

Northumberland County Council

North Locality Homecare (Alnwick)

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?		Good	

Overall summary

This inspection took place on 19 and 23 November 2015 and was announced because we wanted to ensure there would be someone at the office when we called.

North Locality Homecare (Alnwick) is a short term support service providing domiciliary care and support to people in their own homes, often following hospital discharge. It is registered to deliver personal care. At the

time of the inspection the registered manager told us they supported around 33 people over the wider rural area of north Northumberland. He said this number fluctuated regularly depending on when people were discharged from hospital or if people were referred by professionals to try and prevent hospital admissions.

Summary of findings

A registered manager was in post and had been registered with the CQC since September 2015. 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 day to day running of the location was carried out by a service manager, who would report to the registered manager.

People told us they felt safe when care staff were supporting them with personal care and other matters. They told us care workers were very helpful and they looked forward to them visiting. Staff told us they had received training in relation to safeguarding adults and would report any concerns. Processes were in place to recruit staff and to carry out checks to ensure they were suitably experienced. People told us staff attended appointments within prescribed time slots and there were no excessively late calls or missed appointments.

The provider had in place plans to deal with emergency situations and an out of hours on-call system, manned through a call centre system, was in operation. The service also had access to four wheel drive vehicles in the event of adverse weather and plans in place to prioritise care in such circumstances.

People receiving support with their medicines were assisted appropriately. Appropriate processes were followed when dealing with medicines and staff confirmed they had received training in the safe handling of medicines.

People told us staff had the right skills to support their care. Staff said they received training and a recently

introduced electronic system supported ongoing training and development. Staff told us they received regular supervision and appraisals. Documents we saw supported this. Staff were aware of the Mental Capacity Act 2005 and issues relating to personal choice. The registered manager confirmed that no one using the service was subject to restrictions imposed by the Court of Protection. People said they were supported by care staff to maintain appropriate intake of food and drinks.

People said they found staff caring and supportive. They said their privacy and dignity was respected during the delivery of personal care. People were also supported to maintain their well-being, as staff worked with health professionals or therapists, who told us care staff contacted them if they were concerned about people.

People's needs were assessed and care plans detailed the type of support they should receive. Care plans contained goals that people wished to achieve and these were reviewed and updated as support progressed. The registered manager told us there had been one formal complaint in the last 12 months. This had been dealt with appropriately. People told us they were happy with the care provided and they had no complaints about the service.

The provider had in place systems to effectively manage the service and monitor quality. Regular spots checks took place to review care provision and ensure people were receiving appropriate levels of care. People were also contacted to gain their views of the service. Staff told us there were regular meetings and information was provided to ensure they were up to date about any changes in care. Records were up to date and stored securely.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe when staff visited and supported them. Staff had received training in relation to safeguarding adults and said they would report any concerns. Risk assessments were in place regarding the risks around delivering care in people's own homes and issues such as lone working.

Appropriate recruitment systems were in place to ensure staff were suitably experienced and qualified to provide care. People and staff told us there were enough staff employed by the service and there had been no missed appointments in recent months.

Plans were in place to deal with emergency or untoward situations. Systems were in place to manage people's medicines effectively.

Good



Is the service effective?

The service was effective.

People told us staff had the skills required to support their care. Staff confirmed they received regular training and development. A new electronic system was being introduced to further support staff training and monitoring training. Staff told us they received regular supervision and appraisals and documents supported this.

The registered manager confirmed that no one using the service was subject to restrictions imposed by the Court of Protection under the mental capacity Act (2005). People were asked to give their consent to care being delivered.

People told us staff supported them to access food and drink to maintain their health and well-being.

Good



Is the service caring?

The service was caring.

People told us they were happy with the care and support they received from the care workers. People said care staff were friendly, supportive and flexible in their approach to support.

People's wellbeing was monitored and staff told us they would contact health professionals, if they were concerned. Outside professionals confirmed the service was responsive to people's needs and they were made aware of any health issues.

People confirmed they were supported to maintain and improve their independence as part of the care delivered.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People's needs had been assessed and care plans were in place which identified the goals people wished to achieve. Care plans and care delivery was adapted as people's needs changed. Changes in people's care needs were documented and people told us there was regular contact between themselves and the service about their changing needs. Professionals commented that the service was very responsive and could offer support in a matter of hours.

People told us they valued the contact they had with care staff. People said the staff approaches had helped them progress and improve. Staff told us that the needs of people using the service were of highest priority.

There had been one formal complaint received by the provider in the last 12 months and this had been dealt with appropriately. People told us they had no concerns about the service. We saw a significant number of compliments had been received by the service.

Is the service well-led?

The service was well led.

The registered manager and senior staff undertook a range of checks to ensure people's care was monitored. People confirmed checks were undertaken by supervisors. People were asked for their views of the service through the use of questionnaires.

Staff told us they enjoyed their jobs and were supported by managers and supervisors. They told us they worked well as a team and the atmosphere in the service was supportive.

There were regular meetings to ensure staff were up to date about care and service issues. There were also wider management meetings to share good practice. Records were kept up to date and stored appropriately.

Good



North Locality Homecare (Alnwick)

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 19 and 23 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be present at the service offices.

The inspection team consisted of an adult social care inspector.

We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the

local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group. We used their comments to support our planning of the inspection.

We visited four people in their own homes and spoke with one more on the telephone to obtain their views on the care and support they received. We also spoke with an occupational therapist, an adult social care team manager and a community matron. We spoke with two members of the care staff, a team supervisor and the registered manager for the service and the incoming manager for the service.

We reviewed a range of documents and records including; six care records for people who used the service, four records of staff employed by the service, training records, complaints and compliment records and accidents and incident records. We also looked at records of staff meetings and a range of other quality audits and management records.

Is the service safe?

Our findings

People we visited and spoke with told us they felt safe when receiving care and support. Comments from people included, “I certainly feel safe with them”; “I do feel safe with them; surprisingly safe” and “I absolutely trust them. They are just like family. On a par with my own family.” Staff told us they had received training regarding safeguarding adults or were about to undertake refresher training and records confirmed this. Staff were able to identify potential issues relating to possible abusive situations and understood how to protect people and report any concerns. They told us they would immediately report any concerns to their team leader or manager and felt any issues would be taken seriously. Staff were aware of the provider’s whistle blowing policy and said they would raise any concerns, if necessary.

Care records contained copies of risk assessments which looked at issues related to delivering care in people’s homes. Risk assessments covered such areas as trips and falls in the home, untoward incidents, infection control and lone working by staff. A note was made if the person had a pet in their home so that any issues with this could be considered. Staff told us their safety was supported because the provider’s system for electronically logging in and out of people’s homes. This allowed their whereabouts to be monitored or checked in an emergency situation. The registered manager told us the service had recently commenced using a centralised on call system to both provide back up to care workers when out in the community and to support their safety. He demonstrated how the on call service had access to the service’s live recording system which highlighted if care workers had failed to log in or out of calls. Where a call was potentially not logged then the system highlighted it as a concern. Staff told us the new system had only recently started and there had been a few teething issues, but in the main it was helpful and supportive.

The registered manager told us they had a continuity plan for bad weather and would identify those people who used the service who were at most risk and prioritise calls to these people. He said they would also work with other local services to provide a combined cover option. The service also had access to a 4x4 vehicle to support them maintain access in bad weather.

The registered manager told us there were currently 22 care workers employed in the service. Additionally, the service also employed three team supervisors and a number of therapists such as physiotherapists and occupational therapists, to provide assessments of need and support planning and delivery of care. The registered manager told us that although care workers were split into locality teams they used the teams’ resources flexibly to meet the demands on the service. He said that there was also the opportunity to work with neighbouring short term support team where people lived close to the borders between teams.

People told us staff generally attended appointments and none had been missed. One person said there had been one occasion when a care worker had been late because of unforeseen circumstances, but that they were kept fully informed. One person said that the range of time, rather than a specific time for care workers to call could be difficult if they had other appointments. The registered manager demonstrated how the electronic call monitoring system helped identify and delays or potentially missed calls. Staff and managers said it was a useful tool, although lack of mobile coverage in some areas did lead to some anomalies in the logging in system. Staff said there were enough staff to provide cover for all the appointments. One professional said there had been a recent dip in the number of available physiotherapists due to vacancies, but this was being addressed.

The provider had in place a recruitment policy and procedure. Staff personal files indicated an appropriate recruitment process had been followed. We saw evidence of an application being made, references received, one of which was from the previous employer, Disclosure and Barring Service (DBS) checks being undertaken and proof of identity obtained. The registered manager told us they were currently reviewing disciplinary systems to ensure they were both effective and supportive.

Some people were supported with their medicines, as part of the overall care package being delivered. The provider had in place a comprehensive medicines policy and staff told us, and records confirmed they received training in the safe handling of medicines. Staff also said, and supervision records confirmed that regular “spot checks” on staff handling of medicines were carried out by team supervisors in people’s homes. Medicines records viewed in files kept in people’s homes were appropriately detailed

Is the service safe?

and up to date. The registered manager said they spent a good deal of time checking with local pharmacists to ensure medicines in people's home were correct. He said they also used a pharmacist within the wider organisation to raise or clarify any issues with general practitioners. This pharmacist also undertook regular audits of medicines and provided training to care staff, encompassing any issues highlighted in the audit process.

Staff told us they had access to supplies of disposable aprons and gloves for using during care delivery. People we spoke with told us staff wore protective clothing when assisting with personal care, such as showering or bathing. They also confirmed that staff regularly changed protective clothing. For example after providing personal care and prior to providing support with meals.

Is the service effective?

Our findings

People told us staff who cared for them understood their needs and circumstances and had the right skills to support them. Comments included, “They are very good and know what they’ve got to do. They are excellent” and “There are three main girls who come. They are all very good. They read the file so they know what to do and if they are not sure they ask.”

Staff told us they took part in a range of training, both face to face and ELearning and could ask for additional support and training, if they felt it would be helpful. One staff member told us, “Access to training is not a problem. Any learning we feel we would like to do we can just book ourselves on the course and go ahead and do it.” The registered manager showed us the recently developed training system that was being used. The electronic system allowed managers to schedule in required training and for staff to book onto available courses. Staff could also access the system to undertake a range of on line courses. This included mandatory training and also training that staff may find useful in their roles. Staff could also request approval to attend additional face to face training. The registered manager told us that once the system was fully up and running then it would begin to flag up when staff required up dating or refresher training. He said that at the moment the deputy manager was still carrying out regular checks to ensure training was scheduled and completed. One professional told us, “The care workers are all very good. All very competent and caring.”

Staff told us they received supervision and annual appraisals. We saw copies of documents related to supervision and appraisal in staff records. The provider’s policy indicated care staff should receive four supervision sessions a year, including an annual appraisal and a direct observation of care delivery. We saw these reviews took place, although noted that there was regular use of group supervisions, which limited the time available for individuals to discuss any issues formally. Staff told us this was not a major concern as they could visit the office or speak to a team supervisor at any time, if they had concerns or issues.

People told us communications between the service and themselves was good. People told us the service was provided very quickly and often on the same day they came out of hospital. They said the service was explained to them and information was available in their care folders. One person told us, “The team leader has been very good. She has contacted me if there is anything that is going to be different; a different girl calling or anything. It’s been very good.” All the people we spoke with said there had been no reason for them to contact the main office.

Professionals from other organisations told us communication with the service was good and there were regular meetings to discuss people’s needs. They said members of the service attended discharge meetings to ensure packages of care could be put in place quickly. They also told us there were daily meetings between the service and other health and social care providers to determine the best response to people’s needs when a referral was made. One professional told us the service was willing to respond to verbal referrals where a written referral may delay a response.

The registered manager told us no one currently using the service was subject to any restriction of their freedom under the Court of Protection, in line with the Mental Capacity Act 2005 (MCA) legislation.

Care workers told us they always sought permission from people before delivering care. One care worker told us, “I like to have a conversation with them, rather than just ask questions. You get to know them better that way; get to know their ways.” People we spoke with confirmed staff checked they were happy for the care to be delivered. One person told us, “They are always asking me if I’m happy and if I’m okay; which I am.” We saw people’s care records contained consent forms, signed by people to say they agreed to the care package being delivered.

People told us staff supported them to access food and drink, where necessary. We saw some care plans included actions for staff to prepare meals and drinks and make sandwiches for mealtimes when no care support was being provided.

Is the service caring?

Our findings

People told us they were well supported by the service and thought the staff were caring. Comments from people included, “I think they are all lovely girls; very helpful and I can’t say anything wrong against them”; “I can’t believe the way I have been looked after. They are not stiff and starchy when they care, they are brilliant”; “I look forward to seeing them. They are very caring, they have been lovely” and “They are very reassuring. They make me feel better about myself. I’ll miss them when they have stopped. They are like friends.”

People told us they had been involved in their care planning throughout the time they were being supported by the service and that the service had responded quickly. One person commented, “They were here straight away, no problems” People said they were encouraged to do as much for themselves as possible, to develop their mobility and daily living skills, but staff would support them, if they required. One person told us, “It was the care worker who suggested that we start going out for walks. Just short walks three times a week to get me going with my mobility again.” Staff told us how they supported people to develop daily living skills and mobility through encouraging them to do more for themselves as time progressed. One staff member told us, “It’s about building people’s confidence day by day. Taking little steps.” Staff told us they were not aware of anyone currently being supported with any specific cultural or religious needs.

We saw people’s health and wellbeing was supported. People told us they were advised or supported to contact their general practitioner or district nurse if they were not well or had any health issues. Professionals we spoke with said the service was very good at alerting any concerns. One professional told us, “The care workers are very good; they alert us to any problems. It makes our job easier that we are alerted and can go into the home to resolve issues.”

People told us staff respected their privacy and dignity. Staff told us they knocked on people’s doors, even if they were letting themselves in. People told us staff always

announced themselves when they came in to their homes. Staff talked about maintaining people’s dignity during care delivery, including keeping people covered, ensuring doors were closed and curtains drawn to protect privacy. One care worker told us how she helped a person have a shower by being in the bathroom but simply passing items through the shower curtain to avoid additional embarrassment for the person. People also told us care was delivered in a way that maintained their dignity. People told us care staff would often just be around for them to call on if they needed help but did not intrude unless they asked them to. One person told us, “It can be a bit cringe making, especially as you are not used to someone being there in the room, but they make it very easy. They absolutely look after my dignity; they are very sensitive to how I am feeling.”

Staff told us the whole purpose of the service and their visits were to help people regain their independence and support people so they did not need the service any longer. Staff told us, “People are independent and want to stay that way” and “The aim is to get people back to full independence and so that they do not require long term support.” People told us the service helped them to regain their independence after they had been ill or in hospital. Comments included, “They are always there for me and work around me”; “It’s been fantastic, just to be able to get home from hospital. Just to start and become a bit more independent” and “I’ve come a long, long way. I am getting better and better and there is less for them to do.” People also told us the service had liaised with other services to provide equipment or adaptations to their home to support their independence. People confirmed they had been assessed for walking aids, grab bars in bathrooms and at stairs and other equipment. They said these assessments had taken place quickly, which was a great help. Professionals told us the service allowed people to return home from hospital much earlier or prevented them from having to go into hospital. One professional told us, “It’s a very good service, especially the reablement service. They do a good job. People we have referred have told us that it has been very useful.”

Is the service responsive?

Our findings

People told us the service was responsive to their individual needs. Comments from people included, “They are very flexible. If I now want a lie in then I can have a lie in bed. The more I do the more rest I need”; “It’s excellent really. They come when I want them, not at an inconvenient time” and “They don’t come at 9.30 or 10.00. I’m an early riser so they come then. They make breakfast and make me coffee when I can’t and do anything that I ask of them.” One professional told us, “They are incredibly responsive. We’re talking about three hours not simply the next day.”

We saw people had received an assessment of their needs before they received care from the service. People told us this had generally happened at home, although some professionals told us staff from the service also attended hospital discharge meetings to ensure that care was planned prior to people leaving hospital. People and professionals both said assessments were undertaken quickly to ensure people received the support they required as soon as possible. One person told us, “They were here straight away, no problems.” A professional told us, “The best thing is how quick they are to respond to our referrals. It’s quite a quick turnaround. They actively prevent people having to stay in hospital.”

We saw in people’s care records that assessments covered people’s health and medical conditions, communication, family and home circumstances and any particular or special requirements related to their condition or circumstances. We saw from this assessment, information provided via a referral form or through a multi-disciplinary meeting, a care plan was devised. Care plans identified the goals that people wanted to achieve and the support they required to achieve those goals. A team supervisor told us she visited people in their home to carry out the assessments and help determine the goals and support people needed. She told us, “You have to use your judgement. You have the information from the referral and you ask them what they would like. You have to think and discuss with them what they need, which isn’t always what they want, in the beginning anyway.”

The manager and professional told us that referrals could be sent across at any time and the mail box was monitored on a regular basis to ensure there was a prompt response. New referrals were usually considered at a daily multi-disciplinary meeting, but more urgent referrals could

be actioned immediately, if necessary. The registered manager and professionals told us about the early response service. This was a service whereby general practitioners or community professionals could make referrals to the service to try and prevent people having to be admitted to hospital. Professionals told us they really valued this service. One person told us they thought they would have ended up in hospital if it had not been for the care works coming in to support them. The manager told us they service was also now providing a bridging service, whereby they would provide a short period of interim support if a long term package was not immediately available. Again professionals told us this was very useful service and supported both the individuals receiving care and other organisations.

The registered manager and a team supervisor told us about the recent move to agile working. This involved team supervisors carrying tablet computers on which they could immediately input assessment information and this could then be uploaded directly onto the computer system. This meant people’s views and needs could be incorporated directly into the care planning process and plans made available to care workers much more immediately.

Goals identified with people included helping with personal care and supporting people to become independent in this area, supporting people with medicines and medical devices and supporting them with meals and drinks. We saw care plans and care delivery was reviewed on a regular basis. People told us supervisors called to assess how they were progressing and revised their care plan, as necessary. People told us that in general calls reduced as they improved and regained their independence. However, they felt reassured that support could be increased if they needed it. One person told us they had said a lunch time call could be removed, because they felt they could cope on their own, but they had received a regular telephone call from the service, just to check everything was well.

Staff told us people were not given a specific time for appointments but a window when someone would call. They said this allowed them to be flexible when supporting people and that if someone needed extra time. The registered manager told us important tasks like supporting people in taking their medicines or meal preparation visits were carried out as a priority and were always given a

Is the service responsive?

specific timing. People told us the flexible system did need getting used to, but by and large this did not cause any particular problems. People said they did not feel rushed during care support.

Staff also told us there were weekly meetings between supervisors and care staff to discuss their work and any concerns or updates on people progress. They said this was a useful vehicle for passing on information to other carer workers, but also for organising changes in people's care delivery; either increasing the number or range of visits or scaling back support as people progressed toward more independent living. Additionally, they told us they regularly contacted each other on the phone to make other staff aware of issues. One care worker told us, "Between 2.00pm and 3.00pm we do a hand over to the afternoon colleagues. Pass on any important information. The system generally works well."

Staff were aware of the issues related to social isolation and the need to support people who may be living on their own. People told us they valued the time staff spent chatting with them. One staff member told us, "Sometimes I may be the only person they see that day. I try and sit and have a chat. I try to ask them about their family and their history. It's lovely to find out about their lives."

The registered manager told us there had been one official complaint in the last 12 months. We saw this was primarily related to systems in place rather than individual care issues. We saw the service had reflected on the issues raised and a new approach to enquiries from people had been instigated. The complaint had been formally responded to in writing. People we spoke with told us they knew they could contact the office if they had any concerns, but said they had never had to make a complaint. Information about how to make a complaint contained in people's care folders in their homes. People told us, "I've no complaints; just keep up the good work"; "I've never had to make any complaints"; "I'm delighted with the service; I've got no complaints. I'm very pleased and it is all very positive." Then they joked, "They don't even mind my dog... or my husband!" We saw the service had received 20 written compliments since the beginning of 2015, including one from a general practitioner who had been very impressed with the service's communication and found dealing with the service "a really positive experience."

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed he had been formally registered with the Care Quality Commission since September 2015. He was present on the day we visited the office base and assisted with the inspection.

Staff told us they felt supported by the management structures in place. They said if they had any problems they could contact the office and speak to a supervisor or manager. They said they could also seek advice and support through an on call system if there was an issue out of hours. Comments from staff included, "Management are supportive most of the time. Perhaps a bit more listening would be good" and "Generally managers are supportive. They are there if you want them."

Staff told us they felt settled in their roles and enjoyed working for the service. Comments included, "I certainly enjoy my work. I love the person to person contact. The stories you hear from people are fascinating. Because they are older people they have lived through so many things" and "I love the job, The best bit is the people; the service users. Giving them what they want and what they need. We are here for them to be happy at the end of the day."

People told us senior staff called on them to review their care requirements, check they were happy with the services and that the care staff were completing the allocated work. The registered manager and a supervisor told us care was reviewed at least every two weeks or more often, if necessary. Documents we saw confirmed this was the case. We saw care workers also completed a written weekly review of people's care, detailing and changes or any additional help they had needed to offer.

Staff told us there were regular staff meetings and we saw minutes from these meetings. Staff said they could raise any issues they had in these meetings. Staff also said they could approach the manager with any issues or problems that they had. Staff also told us there were regular weekly meetings for them to discuss their work and people's individual care plans. This was an opportunity to ensure any changes were noted and passed on. There was also opportunity to discuss other work related issues.

The registered manager told us a range of quality monitoring and audits were in place and these were also reviewed by the provider's quality assurance team. We saw

care plans were audited to ensure documentation was complete and up to date, including that each person had signed a consent form and where medicines were being supported there was a medicines care plan. The registered manager told us that they aimed for 100% compliance with regard to consent and anything less than this was noted and monitored. Hand hygiene audits showed that out of 34 conducted 32 had been immediately successful and the remaining two had been passed following some minor retraining. Where medicines were being supported then supervisors regularly reviewed the care plans to ensure they were being adhered to.

The registered manager told us the local Healthcare Trust carried out a short satisfaction questionnaire, called "Two minutes of your time". We saw a number of positive comments about the service including: "Girls were all happy and smiling. An absolute tonic. Thank you all so much. You provide an excellent service." The service had received ratings of above 90% for all the areas monitored including; Confidence in confidentiality (95%), Treated with dignity (96%) and confident in staff skills (94%). The service had also carried out its own survey which involved a mix of posted questionnaires and semi structured interviews. 98% of people surveyed said they had received appropriate information from the service and 81% had said they were either satisfied or extremely satisfied with the service they had received. The manager also showed us information that benchmarked the service against similar services across the country. For the short term support service 90.5% were still at home 91 days after discharge from hospital, compared with 82.1% nationally and 84.7% of people needed less support following intervention from the service, compared with 74.6% nationally. One person told us, "I've recommended it to others. Two of my friends may need similar support in the near future and I've reassured them that the service is very good."

The registered manager felt the key element of the service was to develop some stability, due to recent changes in management and the need for a short term interim management system. He said that adding assessments to the provider's wider computer system more quickly would ensure key information would be available to all people working with people. Increased use of agile working, allowing care records to be updated more immediately would also be useful. He said the service was planning now to ensure that it could be maintained for the future through attracting new staff and anticipation of possible

Is the service well-led?

retirements in the future. He felt there was always room to improve cooperation and integration between services to provide increased coordination of care delivery. Better information sharing was also important.

Records we looked at, both at the service office base and in people's homes were kept appropriately, up to date and comprehensive. Daily records of the care delivered, kept in people's homes, contained good details of the action taken and the support offered by care staff.