Carewatch Care Services Limited

Carewatch (Peterborough)

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

Carewatch (Peterborough) is a domiciliary care agency that is registered to provide personal care to people who live in their own homes. At the time of this inspection care was provided to 71 people.

This unannounced comprehensive inspection took place on 25 and 26 January 2017 and was undertaken by one inspector.

At the time of our inspection there was no registered manager in post. The agency was being managed by a manager who was in the process of applying to the CQC to be registered. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the agency. 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 provider and manager had not always notified the Commission about important events that, by law, they are required to do so. This limited the information available to the Commission and any potential action that may have been required to be taken. Systems were in place to monitor the quality of service that was provided and improvements made had been effective.

Staff had an understanding of how to protect people from harm and of the appropriate reporting procedures and organisations responsible for investigating any safeguarding concerns. However, not all incidents had been reported to the Commission.

Staff, prior to being offered employment, were subject to a rigorous process of checks on their suitability to work with people. For example, previous employment history, police records checks, recent photographic identity and written references.
People were cared for and looked after by a sufficient number of suitably skilled staff. People's needs were met by staff who knew them well.

People's medicines were administered as prescribed. Staff who had been trained to administer medicines had their competency to do this assessed regularly. People had their medicines managed safely.

People were supported by staff to eat and drink sufficient quantities of the foods and drinks that they preferred. People were supported to access healthcare services and their healthcare needs, as a result of this, were met.

The CQC is required by law to monitor the Mental Capacity Act 2005 [MCA] and to report on what we find. The provider was aware of what they were required to do should any person lack mental capacity. Appropriate applications were in progress to support people through the Court of Protection. This showed us that the manager and care staff were aware of, and liaised with, those lawful bodies that were

responsible authorising and deprivations of people's liberty. Staff had a good understanding about the application of the MCA and its code of practice.

Staff received the training they required to meet people's needs. New staff were shadowed by experienced staff until they were able to work more independently. An on-going programme of training and staff development was in place and this gave staff the necessary skills they needed.

People received care from staff who provided this with kindness, sensitivity and compassion and promoted people's well-being. People's care was provided in private and in a way that respected their rights. People were involved, or were assisted with this by relatives or representatives, in developing their care plans. Care plans were reviewed and kept up-to-date.

Staff supported people to be as independent as possible. People had as much or as little support as they needed.

People's, staff's and relatives views were sought and any issues identified were acted upon promptly. Actions taken in response to any concerns raised were effective in preventing the potential for recurrence.

The manager was supported by a head of quality, care coordinator, field care supervisor and a team of care staff who benefitted from the support they were provided with. Staff understood what was expected from them and demonstrated the values of the provider to provide the best care that they could.

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's needs were met by a sufficient number of staff who were knowledgeable about protecting people from harm.

Medicines were administered safely by staff who had been deemed competent.

Accidents and incidents were identified and measures put in place helped prevent any potential for recurrence.

Is the service effective?

Good

The service was effective.

Staff's training, mentoring and support arrangements gave staff the skills they needed to support people effectively.

Appropriate applications were in place to lawfully deprive people of their liberty. People's rights were protected.

People's health care needs were identified and staff enabled people to access health care services. People's nutritional needs were met.

Is the service caring?

Good

The service was caring.

People were looked after by staff who did this with compassion, respect and in consideration of people's privacy.

Staff valued people's rights to be as independent as they wanted to be.

People's care plans accurately reflected their care needs.

Is the service responsive?

Good

The service was responsive.

People were enabled to live their lives as independently as practicable.

People's views were listened to and their individualised care was based upon their strengths and choices.

Records of complaints showed that people's concerns were acted upon to the person's satisfaction.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The manager and provider had not always notified the Commission about events that, by law, they are required to do so. This meant that the Commission was not able to take action should it have had needed to do so.

The manager fostered and supported an open and honest staff culture and as a result of this staff felt valued.

An effective system of audits and quality assurance procedures was in place and this helped identify and drive improvements.

Carewatch (Peterborough)

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 unannounced inspection took place on 25 and 26 January 2017 and was undertaken by one inspector.

Before the inspection we looked at all of the information that we had about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

Prior to the inspection we made contact with the local authorities who commission people's care. This was to help with the planning of the inspection and to gain their views about how people's care was being provided.

During the inspection we spoke with five people and two relatives by telephone. We visited the agency's office and spoke with the head of quality, the manager, a care co-ordinator, a field care supervisor and six care staff.

We looked at six people's care records, medicines administration records and records in relation to the management of staff and the service.

Good

Is the service safe?

Our findings

People told us that they felt safe because staff arrived at the time the person wanted them to and stayed until all care provision had been completed. One person said, "They [staff] have never been late." Another person told us, "I always get a call if they [staff] are going to be more than 10 minutes late and I have never had a missed care call." A relative said, "It is reassuring to know that if I am going out that my [family member] will get the care they need."

From incident records we viewed we found that most situations had been reported to the appropriate safeguarding authorities. We did find two occasions where incidents had occurred, people had not experienced any harm, but this had not been reported to the CQC without delay. However, we found from records we looked at that the local safeguarding authority had been promptly informed and that action plans had been implemented to ensure each person was safe. We found that these actions had maintained people's safety. The manager told us that they would, from now on, make sure that they informed the CQC without delay.

Staff had been trained and were knowledgeable about how to protect people from any, or potential, risk of harm. Care staff were able to describe the different types of harm, the impact this could have on people and the actions they would take. For example, reporting the matter to the manager, staff at the provider's office, as well as the CQC and local safeguarding authority. One staff member said, "If I noticed a change in a person's demeanour or if they were very withdrawn and quiet I would know straight away that something was not right. I would call the office straight away and get them to investigate." Another member of staff told us, "Any signs of bruises or pressure sore areas (not acquired in the person's home) would be reported immediately."

Risk assessments had been completed and covered those areas where people may be at risk such as with their mobility, their home environment, accessing the community and falls. We found that the measure required to help ensure people were kept safe were in place. For example, if people needed to have their walking aid to hand or that any shower chairs had the appropriate locking and braking device in place. Regular reviews of risk assessments were undertaken and this helped to make sure people were safe. People were assured that they were cared for and looked after in a safe way.

One relative told us, "My [family member] needs a walking frame and I see that they [staff] leave this where it is easily accessible." One person told us that they had experienced a fall and that as a result of this they were appropriate equipment had been arranged by the provider's staff to prevent a reoccurrence. The person said, "I now feel safe and I now listen to them [staff] to use my [equipment] properly." Records viewed showed us how the manager analysed each incident and put strategies in place as well as the latest guidance for staff. This was planned to help ensure that staff had the most up-to-date information about how to manage any risk that the person could be exposed to. People who needed the support of an emergency life line call systems had these in place and people could access these. This demonstrated to us that people were assured that risks to their health and wellbeing were managed effectively.

We found and staff told us that there was sufficient staff in post to meet people's assessed needs. Staff cover was also in place for unexpected as well as planned staff absences such as leave. This was confirmed by information people and staff told us and records we looked at. People's daily records and staff rotas showed us that staff provided care for the expected duration of the care provision. This was achieved by off duty staff working additional shifts, changing shifts and office based staff assisting with care if and when this was required. One staff member told us, "Sometimes it's all hands to the pumps but all the staff chip in to make sure people get their care. Any person who has an urgent care need is prioritised." The manager told us that where missed calls had occurred action had been taken to prevent any risk of reoccurrence. Effective electronic care call monitoring had been put in place and this alerted management staff if any person's care call had not been provided at the planned time. This was so that appropriate action could be taken in a timely manner to ensure that people received their care as expected.

We found that a robust and effective process was in place to safely recruit staff. Checks undertaken prior to staff's employment included an enhanced Disclosure and Barring Service (DBS) check for any unacceptable police records. One care staff told us, "I had to provide [evidence of] my qualifications, previous employment history, two written references including my most recent employer as well as my passport." Another staff member said, "I knew my DBS would come back clear and it did. I only started work as soon as this came back." The manager and office based staff confirmed the documents and health declarations that they had had to complete before being employed. These included proof of address, right to work in the UK and a valid driving licence.

We found that staff had been trained in the administration of people's medicines and following this their competency was assessed. This was to assist the manager with determining those staff who were deemed safe to administer medicines as prescribed. On person told us, "The girls [staff] always get my tablets out, give me a fresh glass of water and sign the paperwork (medicines administration record (MAR)). A relative said, "I do the medicines [administration] but if I'm out they [staff] do this and write in the [MAR]." One staff member said, "I completed medicines administration during my induction and [name of supervisor] assessed me to make sure I did it all correctly." A relative told us, "If my [family member] needs medicines picking up from the pharmacy they [staff] pick these up as this is what I prefer." From records viewed, people and staff we spoke we found that medicines were administered as prescribed and they were managed safely. For example, disposal of unused medicines was in line with current guidelines.

Good

Is the service effective?

Our findings

We found that before providing a service to people a process was in place to assess people's needs, and expectations as well as how the provider was to meet these. A care co-ordinator told us that they visited people; and if required their relatives, at the person's home as well as other place people were cared for such as in hospital. They said, "I ask about preferences the person may have for gender of care staff, favourite foods, health conditions, mobility, religious beliefs and any cultural matters and the time the person would prefer their care." The manager told us, "If it isn't always possible to meet people's needs, due to staff availability and where the person lived, to the exact minute, I am flexible in getting this as near as possible." They said, "As long as the timings for people's care are acceptable then care provision goes ahead. I won't take on anyone's care of I can't be confident in having the right staff in place to meet this."

All of the people we spoke with were unanimous in telling us that staff were skilled and appeared well trained in meeting their needs. One relative told us, "Staff absolutely know my [family member] very well. They [staff] always do their very best and really do make such a huge difference to my [family member's] life. They know what they are doing. I can't fault them." One person told us that the staff "knew them as well as their [relative]." Another person said, "I have had care from them [the provider] for a few months now and I can't fault the staff. They do a difficult job under difficult circumstances but they do it so well."

Staff were supported with induction, shadowing experienced staff, training and supervisions. One care staff told us, "My induction was over four weeks and included five days of classroom training. I have worked in care before but I felt that the support I got enabled me to do my job to the best of my ability." The manager told us, "Once I establish staff's suitability as a care worker they are supported with other staff as well as being subject to a probationary period. Any staff who do not have care in their heart would not have their employment continued beyond probation." One care staff said, "I had training on safeguarding people from harm, infection control, the MCA [Mental Capacity Act 2005], medicines administration and moving and handling."

All staff praised the training they had received by saying "it was comprehensive"…..."I have had refresher training" and "the training has to be done otherwise you can't provide care." This was also confirmed to us by the manager. A field care supervisor told us, "If I, or any staff, require any other training we have an in house training provider who helps ensures that this is provided. We also use the local authority for any subjects we may need." Other training that staff had completed included dementia care, catheter and stoma care. This is where people have an opening in their stomach to manage their continence needs. One relative said, "Staff definitely have the skills to meet my [family member's] needs."

Staff told us that the support and supervision sessions that they were provided with enabled them to do their jobs effectively and in a way that people preferred them to. One staff member said, "My supervisions are about every three to four months. I can raise any work related matter. [The manager] listens and acts on my suggestions. I have made suggestions and as a result I now have all staff's contact details that I work with on a double up call." Another staff member told us, "[The manager] chooses a different subject for each of my supervisions such as the MCA as well as dementia care. This helps me to understand what this means for

people."

The 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.

We found that all staff we spoke with were knowledgeable about putting the MCA code of practice into action. One staff member told us, "I never assume that any person can't make a choice. If they need help with dressing I would hold up a few different clothes and let them choose." Another staff member said, "If any person refused their medication (made an unwise decision) I would report this straight away. I would never force someone but I would need to make sure the person was safe."

The manager showed us evidence of how people who had been deemed to lack mental capacity were being assessed to make sure that the care that was being provided was in the person's best interests and in the least restrictive way possible. The manager said, "As soon as I became aware of the person's lack of ability to make an informed choice, I contacted social service to make sure that the person's rights were maintained." We found that appropriate processes were in place to request an authorisation through the Court of Protection to make decisions on a person's behalf. Where people had made advanced directives, we found that these were being adhered to such as people with a lasting power of attorney for health, welfare, and finances.

One person told us, "They [staff] give me a choice of lunch, I get to choose. If I change my mind this is never an issue." We found from records viewed, people, relatives and staff we spoke with that people had sufficient quantities to eat and drink. This included their favourite hot drink and foods as well as any allergies or foods to be avoided such those containing a high sugar or fibre content. Wherever possible people were provided with a healthy balanced diet as well as the foods people preferred. This was confirmed by what people and staff told us and records we looked at. One relative said, "I generally get the meals ready but they [staff] often help my [family member] to eat and drink plenty when I am doing other jobs." Another person told us, "I am always offered a choice of foods. If I am not hungry they [staff] make me a sandwich which I usually eat later." One person told us "I have a [health condition] and staff know what I can and can't eat." A third person told us that they had the staff to support them eat at a time they wanted to and that they "always had enough to eat". People were supported to have sufficient quantities to eat and drink.

People's health needs were met with support from staff, if needed. One person told us, "I did need [urgent health care] recently and the staff called the paramedics and stayed with me until they knew I was in the right hands. I would be confident that they would always do this if needed." A relative said, "If I was out for any reason I'm absolutely certain that they [staff] would call for help. I have no worries there." We saw that people's care plans contained relevant health action plans and guidance for staff including that for people who had specific health conditions and how these needed to be managed. Another person told us that they had the staff to support them attend a doctor's appointment if required. We found that where community nurse advice had been given that staff adhered to this guidance. For example, with regards to people's catheter care or the way people needed to be repositioned. People were assured that their healthcare needs would be responded to.

Good

Is the service caring?

Our findings

People were very complimentary about the way their care was provided. For example, one person told us, "They [staff] are always very nice, very helpful, respectful and it's good to have a good old chin wag." A relative said, "I don't know how they [staff] do it caring for my [family member] they have such patience." Another relative told us how "staff help [family member] to wash, get dressed, have a shower" and making sure the person's continence care was a dignified as possible.

People told us that staff were consistent in frequently seeking assurance to their wellbeing. This was as well as the way in which staff always spoke to them in a kind, respectful manner and treating them as an equal. For example on person said, "Whenever they [staff] arrive I get a 'cheery hello' and they check if it is alright to come in." A relative said, "They [staff] are ever so careful with my [family member]. They are also very considerate about my [family member's] care needs. They always make sure the door and curtains are closed, as well as giving my [family member] privacy when they needed it." One staff member told us, "It's all about respecting people's wishes and how they want their care to be provided. I care for people as if they were my mum or dad." This showed us that people's care was provided in consideration of the person.

People told us that the care that they were provided with was done in such a way that meant people were well looked after. Staff described to us the circumstances they needed to be mindful of to protect people's dignity such as covering people with a towel or dressing gown whilst providing personal care. One person said, "It makes such a difference to me. I rarely see anyone else but the care is superb. I am so happy they [staff] really will do anything (within reason) that I ask." One relative told us, "My [family member] has a lot of care needs and they [staff] always make sure their dignity is respected. They are very sensitive when doing any [moving and handling]. It is good to know they have the passion to care for people like us." People told us that staff made sure they engaged in conversation with people with subjects such as the news, weather, family members and general conversation about what the person had been doing. People could be assured that staff knew and understood their needs, listened to their requests and acted accordingly.

From records and care plans we viewed we saw that people were supported to live at home as long as they wanted and where this was practicable. People, as a result of this, benefitted in being able to live more independently. One person said, "I need two staff but they [enable] me to live in my home which I really like." People's care plans described the support people needed. However, the details about what this was, was not clear. For example care plans stated "requires support to get dressed, have a shower or with medicines but the detail about this support was limited. Staff were however able to describe to us how people's care was to be provided and what the level of care was. The manager told us that they would add further clarity to care plans especially for those care plans where people had been cared for by the previous care provider.

We found that formal advocacy arrangements were in place for those people who could potentially be lawfully deprived of their liberty as well as people whose relatives advocated on their behalf. An advocate is a person who is able to speak on the person's behalf and make sure that the person's wishes and preferences are respected. Care plans and people we spoke with confirmed that their risk of social isolation

was minimised. One person told us, "I love seeing my [family members] they remind me of when I was young. We have a great laugh."

Good

Is the service responsive?

Our findings

People gained benefit from the assessment of their needs. This was achieved by a comprehensive process that identified the important matters in people's lives. These included their favourite interests and pastimes, preferred name, GP, hobbies and interests such as knitting, taking a dog for a walk, watching a favourite soap or film or doing a quiz.

Other areas assessed included if people had made any advanced directives about their care as well as people's ability to make decisions if they lacked mental capacity to do this. One person told us, "[Name of staff] came to my house and with my [family member] we spent time looking at what I like, dislike, my health. Foods I like as well as when I would like to have [care provided]." A relative said, "I was impressed with the level of detail that they [staff] went into. They gave us a record of this [care plan]. My [family member] signed to say they agreed with it. If we need to make any changes we can do this."

We saw that people's life histories had been recorded. This was as well as staff telling us about the lovely stories that people sometimes told them about when the person was younger and what they had done during their lives. The manager was in the process of reviewing people's care needs and adding additional detail when this had been identified.

Staff told us that the information in the majority of care plans was detailed and this provided sufficient guidance to meet people's assessed needs. One staff member told us, "The new care plans are good but some are from a previous [provider] and these are being updated by office staff and [the manager]." One person said, "I have my [care plan] in my lounge and they [staff] read this. The (newer) staff do this regularly but once they get to know me they just check for any changes. I would tell them as well."

The manager told us that care plans are "live documents" which we keep under review. Changes can be made at a three, six or 12 monthly point. The manager also said that, "Any urgent changes identified by care staff are acted upon straight away such as an increase in a person's care or the addition of another staff member for any moving and handling." A relative told us, "I am always being asked is there anything else I need or if anything needs changing but I am very happy with everything." Based upon each person's circumstances each person's records had been individualised according to each person's specific set of circumstances.

People and relatives we spoke with told us that they were satisfied with how their individual needs were met. One person said, "Honestly; everything they [staff] do is absolutely amazing. I wouldn't change a thing." One relative said, "They [staff] do a wonderful job with my [family member]." The manager told us about those people whose care had changed such as an increase as well as decrease in the number of care calls. This was to help ensure that people's needs were responded to and based upon their individual situation.

The provider had a complaints policy which was also available to people in the form of a service user guide. This information in the service user guide gave people the details of those organisations they could contact if ever they felt that their concerns had not been resolved to the person's satisfaction. Records viewed

showed us that where people had raised a concern or made a complaint that this had followed the provider's process to the complainant's satisfaction.

We found that as a result of the proactive approach of the manager the vast majority of concerns had been resolved before they became a complaint. One person told us, "I have never had to complain. If I ever needed to I would just call the office. The girls [staff] there are very good. When I report something they get back to me, always." A relative said, "Never, ever had any concerns. I only have praise for what they [staff] do. I couldn't do it on my own but they make such a difference to my [family member]." One staff member told us, "I would know if someone was not their usual self. I would always ask if there was anything wrong or if I could help." People could be assured that their concerns, suggestions and comments would be acted upon.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection a registered manager was not in post. The manager had submitted their application in a timely manner. However at the time of the inspection, for reasons beyond the manager's control, their application was still in the process of being assessed.

From records we looked at we found that there had been two occasions where the provider and manager should have informed us about important events that, by law, they are required to do so. The appropriate authorities had been informed and actions taken had ensured people's safety and well-being. The lack of reporting limited the CQC's ability to respond accordingly should this have been required.

We received only positive feedback from people, staff and records viewed about the leadership that the manager had provided. All staff we spoke with commented on how approachable the manger was and that they listened and acted upon information that they became aware of. One staff member told us, "We have regular staff meetings where we discuss training that we need to do, subjects such as safeguarding and the MCA as well as being reminded of the standard of care that we are expected to maintain."

Another staff member was very complimentary about the manager in supporting them to be an effective member of staff where other employers had not. They said, "I hadn't worked in care before so it was all new but with experienced staff and [manager's] support it is going really well. I can call their mobile [phone] at any time if I feel I need support." One relative said, "The [manager] lady in the office called me last week. I know who they are as they came to see me when I first started [using the service]. Everything I asked for has been done and we [family member] can't fault anything."

Examples of the improvements the manager had made since July 2016 when they began managing the service included recruiting new staff and motivating them by working alongside them. This was as well as organising social events, giving staff time do the things they needed and respecting staff's rights, improving staff's supervision as well as praising and rewarding staff for their work as a team. One field care supervisor told us that the staff team was "brilliant" and "if there is ever a time when we all need to help meet people's needs then all staff are willing to help." One person told us, "Everything they [staff] do they do well and is really appreciated (by the person). Staff sometimes call in during their spare time just to have a chat which is lovely." We found that staff demonstrated the values of the provider by putting people first.

All of the people we spoke with told us that they enjoyed the consistency in the quality of care that was provided. This had also been confirmed in a local authority contracts monitoring visit. One person said, "They [staff team] are like a family to me. The other day [name of staff] came out and worked with my normal carer [staff]. I was told that this was to check to make sure they were doing everything properly. I have never had any issues." Another person said, "I get the same girls [staff] most of the time. They all work to the same high standard." One relative told us, "I know who to ring in the office if I ever needed to, which I haven't. They [staff] are always very polite and willing to help me and my [family member]."

Various opportunities were made available to people and staff to make suggestions and contribute in

improving the quality of the service that was provided. People were contacted by telephone and visited by management staff. A quality assurance survey questionnaire had recently been responded to by people and information from this was being analysed for any potential actions. One person said, "I am frequently asked informally if there is anything I want to change but I can also be called by phone but I am very happy with everything."

Staff's views were sought during individual supervision as well as staff meetings and during observations of the quality of staff's care practice. One staff member said, "We have time with [the manager] every three to four months. I can definitely say what works well including suggestions to improve things." Improvements had been made in staff rostering, care call monitoring and training. The manager told us that they were supported by a head of quality and that they could ask for support at any time. This was as well as being made aware of any information from the relevant regulatory bodies such as withdrawals of medicines. Another staff member told us, "I get all the support from [name of staff] I need. I can pop in the office for a formal chat with [the manager]. She always has time to listen even though she is busy. I always feel supported in a positive way." This showed us that the leadership at the service supported staff in their development.

The head of quality told us that "[the manager] was doing very well in getting the branch to the standards required by [the provider]." And that "any changes or developments in care practice are sent directly to the manager as soon as this was available". The head of quality said, "Although I do audits and checks, [the manager] can call me at any time if they feel they need advice and assistance. We found that the majority of audits were effective in driving improvement. However, we found that not all events that we are required to be informed about without delay, by law, had been identified. The manager told us that they would get a list of all such reportable events and make sure that all office based staff also knew when to report incidents.

Staff were aware of the whistle blowing policy and when to use it. One care staff said, "I have never been in a position to report other staff but if I saw anything of concern I am confident that [the manager] would act on my concerns and take the right actions. Another staff member said, "It's people we are talking about and there is no way I would allow someone to care for my mum or dad in a way that was not acceptable. I would report to [the manager's] boss if I had to and without any fear [of recriminations]."

A programme of observations of staff's quality of work, training, supervision and appraisals were in place. This was to help ensure that the governance of the service and its staff was effective in driving improvement. We found that in a relatively short space of time many improvements had been made in these areas. One staff member told us, "I now get regular supervision and it's meaningful. I have a two way conversation with [the manager] and it's good to be able to explain the challenges, especially where people's care has increased. The manager told us that staff were very good at making her aware of when an increase in people's care was or could be required. This could be by phone, e-mail or a visit to the office. We saw that the manager had a plan for developing the service and also through a self-audit in being honest in what worked well and where things did not work quite so well.