well-led?

Good

The service was well-led.

People and their relatives could get information from the agency when they needed it.

There were systems in place to monitor the quality of the service, which included listening to the views of people who received care and their relatives.

There was an open culture in which staff felt able to speak up or raise any concerns they had.

The agency had established effective working relationships with other professionals involved in people's care.

Berkeley Home Health - Surrey & Berkshire

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 was 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 17 April 2018. The provider was given 48-hours' notice of our visit because we wanted to ensure the registered manager was available to support the inspection. One inspector carried out the inspection.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We also reviewed the Provider Information Return (PIR) submitted by the provider on 8 February 2018. The PIR 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.

During our inspection we visited the agency's premises and spoke with the registered manager. We checked care records for four people, including their assessments, care plans and risk assessments. We checked four staff recruitment files and other records relating to the management of the service, including staff supervision and training, the complaints log and quality monitoring checks.

After the inspection we spoke with 10 people who used the service and four relatives by telephone to hear their views about the care and support the agency provided. We received feedback from seven care staff about the training and support they received to do their jobs.

This was the first inspection of the service since its registration with CQC under this provider. The service had

previously been registered with CQC under a different provider.

Good

Is the service safe?

Our findings

People told us they felt safe when staff provided their care and support. They said staff always used any equipment involved in their care safely. One person told us, "I do feel safe with them. It's the way they treat you. They're always safety conscious using the hoist. They double check things and you know they're doing it right."

Risks to people's safety were identified and managed safely. Assessments were carried out before people began to receive their care and measures put in place to mitigate any risks identified. The provider's PIR stated that risk assessments were completed, "With all customers before commencement of care and at yearly intervals thereafter or more often if necessary." The PIR said that any risks identified were, "Discussed with customers and their advocates to minimise as far as possible identified risks and safeguards to put in place." We found evidence to support this in the support plans we checked. Risk assessments had been carried out across a range of areas including medicines, moving and handling and the person's home environment. Guidelines had been produced for staff about how to minimise any risks identified through the assessments and staff were trained in the safe use of any equipment involved in people's care. When accidents or incidents occurred, these were recorded, along with any actions needed to prevent a recurrence.

There were enough staff employed to meet all the agency's care commitments. The registered manager ensured that care packages were only accepted when sufficient staff with appropriate skills were available to meet people's needs. Staff were recruited safely. Prospective staff were required to submit an application form detailing their qualifications, training and employment history and to attend a face-to-face interview. The provider carried out checks before staff were employed to ensure they were suitable for their roles. These checks included obtaining references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Staff understood their responsibilities in terms of recognising and reporting abuse. All staff received regular safeguarding training and were given information about whistle-blowing in their induction. This information included details of an independent third party organisation staff could contact if they felt unable to raise their concerns within the agency. Staff who returned feedback told us they knew how to report abuse and would feel confident to do so if necessary. Those who had raised safeguarding concerns said the agency had responded appropriately. One member of staff told us, "If I ever need to I would know what to do, we can call the office in confidence or we can call the poster that we were all sent. This is only if we don't feel we can call the office, but I would feel comfortable ringing the office as I know they would deal with it properly." Another member of staff said, "I have had to report a safeguarding issue, which I reported to the office and it was subsequently forwarded to social services, who took appropriate action." A third member of staff told us, "I have reported any concerns I have regarding a client either by phone or email, these have always been acted upon by the agency."

Action had been taken to improve when people had experienced poor care. The agency had notified CQC

and the local authority when safeguarding concerns were raised and worked co-operatively with the local authority in investigating these concerns. These investigations were carried out with transparency and the agency had taken action where necessary to address the issues affecting people's experience of care. The agency had also apologised to the people affected by poor care under the Duty of Candour shared by all registered care providers.

There were plans in place to ensure people would continue to receive their support in the event of an emergency. The provider's business contingency plan set out how care would be delivered in the event of staff shortage or the agency's office being unavailable. The registered manager told us the agency had a procedure for staff to follow if they were unable to get a response from a person when they arrived to provide their care. The registered manager said staff were instructed to try all available means to contact the person or their relatives and not to leave the person's property until the agency knew the person was safe.

Medicines were managed safely. Where people received support with their medicines, a risk assessment had been carried out to identify the level of support they needed. The provider's PIR stated that staff received training in medicines management in their induction and regular refresher training. Staff confirmed they had attended this training before being authorised to administer medicines. They said their competency had been assessed through observation by a supervisor. Staff told us the training they had received enabled them to feel confident in their competency in this area. One member of staff said, "I do administer medication and have had training to feel confident." Another member of staff said, "I do give medication and I am very confident. We also have a field check for administering medication." Staff maintained medicines administration records in people's homes, which were audited each month to ensure people were receiving their medicines safely.

Staff maintained appropriate standards of infection control. People told us staff helped keep their homes clean and hygienic and that staff wore personal protective equipment when providing their care. Staff attended infection control training in their induction and regular refresher training in this area. An infection control risk assessment was carried out when people began to use the service and a support plan put in place if risks were identified.

Good

Is the service effective?

Our findings

People's needs were assessed before they used the service to ensure the agency could meet their needs. People told us they had been encouraged to contribute to their assessment to ensure it reflected their needs and preferences. One person said, ""The person in charge came and did an assessment and I could tell her what I needed." The provider's PIR stated, "When we are carrying out a full assessment at the start of care or a reassessment we involve the customer at all times." We saw evidence in the care records we checked that people's preferences about their care and support had been sought and recorded.

Staff had access to the training and support they needed to do their jobs. All staff attended an induction when they started work which included shadowing colleagues to understand people's needs and how they preferred their care to be provided. Staff who provided feedback told us their induction had equipped them with the knowledge they needed to provide people's care in the way they preferred. One member of staff said, "I had an induction when I started which helped prepare me for the role." Another member of staff told us, "I shadowed another care worker when I first started so had met some of our clients and was aware of their needs."

Staff attended all elements of mandatory training in their induction and refresher training at regular intervals thereafter. Staff also received training specific to the needs of the people they cared for, such as dementia and enteral feeding (the delivery of nutrition directly into the stomach). The agency had established links with healthcare professionals to ensure that this training was available when needed. Staff reported that the training they received enabled them to provide care that met people's needs effectively. One member of staff told us, "For the clients I go to I believe I have had the training to meet their needs." Another member of staff said, "At present I feel I have had all the training that I require to meet my current service users' needs."

Staff met with their managers for one-to-one supervision and had an annual appraisal. This enabled staff to have conversations with their managers about their performance and to discuss their training and development needs. Field care supervisors carried out spot checks on staff at people's homes to ensure they were providing safe and effective care. Most staff had achieved further qualifications in health and social care, such as the Quality Care Framework, and new staff were supported to obtain the Care Certificate. The Care Certificate is a set of nationally agreed standards that care staff should demonstrate in their everyday working lives.

People told us staff had the skills they needed to provide their care. One person said, "They know what they are doing; they are trained to do this job." Another person told us, "They seem very well trained." People said that staff always stayed for the full length of their scheduled visits and completed all the tasks in their support plans. People and their relatives told us staff were usually on time unless they were delayed by traffic or at their previous call. One person said, "They are very good timekeepers." Another person told us, "Sometimes they are a few minutes late but that's understandable. I always know they're coming."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's care was provided in accordance with the MCA. Staff had received training on the principles of the Act and how these principles applied in their work. People were asked to record their consent to their care and we saw signed consent forms in people's care records. If people lacked the capacity to make decisions, relevant people had been consulted to ensure any decisions were made in the person's best interests.

The agency worked effectively with other professionals when people moved between services. For example the registered manager communicated with local hospitals regarding planned discharges to ensure people's transition from hospital to home was well managed. The registered manager provided an example of how effective communication between the agency, the hospital and other professionals had resulted in good outcomes for one person. The registered manager said, "We worked closely with the hospital, the occupational therapist and nurses to ensure the discharge from hospital was safe and that [person] had the right equipment at home before he was discharged, making sure there would not be a readmission to hospital. We worked with the occupational therapist who visited the home to make sure the environment was safe and there was enough space for the equipment to be used safely and effectively."

People who received support with their meals were happy with this aspect of their care. They told us staff prepared meals they enjoyed according to their choices. People's nutritional needs were assessed during their initial assessment and any dietary needs recorded in their care plans. If people needed assistance with eating and drinking there was a care plan in place to outline the support they required. Where necessary, additional training had been provided for staff to enable them to meet people's dietary needs. For example staff had received training in enteral feeding and preparing thickened fluids. If people were identified as at risk of failing to maintain adequate nutrition or hydration, staff maintained food and fluid charts to monitor their input.

Staff monitored people's healthcare needs and responded appropriately if their health deteriorated. The registered manager told us staff notified the office if they observed any changes in people's health. The registered manager said the office team then supported the person to obtain any treatment they needed, including contacting their GP if they wished. Staff accompanied some people to healthcare appointments if this was part of their care package. For example staff supported one person to attend their regular appointments at the dentist and chiropodist. The agency had acted appropriately to safeguard the health of one person who was reluctant to receive treatment. Due to the concerns of staff about the person's well-being, the agency reported their concerns to the local authority which commissioned their care. The local authority then reviewed the person's needs to establish whether they needed additional support. Staff responded well if people became unwell. The week before our inspection a member of staff had called emergency services when they found a person unwell and stayed with the person for several hours until an ambulance arrived. The office rearranged the member of staff's rota to ensure that all scheduled visits were carried out.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. People told us they had established positive relationships with their care workers and enjoyed their company. They said staff were friendly and cheerful. One person told us, "They immediately put you at ease when they walk in the door. They ask how you are and how your day has been. When they are here they are solely involved with you and seem as though they want to be here. They are always really cheerful." Another person said, "The carers are very good at everything they do for me." A third person told us the best thing about the staff was, "All their consideration and care. They are very good." Relatives said their family members enjoyed the company of their care workers. One relative told us, "On the whole [family member] is pleased with what they do and it's company for her. They have a good chat when they come in."

People received their care from consistent staff who understood their needs. People told us their care was provided by a small team of staff, all of whom were known to them. They said this aspect of their support was important to them. One person told us, "I have the same carer most mornings. I asked for that so if anything was wrong they would be able to tell and do something about it. They have been good and always stick to it." Another person said, "There are two or three of them that come regularly. I know them all well."

People told us staff treated them with respect. They said staff maintained their privacy and dignity when providing their care. One person told us, "They are very polite when they talk with me." Another person said the best thing about staff was, "They listen." People who had expressed a preference about the gender of staff who supported them said their choices were respected. People told us staff were respectful of their homes. Some people wanted their care workers to remove their shoes when entering their homes. As staff were not able to do this for health and safety reasons, the agency provided staff with shoe covers to wear when visiting people who had expressed this preference.

The registered manager told us the agency had recently appointed a dignity champion whose role would be to ensure that dignity underpinned all aspects of the care people received. The registered manager said it was important that the agency, "Make sure [people] feel listened to, respected and their views have been listened to and acted on." The provider's PIR stated that staff received training in their induction about the Human Rights principles of fairness, respect, equality, dignity and autonomy.

People were supported to be as independent as they wished. People were asked during their assessment which aspects of their care they could manage themselves and were encouraged to maintain these skills. Where people needed support to remain independent, this was provided in a personalised way. For example one person received support from staff to prepare meals for their family. Another person was receiving support to develop their independent living skills, such as managing their own personal care and laundry.

People had access to information about their care and the provider had produced information about the service. People were issued with a statement of terms and conditions when they began to use the service which set out their rights and the service to which they were entitled. The provider issued each person with a privacy statement when they began to use the service. The privacy statement explained what information

the agency held about each person, how this information would be used and who else would have access to it. The provider had a confidentiality statement, which set out how people's confidential and private information would be managed. Staff were briefed on the statement and the importance of managing confidential information appropriately during their induction. People told us that staff maintained the confidentiality of personal information. One person said, "They never talk about other clients in front of you which I think is very important."

Good

Is the service responsive?

Our findings

The service was responsive to people's individual needs. Each person had an individual care plan drawn up from their initial assessment. People were encouraged to contribute to the development of their care plans to ensure they reflected their preferences about the support they received. Care plans provided detailed guidance for staff about people's needs and the way they preferred things to be done.

People were encouraged to record their interests during their assessments and staff supported some people to pursue these interests. For example staff supported one person to go sailing and to the gym. Staff supported a younger person with learning disabilities to take part in activities they enjoyed, which increased the person's involvement in their local community. The provider's PIR stated, "The wishes, needs and aspirations of a customer are identified at initial assessment stage. These objectives will be included in the customer's person-centred support plan. With the customer's involvement we would explore ways in which the activity could be carried out, trying to encourage innovation whilst offering opportunity to take risk (where appropriate) within a supportive framework."

The agency responded effectively if people's needs changed. One person told us they were due to go into hospital for an operation which would significantly change their care needs. The person said the agency had reassured them that they would reassess their needs following their operation and continue to provide their care. The person told us, "They are aware of it and say they can be flexible." When staff observed that another person was struggling to manage after their partner was admitted to hospital, the agency contacted the local authority to request an urgent review. This took place promptly and additional support hours for the person were agreed. The person's care plan was updated to reflect their needs and the additional support they needed.

The agency worked closely with hospitals regarding the care of people towards the end of their lives. People who wished to spend their final days at home rather than in hospital were supported to return home with the agency's support. The agency communicated with other professionals to ensure people received the package of care they needed. The registered manager told us, "We work closely with the occupational therapist and palliative care nurses to ensure a smooth and safe transition. We make sure our carers are well supported and they have the right equipment, support and access to all other health professionals when caring for an end of life patient."

The care records we checked for a person receiving end of life care demonstrated that relevant professionals had been involved in developing their support plan. A palliative care specialist had provided guidance for staff about how the person's care should be delivered. We saw evidence that staff worked co-operatively with other professionals in providing the care the person needed. For example a healthcare professional had given training to staff to enable them to use the equipment involved in providing the person's care. Staff ensured the person's personal care needs were met and district nurses visited regularly to change the person's dressings.

The provider had a written complaints procedure which was given to people when they started to use the

service. All the people and relatives we spoke with knew how complain and were confident the agency would take seriously any concerns they had. A relative who had made a complaint in the past told us the agency responded appropriately to their concerns. The relative said, "It was sorted out well." A person who received care said that if they were dissatisfied, "I would ring them up and tell them. They know I will always tell them if something is wrong." Another person told us, "I have not needed to complain but if there was anything my daughter would tell who's in charge."

The provider's PIR recorded that the agency had received eight complaints in the previous 12 months, all of which were managed under the complaints procedure and resolved. The complaints log provided evidence that any concerns people raised were appropriately investigated and responded to. For example one person's relatives described a meeting with the registered manager to discuss their concerns as, "Very constructive." The actions needed to improve and resolve concerns were recorded and monitored.

Good

Is the service well-led?

Our findings

People benefited from a well-managed service. People and their relatives told us the agency communicated effectively with them and that they could contact the agency's office when they needed to. They said they had always been able to obtain any information they needed. One person told us, "The office give you all the numbers so you can contact them anytime." A relative said, "I haven't rung often but when I have I always get through all right."

There was a clear distribution of roles in the agency's office team. The office team comprised the registered manager, a deputy manager, a care co-ordinator, a care manager and two field care supervisors. The registered manager, deputy manager and care co-ordinator shared responsibility for care staff supervisions. Field care supervisors carried out spot checks on staff and observation-based competency assessments for moving and handling and medicines management. The care manager was responsible for supporting people receiving live-in care and their care workers. The care manager maintained weekly contact with each live-in placement and always attended handovers between care workers. The office team met each Monday to plan the week and to discuss any challenges, safeguarding issues or concerns. The agency had an effective call monitoring system, which enabled the office team to respond if a care worker did not arrive at a visit.

The registered manager provided good leadership for the agency. People and their relatives told us they could speak with the registered manager if they needed to. Staff said the registered manager supported the team well. One member of staff described the registered manager as, "Very approachable and flexible." Another member of staff said of the registered manager, "She is always there for us, seven days a week. She always listens and gives guidance and support when needed." Staff said they had access to management support when they needed it, including out-of-hours. One member of staff told us they could always contact, "My manager or the co-ordinator or our field care supervisor" if they needed advice or support. Another member of staff said, "They always respond well to us in the field."

Some staff said that communication between the office and field-based staff had not always been effective in the past. For example one member of staff told us, "In general I haven't felt that communication has been that good in the past." Another member of staff said, "There doesn't seem to be a good flow [of information] within the agency office at times." Staff told us that communication had recently improved following the appointment of a new care co-ordinator. One member of staff said, "Recently there is a new [care co-ordinator] and since he started working for them I feel that the communication has improved and he has been very helpful." Staff also told us that team meetings were now held regularly, which had also improved communication across the agency. One member of staff said, "We have team meetings four times a year. This gives us the chance to meet other care workers and to talk about any issues we have in the field as a team, learning from each other. We also have workshops. The last one was medication giving us more support and training around this." Another member of staff told us, "Team meetings have now started this year and any changes within the office structure, any concerns we have, any policy changes are discussed."

People were given information about the agency's values when they started to use the service and staff were

introduced to the agency's values in their induction. These values included care and compassion, treating people with dignity and as individuals. The provider's PIR stated, "We also discuss with staff the culture of the service to find out whether staff understand how to raise concerns or whistle-blow and feel able to do so." Staff told us they were encouraged to speak up if they had any concerns. They said their managers responded appropriately if they did this. One member of staff told us, "I feel that I can offer suggestions or speak up regarding concerns. Depending what is involved, my managers will usually support my suggestions/concerns and follow up if necessary." Another member of staff said, "We are encouraged to speak up if we have concerns about clients, these concerns are normally responded to."

The agency had effective systems to monitor the quality of the service, which included seeking the views of people who received care and their relatives. The provider's PIR stated that the office team carried out, "Weekly, monthly and quarterly service calls to customers and family enabling us to listen to lived experience." The PIR also stated that, "Spot checks ensure that customers receive quality services with regards to dignity, respect and ensuring outcomes are met." People who used the service and their relatives confirmed that they had opportunities to give feedback about the care they received. One person said, "The manager 'phoned up last week to ask if I was happy with everything. They regularly do that." The care manager spoke to people receiving live-in care regularly to hear their feedback about the placement. The provider distributed satisfaction surveys each year which invited people to give feedback about the care they received and the staff who supported them.

The agency had established effective working relationships with other professionals involved in people's care, including GPs, district nurses and occupational therapists. The records we checked in the agency's office relating to people's care were accurate, up to date and stored appropriately. Care staff maintained daily records for each person in their homes, which recorded the care they received and any medicines they took. Relatives told us the records maintained by staff were clear, comprehensive and accurate. Care records were audited regularly to ensure that the quality of recording was appropriate. The registered manager understood their responsibilities regarding statutory notifications and had submitted notifications about significant events to CQC where necessary.