ASD UK Network LTD

SureCare Oxfordshire

Inspection report

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Date of inspection visit:
20 April 2017

Date of publication:
24 May 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 20 April 2017 and was announced with 48 hours' notice. SureCare (Oxfordshire) is a domiciliary care agency registered to provide personal care in people's own homes. At the time of this inspection the service was providing support to 53 people of which 39 people were receiving the regulated activity of personal care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in November 2016, we asked the provider to take action to make improvements to safety with respect of risk management, medicines management and ensuring people received their visits. At this inspection on 4 April 2017 we found improvements had been made. Risk assessments in relation to people's individual risks were in place. These set out how to support people in a way that mitigated the hazards identified.

People's medicines were managed safely and records had been completed.

There were enough care staff deployed by the service to support people. Although a system was being implemented to ensure visits were completed by care staff this was not operational at the time of the inspection. We were therefore not confident that the service would always know if a person had not been visited if they were unable to alert the office themselves. Checks were carried out on care staff before they began working at the service. Care staff had the knowledge and received training on how to recognise and report concerns to keep people safe.

At the last inspection in November 2016, we asked the provider to take action to make improvements to staff training and supervision. At this inspection on 4 April 2017 we found improvements had been made. People were supported by care staff that had the training and support from their managers to deliver effective care and carry out their roles and responsibilities.

The service followed the guidelines within the MCA and consent to care was sought before care was undertaken.

People's hydration and nutrition needs were managed well. People were supported to have access to health professionals where needed.

People were supported by caring staff who took the time to get to know their needs. People were provided with information about their care and privacy and dignity was respected and promoted.

People had been assessed to determine if the service was able to meet their needs. Care plans were accurate, up to date and contained personalised information about people's care and emotional needs and relevant personal history. Regular reviews of people's care needs had taken place. People knew how to complain and complaints were responded to in line with provider's policy.

At the last inspection in November 2016, we asked the provider to take action to make improvements to their quality assurance systems. At this inspection on 4 April 2017 we found improvements had been made. The quality of the service was monitored and action taken if changes or improvements were needed.

The registered manager promoted a positive culture that meant people had personalised care from staff that cared for them. The service was well managed and care staff commented they felt supported and said how much they enjoyed their jobs. Records were well kept and were up to date which meant care was monitored closely.

At the last inspection in November 2016, we asked the provider to take action to make improvements to ensuring they notified us about important events. At this inspection on 4 April 2017 we found improvements had been made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The service had not fully established a system to ensure that all calls were made by care staff.

People received their medicine as prescribed.

Management and care staff had a good understanding of potential abuse and how to report concerns to ensure people were kept safe.

People had risk assessments in place related to their individual and environmental risks.

Appropriate recruitment systems were followed to ensure care staff were safe to work with people.

Is the service effective?

Good

The service was effective.

People were confident that care staff had received relevant training.

Care staff received regular supervision.

People were able to make their own decisions as care staff understood and had received training on the Mental Capacity Act 2005. The service worked with health and social care agencies to meet people's best interests.

People were appropriately referred to professionals when needed.

Is the service caring?

Good

The service was caring.

People said care staff were kind and helpful.

People were supported by care staff who described the importance of treating people well.

Care staff had developed trusting relationships with people.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in planning their care.

People's views and needs were reflected in personalised care plans which were reviewed regularly.

Feedback from people was sought and concerns and complaints were investigated.

Is the service well-led?

Good

The service was well-led.

The provider had addressed the shortfalls from the previous inspection to create improved management.

Quality assurance systems were used to monitor the performance of the service.

Care staff were happy in their work, motivated and had confidence in the management

The service worked in partnership with organisations to support care provision for people.

Relevant notifications had been made to appropriate professional bodies.

SureCare Oxfordshire

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 April 2017 and was announced. We told the provider and registered manager two days before our visit that we would be coming. We did this because we needed to be sure the registered manager would be in the office. This inspection was undertaken by one inspector.

Before our inspection, we reviewed the information we held about the service. This included details of its registration, previous inspection reports and any statutory notifications submitted by the service. Notifications are information about important events the service is required to send us by law. In addition, the provider completed 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. The PIR was returned as requested.

On the day of our inspection we spoke with the provider, registered manager, deputy manager, field co-ordinator and four care staff. We also spoke with five people and four of their relatives. We spent time looking at records, which included five people's support plans. We looked at four staff recruitment, training and supervision records. We examined information relating to the management of the service, such as quality assurance audits and reports. We also looked at the safeguarding adults and whistleblowing policies and procedures and the complaints policy. We also contacted external professionals for further feedback.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in November 2016, we identified that people were not always safe. This was because potential risks had not always been adequately assessed and there were not always plans in place to manage identified risks. Not all staff had received safeguarding training in line with the provider's policy. The provider had not ensured all care staff had received training in medicine administration and their competency checked before administering medicines to people. We also found that people had experienced missed visits and the provider did not have an effective system in place to monitor these. These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A warning notice was issued and at this inspection in April 2017 we found improvements had been made.

People had been individually assessed to ensure any risks were identified and managed. For example, a person with diabetes needed support to ensure this condition was managed safely. We saw an action plan stating the responsibilities of the district nurse to administer insulin daily and check the person's skin due to their diabetes. We also saw actions for care staff to ensure the person ate a healthy, low sugar diet and to prompt the person so they did not sit for long periods which could affect their skin. We saw that the risks were initially considered high but with the management plans in place these were reduced to a lower level. Other people's records contained information and guidance on areas such as falls, bathing, moving and handling, and nutrition. All risk assessments had been reviewed regularly.

People's homes had been risk assessed to ensure the environment was as safe as possible. This included checking smoke alarms, assessing if carpets and rugs posed any risks and if the stairs were safe. We saw a referral had been made to an occupational therapist to consider any other equipment that may be necessary to reduce risks. For example, falls.

Care staff knew how to recognise and report concerns about potential abuse and had received safeguarding training and updates. One staff member said, "We make sure people are safe. I know how and who to report any concerns to". They also stated they could contact other organisations such as the CQC if concerned the issue was not being dealt with. We saw that safeguarding was discussed at staff team meetings. We saw that care staff had been sent an updated safeguarding policy and that there was a copy of the local safeguarding protocols in place.

Where needed, people had received their medicines from care staff that had received the relevant training. Records showed that care staff had been observed administering medication three times before doing so alone. They were also observed administering medicines during spot checks which evidenced their competence to do so safely. One person said, "Yes, they help me with medicines, they remind me to take them and give me my tablets." When people's medicines were administered by care staff this was recorded on a Medicine Administration Record (MAR). If medicines were missed or an error occurred, these were recorded and the reasons why. This was followed up with the GP to check this had not caused any harm. Management also followed this up with care staff. The service had implemented a video around completing medication forms and had this had been distributed to care staff.

At the last inspection there were concerns about the monitoring of missed visits. In response to this the provider had purchased an Electronic Time Monitoring Service (ETMS). However, the system had experienced technical issues so this was not working as expected. The provider was pursuing these problems and was keeping the local authority updated about ensuring a system was in place to monitor and minimise missed visits. The importance of pursuing this was evidenced by some feedback we received during the inspection. We spoke with one person who had contacted the office the previous evening as the care staff had not turned up. We contacted the deputy manager to find out why this had happened. The care staff's car had broken down and so the out of hour's duty on call staff member arranged for a taxi for them to do the visit. Management were arranging to meet with the member of care staff to discuss procedures that should have taken place in this situation. The person concerned said it hadn't happened before and usually they were contacted if the care staff was delayed. We were satisfied that the provider was aware of the importance of ensuring there was a reliable system of monitoring missed calls as soon as possible and saw evidence this was being followed up. However, we were not confident at this inspection that the service had a robust system in place to ensure visits were not missed. If people were unable to report this themselves they would be at risk of not receiving medication, food or other care.

People felt there were enough staff and knew which staff would be visiting. Care staff were introduced to people before supporting them. Comments included, "Yes I know the staff, they're here when I expect them", "I mostly have the same person, except when they are sick or on holiday", "They're quite punctual. At the moment I get one carer and they're very good but the previous carer was not. There was quite often confusion with rotas. The administrator would change the times without telling me, it improved recently a bit since I've got the current carer", "Our carer is very punctual, you can set a watch by her" and "So far, no problems with punctuality, they involve me."

People told us they felt safe with the service provided. Comments included, "I feel safe with them"; "I feel safe, yeah" and "Oh yes, I feel safe with staff."

The service had a member of staff that focused on recruitment. This was to ensure all documentation was completed and checked prior to any new staff starting work. We looked at the recruitment records for staff and saw that they had been recruited safely. Records included application forms (including employment histories, with any gaps explained), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This ensured people employed were of good character and had been assessed as suitable to work in the service.

Good

Is the service effective?

Our findings

At the last inspection in November 2016, we identified staff had not always received training in line with the provider's policy. Staff had not received regular supervision meetings to ensure they had the support needed to effectively do their jobs. These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us a report stating what action they were going to take and at this inspection we found improvements had been made.

People felt care staff were well trained to carry out their roles and adapted to how people wanted their care delivered. Comments included, "They (staff) seem to be trained, they cope well", "They're well trained, I feel safe when they transfer me with rotunda (mobility aid)", "Staff seem to know what they're doing and they seem capable", "I just have a routine, I have the same carer, she knows the drill", "I don't need to tell her, she knows what do" and "SureCare takes care to send correct people, we changed companies as previously we had problems and they are very good, same carer comes daily almost."

People were supported by care staff who had received training appropriate to their roles and this was kept updated. Care staff completed an induction programme when they started to work for the service. One care staff commented, "Induction was fine, no problems. They also gave me all policies, procedures and information about people." Staff also completed at least 10 hours of shadowing before being signed off as competent to work on their own. We looked at the training records which showed staff had completed a range of training courses which included: food hygiene, health and safety, moving and handling, first aid, the Mental Capacity Act, and infection control. Additional training was provided where necessary. For example, we saw that care staff had received training on Percutaneous Endoscopic Gastrostomy (PEG) feeding. A PEG tube is a feeding tube which passes through the abdominal wall into the stomach so that food, water and medication can be given without swallowing. Training was also delivered where necessary on tracheostomy and suction and using a nebuliser. This training was delivered by a nurse trainer from the NHS Continuing Care team. They then signed the care staff as competent to manage the procedures.

The provider was planning more face to face training on a monthly basis to be delivered by the existing registered manager. Staff completed questionnaires following training to assess their level of understanding and assessed to show where further training was required. The provider had signed up to an online training system so all training could be uploaded onto staff records. This enabled the provider to see what areas each member of staff needed improvement and additional training on. This system also enabled staff to complete The Care Certificate. The Care Certificate is a set of standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Care staff had regular meetings with their manager. These consisted of one to one meetings, team meetings, spot checks and appraisals. The service has produced a matrix of when these were due to ensure they were carried out when planned. We saw on one staff record an appraisal had been completed in February 2017. We also saw a supervision record which showed they were in the process of completing The Care Certificate and we saw later that this had been completed. Positive feedback was given to the staff member following a

quality assurance check with a person they supported. We saw that a policy was discussed at each supervision. For example, moving and handling. A discussion was recorded about their understanding of proper procedures and actions to follow if an incident occurred. Care staff told us they felt supported in their roles. We received comments such as, "I have one to ones in the office, they call me to come every month, or spot checks by my supervisor" and "I have supervisions, every three months. I had a spot check three weeks ago in a client's house. I tell them my views, they ask me if I've got anything to raise."

The registered manager and other staff had a good understanding of the Mental Capacity Act 2005 (MCA). 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. Care staff had completed training on the MCA. This meant they were able to ensure people had choices and their rights weren't withheld. A care staff member commented, "I've done online training on MCA, it's designed to empower the individual to make own decisions. I'd try to ask people, offer choice, listen to them. Make sure you're close to people, eye contact to maintain good communication." Staff had been issued with MCA cards to refer to if needed.

The Court of Protection is applied to if someone lacks capacity in areas such as finance. Authorisation is needed for someone else to make these decisions on the person's behalf. For example, we saw that one person had capacity for most areas of their life but a relative had been given Power of Attorney to manage their financial affairs as the person did not have the mental capacity to do this safely. We saw evidence on the person's records that the Court of Protection had authorised the relative to do this. A relative commented, "It's about keeping [name] at home for as long as possible, she said to me she did not want to go into a care home so it's our responsibility to keep at home as per her wishes."

People told us staff respected their decisions and choices. One person told us, "They give me choices like what meals I like" and "I direct them to help me as I want." A member of staff commented, "We need to support people and encourage to make decisions themselves. I'd talk to person, if I am going to make their lunch for example, so people can give me their choices"
People's nutritional needs had been assessed. These included risks of malnutrition, dehydration and diabetes. Support plans detailed people's ability to make themselves food and drink and what support they may need. This included both the types of food people liked alongside any important dietary requirements and allergies.

People were supported to access health services. People's records evidenced that relevant referrals were made when needed.

Good

Is the service caring?

Our findings

People complimented the staff and their approach. Comments included, "They're nice people, and they seem to employ nice people", "I have a bit of a laugh and chat with staff", "The carers are pretty good" and "We chat together."

People confirmed they were able to build a good rapport with the care staff. People told us they had regular care staff they knew. A person said, "The carer we've got - one main carer, she's brilliant, polite and very good. The other carers are very good too." Other comments included, ""Oh yes, I am happy with my girls, I shall miss them if I had to give them up", "Nice to have someone to talk to, we usually have a nice cup of tea and talk about what we've been doing - nice relationship" and "We're very happy." The staff we spoke with enjoyed their jobs. One member of staff told us, "I enjoy this job and helping people."

People's dignity and privacy was respected. Comments included, "They do absolutely respect me", "They're good with ensuring dignity", "I am not a prude but my carer ensures my privacy" and "They do respect my privacy, very much so." One member of staff told us, "You're going to their homes so you've got to respect it". Another said, "When doing personal care I make sure privacy is not invaded, close the door so nobody can see the person."

The service took measures to match staff to people's cultural needs. For example, the service arranged for a person who spoke another language, to be supported by a member of care staff that could talk to them in their chosen language.

People were involved in their care. People told us they were able to decide for themselves. Comments we received included, "They ask me first before helping me with something", "They don't take decisions on their own, always ask" and "I am still in charge, I am not really bossy. I would be if needed." Relatives confirmed this, "They very much involve my [relative] she's very pleased" and "They involve us, they ask if not sure." Staff we spoke with were aware of the importance of involving people.

People were encouraged to maintain independence as much as possible and their feedback confirmed this. For example, one person said "Oh gosh, they keep me independent, I am determined to be as independent as I can, they shower me and help me." Another person told us they were very independent and said, "I've been gradually improving so I am trying to do more for myself, so [care staff] helps me with that."

People were cared for by staff who were aware how to maintain confidentiality. People commented, "Never talk about people to me, if I ask 'where do you go after me' she will tell without giving information about people" and "They're all very good, they don't discuss other people with me." Permission had been sought and was recorded on people's files about who had access to their records.

Good

Is the service responsive?

Our findings

At the last inspection in November 2016, people's records had not been updated to reflect their current needs and the support they required to meet those needs. These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us a report stating what action they were going to take and at this inspection we found improvements had been made.

When people first started with the service, time was spent with them and their family or chosen representatives to create a care plan that met their needs and achieved their preferred outcomes. People we spoke with or their relatives said they were kept informed and consulted in their initial needs assessment.

Care plans contained a one page profile detailing personal information such as what was important to the person and how they wanted to be supported. For example, one person's plan mentioned that they were independent and knew their own mind. They had listed that it was important to them to remain living in their own home and how important their pet was and enjoyed being fussed over. They had stated how they wanted to be supported. For example, to be reminded ahead of time of anything that needed doing and to speak clearly and slowly. This gave guidance to care staff to ensure they supported the person how they wanted when delivering care tasks. Care plans had been signed and contained full information of the person's needs including important health issues, such as diabetes, pressure area care needs, continence and falls. Records of visits were kept. One person said, "They (care staff) write in care plan what they did."

A system was in place to ensure people's care and support was reviewed. This was to ensure all care and support plans and risk assessments were up to date and relevant. For example, a person's records were being reviewed and it was noted that there was no service plan in place for their bath seat. After speaking with the person, the service contacted the makers of the seat and discovered they were no longer in business. The provider found another company that would service the seat. This ensured the equipment was serviced in line with regulations.

People and relatives told us they were happy with the support provided. They also felt the service responded to requests. For example, we saw that when a person became unwell and needed a change in their care package the service swiftly arranged a live in carer. A person who had moved their care from another service said, "Compared with the last company they're so much better, that's why we've changed."

People had been given information about the service. People were provided with a copy of the service user guide with contact details, the statement of purpose, a copy of their initial needs assessment, support plan and risk assessments. Everyone we spoke to knew where their care plan was kept. One person said, "I never read it as I don't feel the need to, it's here on my trolley."

The service had responded where action was needed. For example, a member of care staff reported that a person's microwave oven wasn't working. Part of the person's support was preparing a microwaveable main meal for lunch time. The care staff said they didn't feel it was safe and were concerned that the person might

get food poisoning due to the food not being cooked properly. SureCare management went to see the person who initially insisted that the microwave was fine and there was no issue. Another visit was arranged with a family friend, who helped put over the concerns and the person agreed to get a new microwave. We also saw that a member of care staff had noted a smoke alarm was bleeping. They arranged for the fire brigade to visit for a free check and to change battery. We saw the fire brigade had visited swiftly and replaced the batteries and did other checks. We also saw a member of care staff had been asked to take a person for a dental visit. We saw this had been arranged.

People knew how to raise concerns or make a complaint. Comments included, "If I was worried I'd ring Sure Care office", "If any concerns I'd go to [registered manager] or social worker", "If any concerns I can contact them easily enough, call or write an email" and "If I had some issues I'd be ringing CQC myself." A complaints procedure was in place and we saw the provider had responded to complaints within timescales. Complaints were used as a learning tool in order to develop and improve the service. For example, a common concern was about the invoicing system. The service had employed an accountant to help address this and no recent complaints had been received in respect of invoicing.

The service had received compliments. These mainly reflected that the service had reacted quickly to urgent request for care. A relative told us, "[Name] said she did not get on well with one carer. The company were responsive to this and changed the member of staff and it's now working well."

Good

Is the service well-led?

Our findings

At the last inspection in November 2016, we identified that the service was not well led. Audits had not been completed to ensure the safety and effectiveness and quality of the service and to enable improvements where needed. There was no record of how feedback received from people was evaluated and acted upon. The service did not, therefore, have adequate processes or systems in order to evaluate the effectiveness of the service and ensure that other requirements in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us a report stating what action they were going to take.

Since the last inspection, we found improvements had been made. The provider had analysed information about the quality and safety of the service. Audits were undertaken as part of the quality assurance process to monitor the quality of service people received. A process had been put in place to ensure people's care was reviewed. Any gaps or shortfalls identified during these audits were addressed by improvement plans. For example, an audit on daily records had highlighted concerns about the way a member of care staff was recording information. We heard that a supervision meeting had been arranged to discuss ways of improving the recording. The registered manager and senior care staff undertook random checks on care staff to ensure they were working effectively. Another process was set up to have oversight of care staff's supervisions, appraisals and spot checks.

At the last inspection in November 2016, we saw some incidents that had been passed to the Care Quality Commission by whistle-blowers had not been recorded or reported as needed. The service had not sent notification of incidents and events which were notifiable under current legislation. Statutory notifications help Care Quality Commission to be updated and monitor key elements of the service. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We asked the provider to send us a report stating what action they were going to take and at this inspection we found improvements had been made. All relevant notifications had been made.

People's views on the service were regularly obtained. People using the service were visited and phoned and asked how they were finding their support and care. These were recorded in people's files and feedback was given to staff in supervisions and additional training provided if necessary. This assisted the service to understand areas that needed improvement. People were asked to complete an annual quality survey each year. A report was then created to demonstrate where improvements were needed. One person said, "They sent out paper questionnaires but I have not got round to do that as yet."

Concerns had been raised at the last inspection about the responsiveness of the office. The provider had addressed this by restructuring the way the office was managed. A full time deputy manager had been recruited and was in the process of registering with the CQC to become the registered manager. This would allow the existing registered manager to ensure all staff received the required training both before they started working and an ongoing basis for existing staff. A field care co-ordinator had been recruited. Their role was to ensure all audits were completed and to take on responsibility for care staff supervisions,

appraisals and spot checks. Their role also involved being a rapid response carer to cover emergency care visits which could not be delivered due to staff sickness or other causes. Another field care coordinator had also been recruited and was due to start. In addition, member of part time staff focused on recruitment and induction for new staff.

People told us they were satisfied with the way the service was managed and communication with the office was effective. Comments included, "I've met [registered manager] before I started (using the service). If I was worried about something I'd ring the office", "We're familiar with the management, they're very polite and charming" and "Oh yes, they (management) speak to me, they keep in touch."

All of the care staff spoken with said their managers were approachable and supportive and felt the service was well managed and organised. Staff told us communication was good. One said, "On call are good and always respond." "Team work is very nice, I love it, we're good at supporting each other" and another said "Team work is good, supervisor calls me every week to check."

Six care staff meetings were held each year. These were planned to alternate between spot checks, observations, supervisions and appraisals. This would ensure care staff had frequent opportunities to provide and receive feedback on their practice. A member of staff commented, "We have staff meetings, if there are any issues to be discussed they'll conduct a staff meeting."

Social events were arranged and staff encouraged to attend these. We heard the service had arranged a bowling evening which was well attended. Positive feedback from care staff had been received. The service felt it was important to get care staff together socially as well as professionally to aid team working. A member of staff had been nominated for SureCare's 'Carer of the year award'. Care staff spoke positively about their support. We had comments such as "I get lot of compliments. The work is a mammoth task to complete but I feel well supported. They want to do their best".

The service was striving to promote a culture of accountability to address issues around missed visits and not being able to attend calls at short notice. We heard a comment from a member of staff who said, "We all work together for the best. It is the warmest and most welcoming job I've ever done". Another member of staff said, "Training has improved and a system in place to ensure this is completed. This has improved oversight."

It was reported that calls from people out of hours to report problems had reduced considerably. The provider felt this was a combination of meeting weekly with the co-ordinators regarding scheduling of weekend visits and having the post of the co-ordinator who could cover calls at short notice. The service had made attempts to implement an electronic time monitoring system (ETMS). We saw evidence that there had been problems with this and saw the provider had taken action rectifying these problems. Once fully implemented, the system would provide the service with a clearer way of monitoring where care staff were and if they are running late. The current system was for staff to call in if they were running late or could not make a visit. The service also phoned staff to ensure that they were aware of their schedules.

The provider had an operational overview and kept updated with current practice. The service was registered with organisations such as the Oxfordshire Association of Care Providers (OACP). OACP have meetings and conferences to discuss and provide updates on good practice. The service was also a member of the UK Home Care Association (UKHCA) which issues a monthly magazine to members containing articles to assist home care agencies keep up to date with current practice. The service also attended local authority contract meetings. These measures provided opportunities for the provider to share information and keep up to date with changes both locally and nationally.

SureCare Oxfordshire is part of a national franchise network which provides the service with a specialist compliance and legal team at their head office. SureCare's head office review all new legislation and changes in compliance to update policies, procedures and working documents. Head office staff audit the Oxfordshire branch regularly. This ensures an external monitoring overview alongside the staff's own measures.