Care Response Limited

Care Response

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Care Response provides personal care to older adults, some of whom have dementia throughout Ascot, Bracknell, Old Windsor and surrounding areas. The office is located in the main street of Sunninghill just outside of Ascot, Berkshire. Staff provide care to people within an approximate 10 mile radius of the office. The service promotes the independence of people by supporting them at home. Care calls range from 15 minute 'pop in' visits to one hour and above. People structure these calls to suit their needs. Services provided range from assistance in the morning (including helping people get out of bed, wash, get dressed and have breakfast) shopping, preparation of food, medication prompting and assistance with evening care routines.

At the time of the inspection, there was 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 most recent inspection was a desk-based review in September 2014, following outstanding non-compliance from a prior inspection on 5 February 2014. A desk-based review meant the inspector had assessed it was not necessary to perform a site visit, and instead reviewed documentation and other evidence sent by the provider. The desk-based review checked whether the service had improved in assessing and monitoring the quality of the service and supporting staff. These outcomes were found compliant at the time. A full history of the service's inspections and reports is available on our website. This is the first inspection and rating of the location under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Act 2014.

At the time of the inspection, 54 people used the service and there were 20 staff. People received care visits in the morning, at lunch time, at supper and in the evening. The service operated from 7am to 10pm each day and people, relatives, staff and healthcare professionals could telephone the office anytime to receive support. After hours, calls were diverted to the on-call manager's mobile telephone.

People were protected against abuse or neglect. Staff we spoke with were professional and caring and enjoyed working with people who used the service. People's opinions of the care provided were consistently positive. There were sufficient staff to meet people's needs at all times, and the service appropriately determined correct staff deployment. People's medicines were administered, stored and documented appropriately.

The service was not consistently effective. Staff received induction, training, supervision and performance appraisal for their roles. The service utilised Skills for Care's 'Care Certificate' for new care workers and there was evidence they had successfully completed the many components. However, we found that progress through the 'Care Certificate' was too rapid for new staff and there were gaps in ongoing staff supervision dates. Recruitment and selection of new staff members was robust and ensured safety for people who used

the service. Consent was gained before care was commenced and people's right to refuse care was respected by care workers. However consent was not always gained lawfully by the service from the relevant person. We made a recommendation in the report regarding gaining lawful consent.

We found staff were kind and generous. People's comments mirrored our findings from the inspection. Staff told us they respected people's privacy and dignity, and ensured people remained as independent as possible. People had regular opportunities to provide feedback to the service and also have their say in how things operated.

The service was responsive to people's needs. People had the ability to share their compliments, concerns and complaints in an open and transparent manner. Where feedback was provided by people or relatives, management would undertake necessary investigations, make changes to their care package and report back to the person who complained. People's care plans were person-centred and changed as necessary. We found evidence that the care documentation was a good reflection of the person who was cared for.

All of the people and staff we spoke with as part of the inspection commented that the service was well-led. They felt that the managers took time to listen and would take action to make improvements when needed. People felt that management were approachable and had a visible presence in the operation of the service. We found that the management conducted checks to assess the standard of care. This included satisfaction surveys where people consistently rated the service very good. However we identified areas for improvement and the management took immediate action.

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 were protected against abuse or neglect.

People's risks for care were adequately assessed, mitigated or resolved.

People's received safe care due to satisfactory staff deployment.

People's medicines were safely administered and recorded.

Is the service effective?

Requires Improvement

The service was not always effective.

People felt they were cared for by trained and knowledgeable staff.

The induction and supervision processes for staff required improvement.

People's consent for care was obtained but the service was not consistently compliant with the requirements of the Mental Capacity Act 2005.

People were supported to maintain a healthy balanced diet.

People were supported to have access to healthcare services and receive ongoing support from community professionals.

Is the service caring?

Good

The service was caring.

People were treated with genuine kindness and compassion.

People had a say in the service provided to them and what they felt needed to improve.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People's care was personalised and documented appropriately.

Staff had good knowledge about people they cared for.

People's had the right to make complaints and knew how to.

Is the service well-led?

Good

The service was well-led.

The service had clear objectives and values about care delivery.

Staff expressed management were approachable and listened to them.

People who used the service felt that the service was well-led.

There was a system of quality assurance to promote good care for people.

The provider took immediate action when we raised concerns about the staff training and induction.

Care Response

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.

The inspection was undertaken by one inspector, took place on 1 September 2016 and was announced. The provider was given 48 hours' notice because the location provided personal care in the community and we needed to be sure that staff and managers would be present in the office.

For this inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we already held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We also looked at feedback we received from members of the public leading up to the inspection.

Prior to the office inspection, we sent a total of 89 surveys to people who use the service, relatives and friends, staff and community health professionals. We received 13 survey responses. We have included information from the surveys in our report.

During the inspection the registered manager was absent. Instead, we spoke with the service's quality manager and two other office-based staff. We also spoke with four people who used the service, one relative and four care workers. We did not visit people's homes as part of this inspection.

We looked at 12 sets of records related to people's individual care needs. These included support plans, risk assessments, medicines administration records (MARs) and daily care worker notes. We also looked at four staff personnel files and records associated with the management of the service, including quality audits.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe when care workers supported them in their homes. They told us they liked having support from the staff members and felt reassured that care workers supported them with tasks they needed assistance with. When asked if they felt safe with the care provided one person told us, "Yeah I am fine." Another person stated, "Yes, the staff are all good." A third person said, "I used to fall a lot before they started coming around. Just knowing someone is looking after me makes me feel safer." People said that in most visits they would have the same staff member and had built a bond with them. People also told us they felt their home and possessions were safe with the care provided. This meant that staff promoted the feeling of safety by people who received the care.

The provider had appropriate policies for safeguarding and staff whistleblowing, although both required updates due to some outdated content. The provider took action to update the policies after we made them aware. There was a good knowledge by care workers and management regarding potential abuse and how to ensure people were safeguarded should allegations occur. Staff displayed confidence in their knowledge of types of abuse, signs of abuse and the action they would take if they suspected or witnessed abuse. All staff we spoke with were aware of whistleblowing and authorities that they could approach if they needed to report something. The quality manager was clear about their part in managing safeguarding concerns. Safeguarding was included as part of new care worker inductions and routine training. At the date of the inspection, all staff had completed safeguarding training in the last 12 months. Staff also knew about human rights, discrimination and equality because they received training in the subjects.

People were safe because their risk assessments and care plans reflected their individual risks. The quality manager told us they always visited people in hospital before the service agreed to take on a care package. This was to ensure that discharges of people from hospital to their home was appropriate and Care Response were able to meet their needs. We looked at care records for four people who used the service. We could see that people's risks were thoroughly assessed and documented. In the risk assessments and care plans we examined, we saw a comprehensive range of documents. Examples included environmental hazards in people's homes, moving and handling assessments, how personal hygiene was conducted, and how nutrition and hydration were managed. The frequency of personal care also reflected people's individual needs.

The number of people who used the service varied at any given point. However at the time of the inspection we found there were a satisfactory number of deployed care workers that provided personal care and a team of staff who worked in the office. Four staff we spoke with said they felt that staffing levels were satisfactory. When we spoke with the quality manager, they told us the service had a staff planning system and they demonstrated this to us. The quality manager said, "Regarding staffing levels, I err on the side of caution." The quality manager explained that they ensured sufficient staff were available to cover planned and unplanned leave. We found staff travel time was planned into staff rotas and visits. Sick leave and holidays of staff were appropriately covered by other care workers. Agency staff were not utilised. Some people commented that staff were occasionally late, but this was not routine and usually stemmed from unplanned events like heavy traffic. Staff were expected to call and message the office if they either

exceeded the time they needed for a single call or had additional time available during their shift pattern. This meant the staffing level was tailored to people's individual needs and calls were not cut short or routinely missed. We found people's visits were of an appropriate period of time.

The service had strong recruitment and selection procedures that ensured suitable, experienced applicants only were offered employment. We looked at four personnel files of care workers. Staff we spoke with told us they had to pass a number of stages to be successful in gaining their employment. This included a face to face interview with the managers and question-based scenarios. We found personnel files contained all of the necessary information required by Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and no documents or checks were missing. We found this included criminal history checks via the Disclosure and Barring Service (DBS), checks of previous conduct in other roles, and proof of identification. Staff also had the right to work within the UK.

A business continuity plan and emergency procedures were in place if there were events which may impede or prevent calls. When we spoke with the quality manager, they told us they knew what to do in the event of extreme weather events. This meant most people's care could be delivered in difficult travel circumstances.

People's medicines were safely administered. We were told that in people's homes, their medicines were often pre-packed into blister packs by the dispensing pharmacy. Where possible, the person themselves was encouraged by staff to administer the medicines themselves, with staff supervision. Staff only supported the person if their ability to administer the medicines themselves was affected. Staff we spoke with explained their actions if people refused to take their medicines. They told us they would stay with the person, explain the importance of taking their medicines and see if the person would then take them. If the person continued to refuse to take their medicines, they would report this to the office location for further action.

Requires Improvement

Is the service effective?

Our findings

We asked four people whether they felt that staff were trained appropriately to help with their personal care needs. The people we spoke with agreed that staff were knowledgeable and competent. For example, one person stated, "As far as I'm concerned they are fine." The second person we spoke with said, "Yeah I do. They are good. The one girl that comes around, she's like a daughter to me. She is a wonderful girl." Another person told us, "They always know what to do. Very skilled." The final person we spoke with commented, "I've not had a problem yet that they could not help me with. I am very happy with the carers." This showed people had a positive opinion about the staff's skills.

Four care workers we spoke with told us they had received training in a number of subjects including safeguarding and medicines administration. The staff told us they had a good understanding of supporting people with personal care, such as moving and handling or eating and drinking. The staff we spoke with told us a variety of methods were used in training, such as computer-based, face-to-face training and practical demonstrations. Staff stated they had asked for additional training in other topics, such as effective care of people with Parkinson's disease. We also viewed the service's staff training and performance appraisal records. We noted long gaps between meetings with managers for some staff. We provided this feedback at the inspection to the office-based staff. The quality manager acknowledged the frequency of staff supervision meetings required improvement.

We saw new care workers received induction and support to establish their knowledge and skills to carry out their role. The quality manager showed us records of four staff inductions. We found appropriate subjects related to the role were covered in the training. The provider used industry-wide training methods for adult social care staff, such as Skills for Care's 'Care Certificate' and 'Log on to Care'. New carer workers were required to undertake the required 'Care Certificate' to ensure they were able to carry out their roles and responsibilities.

However, the completion of the 'Care Certificate' at the service was not in line with the guidance from Skills for Care. The new care workers had completed the 15 modules of the training too quickly, without appropriate meetings with their mentors throughout the process. In addition, in the records we viewed some staff had not completed key subjects needed before working with people. For example, one staff member was not signed off for training in understanding mental capacity. Another staff member had not completed training during their induction in dementia, food safety and hand hygiene. This meant people could have received care from staff that were not fully trained. We raised this with the quality manager at the time of inspection and our findings were noted for action by the registered manager.

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 so that they can 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 service was not consistently working in line the requirements set by the MCA and the associated Codes of Practice. We found that consent was always gained for people's care. However, the consent was not always that of people who had satisfactory mental capacity to make the decision themselves at the time. In these circumstances the service relied on relatives or 'next of kin' for agreement and signatures on consent forms. The service had not obtained proof that the relevant person could consent on behalf of the person who received the care. For example, the service had not checked copies of documents like power of attorney or court-appointed deputies. This meant that consent, in the examples we viewed, was not valid. Where there was no one who could legally consent for a person, the service had not documented the best interest decision making processes in line with the MCA requirements. We provided advice to the quality manager that they review the use of best-interest decision making for people who may not have capacity to consent to care.

We recommend that the service reviews consent procedures and implements steps to comply with the requirements set by the MCA and associated Codes of Practice.

However, we found where people who used the service had the mental capacity to consent to care, they had signed consent forms. The consent forms included the information necessary about how to make an informed decision. This included things like what the care would be like, what benefits there was to the care and their right to refuse if they felt the need to. Staff we spoke with stated they would respect people's right to refuse care, but at the time people were accepting personal care without any refusals.

Some people who used the service received support with food shopping, eating and drinking and the preparation of their meals. Where necessary, the person was encouraged to be as independent as possible in heating, cooking and eating their meals. One care worker we spoke with told us, "I always give people choices." We found staff also ensured that people had access to food and drink before they concluded their care call at people's homes. For example, we looked at four care files and we saw that staff often left snacks and supper ready for people to consume in the absence of a care worker. Care workers we spoke with were aware that referrals to GPs and dieticians could be made if needed, but this was only in circumstances where the person was at risk of malnutrition.

If staff were concerned about people's welfare, they would contact community health care professionals. One staff member said, "I would call the GP if I was concerned and an ambulance if needed." Another care worker told us in the event a person was feeling unwell, "I would not hesitate to contact someone". This showed staff were aware of what to do if people's health was at risk. We saw people were supported by the service to attend all necessary medical and healthcare appointments away from their own homes. People were supported to attend healthcare appointments, for example GP visits, dentists and opticians.

Good

Is the service caring?

Our findings

People we surveyed and spoke with felt that care they received was 'kind'. Survey responses prior to our inspection indicated 12 people were happy with the care and support received from the service. Following our inspection we telephoned people to ask if the service was caring and they agreed. Examples of feedback included, "They're very good. I am definitely happy with all the carers I get", "The majority of them are fine. Sometimes you get on better with some than others" and, "Yes I do. I like my carers they are a good group of girls." Another person mentioned that they felt cared for because, "Just the way they talk to me and make me feel better. They are nice and polite. I really don't have anything bad to say." This showed people received compassionate and good care from care workers.

The provider explained their approach to a caring service. In the Provider Information Return (PIR) submitted to us prior to the inspection, the registered manager described a good example of caring. The provider stated, "In January, following an assessment commissioned by the local authority, our quality manager identified needs that required urgent attention. Within hours, equipment was issued, consultant appointments arranged, short-term team intervention and support for [the person] was in place. The client's needs were not clearly visible at the previous assessment [completed by another healthcare professional], but the quality manager was able to look beyond the client's visible needs and it was with compassion and knowing what the client should receive that we were able to arrange these services urgently." On visiting the person after the arrangement of the care package, the service found the person was appreciative and commented, "You know how to [get things moving]!" The person and family proceeded to thank the service for their generous dedication in starting the package of care promptly.

We reviewed four people's care records to determine their level of involvement in planning, making choices and being able to change the care if they wanted to. We found people who had the ability, were free to make changes to their care when and if they desired. Where people's conditions meant they may not be as involved in the planning or execution of personal care, relatives and healthcare professionals were also consulted to ensure that the person received the best possible care. The service also took into account that people wanted specific timings of visits and these were often during busy periods of the day, such as breakfast time. Where possible the service arranged calls which accommodated people's requests. We spoke with three people and they told us they were involved in decision-making about their care. The first person said, "I live on my own and I got to the stage where I fell over and I told them what I wanted. They gave me what I asked for." Another person told us, "Yes, I just need help with some of my movements. If they were to upset me with changes they will soon know about it." The third person stated, "Yes, I tell them exactly what I want and need." This feedback indicated that people were involved in the process of their care planning.

We did not visit people in their homes as part of this inspection. However, we still found that people received personal care which was dignified and respectful. During telephone interviews people confirmed that staff respected their privacy and dignity . We found care workers were required to undertake training in privacy and dignity. The service delivered person-centred care in a way that helped people to maintain a good level of independence and make choices.

Care workers told us how they ensured people's privacy and dignity was maintained. For example, they closed bedroom doors and curtains in people's homes before delivering personal care. Confidentiality in all formats such as paper-based and computer-based documents was maintained. People's confidential personal information was regularly removed from the care file in their house and placed into secure storage at the service's office. At the time of the inspection, the provider was registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. We saw evidence of the ICO registration on the day of the inspection.

Good

Is the service responsive?

Our findings

People and relatives told us the provider was responsive to people's needs and these were personalised to each individual person. When we asked people if they could have the same care worker, they commented, "Yes I can", "I guess I do but I have never needed to change them" and, "I phoned up once a long time ago and asked to change one of the carers, and they were happy to help. So yes I can." This showed the service was considerate of people's feedback and the ability to be flexible with the allocation of care workers .

We also asked local commissioners their opinions about the care delivered by Care Response. Their feedback was in line with that of people who used the service. One local authority wrote, "In my experience, the service is prompt to inform [us] of any urgent needs or concerns. They are specific in their requests for reviews regarding manual handling, care or changes in circumstances. They are always willing to attend joint visits regarding assessments and training on equipment etc. I feel they work openly and co-operatively to improve and stablise service user's needs and quality of life in the community." Another local authority stated, "[We have] not used Care Response for some years due to contract changes, but we have a renewed relationship with the agency now which has been in place since the end of 2014. We have never experienced any problems with the quality of support provided by Care Response, either before or currently." These were positive responses from commissioners who wanted to ensure that people's care was personalised to their needs.

People who used the service had their personal needs and preferences taken into account before care commenced and throughout continuation of their support. We looked at four people's care documentation to check that care was responsive. We found that people were free to choose what aspects of care they needed assistance with, and the service would allow people to remain as independent as possible. The quality manager explained that the first visit by the provider ensured questions were asked to ensure the person received a care package dedicated to them. The quality manager also stated that care changes were made to take people's views into account if they changed. Six-week reviews were conducted after care packages commenced. Care reviews were also conducted every six months by the registered manager, quality manager or one of three senior care workers. This meant the service adapted to people's changing needs or requests. People also told us that they were able to change their care package when they wanted or needed to.

In the care files we looked through, we saw the service had a good system for documenting people's preferences, the care delivered and reviews of their care. For example, in one person's file we found very specific information about the person's care needs. These included that the person always wore an emergency pendant for use if they had an accident. The care documents showed the person liked to order their pre-packaged meals from an online delivery company, needed their gas and electric meters checked for sufficient credit and went to the pharmacy for occasional shopping. The person was thankful for the personalised approach to their care. We saw another person's file recorded they wanted to 'get out more' and 'felt trapped' after surrendering their driver's license because of their health. We found that the provider had organised the provision of a wheelchair for the person. This was because the service determined it was inappropriate for the person to sit in a lounge chair all day. It was recorded the person felt the assistance

they received with gaining a wheelchair increased their independence again. These examples showed that Care Response provided person-centred care.

People knew how to make a complaint if they needed to. People were provided with a service guide that explained how to make a complaint. We asked people if the provider had informed them of how to make a complaint. Comments included, "I know who to complain to but I have never had cause to use it yet. I have a service pack that lets me know who to complain to." Another person told us, "I was unhappy the other day and I have their phone number and spoke to the owners. That's who I talked to about the 7am call." Two other people commented, "I've not had any problems so far" and, "I have spoken to owners once or twice and they are always happy to help me with anything I need." The location had a complaints policy and procedure. Staff were made aware of this during induction and we observed a copy was easily available for office staff and care workers to access. Two care workers we spoke with knew the steps they would take if a person or relative wanted to make a complaint. The policy and procedure contained the information for various staff members regarding their role in listening to and managing complaints. There was the ability to escalate complaints within the organisation if people felt their complaint was not handled well. We viewed the location's complaints register during the inspection and looked through a complaint from 2016. The registered manager and quality manager conducted an investigation, provided a written response to the person and made changes to prevent the issue recurring.

Good

Is the service well-led?

Our findings

We reviewed the service's statement of purpose. A statement of purpose is a legally required document that includes a standard set of information about a provider's service. Statements must include details like the provider's aims and objectives in providing the service. The statement of purpose was appropriate. The aims of the service were, "…to provide a professional service to vulnerable adults who live at home enabling our clients to remain as independent as possible and feel in control of their lives, respecting personal values, choice and dignity at all times." The Provider Information Return (PIR) was sent to us by the service on 11 August 2016 prior to the inspection. The PIR stated, "The management structure within Care Response is long standing and robust for over 20 years. Care Response is a family-run business, that is well respected within the local community. We do not compete with other providers, we focus on our business and what we stand for. We have an excellent relationship with the directors, who are always available and where trust is built on integrity and shared values. Our focus is on the quality of the operational care and support we provide to our clients. We are able to make decisions for our company based on these values…" We found the service had clear values and was based within a model of operation to provide good care to people.

A registered manager was in post at the time of our inspection who had been managing the regulated activity since registration under the Health and Social Care Act 2008. We received positive feedback from staff about the manager as an individual and the overall leadership of the provider organisation. In all aspects of the management, there was good oversight and at the inspection the quality manager was able to provide detailed information about the staff team, people who used the service, the service's strengths and areas for improvement. For example, they told us they wanted to introduce a questionnaire specifically about the management of the service. This would be for the purpose of assessing how well-led the service was. Other ideas the service had was to form a closed group for their staff on a popular social media website. The planned purpose of the group would be to prevent isolation of the care workers, share care-related ideas and 'promote a sense of community'.

People surveyed prior to the inspection and interviewed by telephone after the inspection agreed that the service was well-led. Regarding management, people said, "Her name is [manager's name] and she is in the head office. She is first class", "There's a lady that owns the company. They are fine; they haven't upset me in anyway" and, "I think I have met her once. She seemed like a nice lady. I could talk to her." Staff were also complimentary of the management when we asked. Comments from staff included: "Very approachable. For me, I feel they are quite helpful…and supportive. They have allowed me to start a course of work I have wanted to do for a long time. They have been very understanding of my personal circumstances." Another staff member said, "Adaptable, helpful. I feel that I would be able to make suggestions. They would listen to me." A third care worker told us, "This is a very good service, everyone is really friendly. It's like a family here and they always listen".

We found the service did not routinely survey staff to ask for their feedback. However, our pre-inspection survey results showed that staff felt managers communicated well with them regardless. We found staff had meetings with the management at periodic intervals. We looked at staff meeting minutes from April 2016. This showed that all staff who attended were able to provide their opinion on the service, and state how

they felt about anything they thought may require changes. For example, one staff member wanted their timesheet e-mailed to them each week. The actions from the meeting showed that the office-based staff organised for this to happen. Managers at the meeting spoke about a variety of topics. These included documentation, staff absence, swapping shifts, and the care of people. Perceived problems were raised and resolutions suggested. We found that some of the actions documented in the meeting minutes were put in place to improve the service. For example, care workers found that text messages were 'too long' regarding people who were admitted to hospital. The management listened to this and organised shorter text messages to care workers. The text messages still provided the necessary amount of detail so staff had the required information.

Our inspection methodology meant a significant portion of our time was spent with the quality manager asking questions and examining evidence. We found the management of the service was transparent, approachable and knowledgeable. Due to the type of service provided, there were a limited amount of times that the provider needed to legally notify us of certain events in the service. However, we found the management complied with the regulatory requirements to notify us regarding the running of the service, and always provided accurate information without delay. When we spoke with the quality manager, they were able to explain the circumstances under which they would send notifications to us. The notifications sent to us by the provider were the same as those received by the local authority which meant we had received all relevant notification. Also, this showed that the service recognised the need to inform other agencies of important events.

There were a variety of quality checks undertaken by the management to ensure good care. We looked at completed audits which included people's care file checks, first visit checks and review visit checks. We found necessary changes were made with regards to the checks on care. Care workers also had random visits ('spot checks') by managers during care delivery, to ensure people's care was provided safely and effectively. We found the service checked daily notes from care workers when they returned to the office, completion of medicines administration records, risk assessments and care plans. The managers of the service were also dedicated to people's safety. The quality manager explained that a person could be at risk because of their circumstances and how they, as a responsible service, would intervene. This included working outside the boundaries of the care package, when needed, to ensure the person's care was safe.

We found the provider conducted its own telephone questionnaire in May 2016. This was to assess people's satisfaction with the service and whether any improvements were required. A total of 30 people who used the service were telephoned by an independent party to the provider. People interviewed were asked if they wanted the service they received to improve in any way. Nearly all the people the surveyor spoke with stated they did not need improvement in their care package. The remaining three people interviewed simply requested changes of their appointment times as the improvement they desired. After our inspection and when we spoke with them, people also felt that nothing at the service needed improvement. People said, "I don't want to change anything", "I don't think there has been a necessity" and, "Nothing needs to be changed." People's feedback on improvement demonstrated that the service was well-led and provided good care packages.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The quality manager was familiar with the requirements of the duty of candour and

was able to clearly explain their legal obligations in the duty of candour process. The provider did not yet have an occasion where the duty of candour requirements needed to be utilised. At the time of the inspection, the service had a satisfactory duty of candour policy.