The Care Bureau Limited

The Care Bureau Ltd - Domiciliary Care - Stratford- on- Avon

Inspection report

42 Cygnet Court
Timothy's Bridge Road
Stratford on Avon
Warwickshire
CV37 9NW

Date of inspection visit:
12 October 2016

Date of publication:
08 November 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected this service on 12 October 2016. The inspection visit was announced. The service delivers personal care to people in their own homes. At the time of our inspection, 107 people were receiving the service.

There was a registered manager in post. 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.

People told us they felt safe with the staff because they trusted them. Staff were trained in safeguarding and understood the signs of abuse, they were confident any concerns raised would be handled appropriately by the registered manager. The provider's policies for keeping people safe included pre-employment checks, to make sure staff were suitable to deliver care in people's own homes.

Risks to people's health and wellbeing were identified at the initial assessment of care and their care plans included the actions staff should take to minimise the risks. Staff understood people's needs and abilities because they read their care plans and shadowed experienced staff. Staff regularly worked with the same people so they knew them well.

The manager assessed risks in each person's home and guidance for staff minimised risks to people and to staff. Staff were trained in medicines management, to ensure they knew how to support people to take their medicines and to understand the importance of keeping accurate records.

Staff received the training and support they needed to meet people's needs effectively. Staff had regular opportunities to reflect on their practice, to attend training in subjects that interested them and to consider their personal development.

The manager understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People made their own decisions about their care and support. Staff understood they could only deliver care and support if people consented to being supported.

People were supported to eat and drink sufficient for their needs. Staff referred people to healthcare professionals for advice and support when their health needs changed.

People told us staff were kind, caring and friendly. People said staff respected their privacy and independence. Care staff were thoughtful and recognised and respected people's cultural values and preferences.

People were confident any complaints would be listened to and action taken to resolve them. When people

raised issues, they were responded to immediately by the staff, supervisors and registered manager.

The provider's quality monitoring system included asking people for their views about the quality of the service through telephone conversations, visits by a supervisor and regular questionnaires.

The registered manager checked people received the care they needed by monitoring the time staff arrived for scheduled calls, reviewing care plans and daily records, and through feedback from people and from supervisors.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff understood their responsibilities to protect people from the risk of harm. Risks to people's individual health and wellbeing were assessed and actions agreed to minimise the risks. The provider checked staff were suitable to deliver care and support to people in their own homes. Risks to people's safety in relation to medicines were minimised through training and regular checks of staff's practice.

Is the service effective?

Good

The service was effective. Staff had training and skills that matched people's needs and were supported to consider their personal development. The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005. People were supported to make their own decisions. Staff referred people to healthcare professionals to support them to maintain their health.

Is the service caring?

Good

The service was caring. Staff worked with the same people regularly so they were able to get to know them well. Staff understood people's likes, dislikes and preferences for how they wanted to be cared for and supported. People told us staff were kind, respected their privacy and dignity and encouraged them to maintain their independence.

Is the service responsive?

Good

The service was responsive. People's needs and abilities were assessed and people received a service that was based on their personal preferences. Care plans were regularly reviewed and staff were kept up to date about changes in people's care. People and staff were confident that complaints and issues were resolved promptly and to their satisfaction.

Is the service well-led?

Good

The service was well-led. People were encouraged to share their opinion about the quality of the service, to enable the provider to make improvements. Staff received the support and supervision they needed to carry out their work safely and felt confident to

raise any concerns with the management team. The provider regularly reviewed the quality of the service and made improvements to how the service was delivered.

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Detailed findings

Background to this inspection

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

The office visit took place on 12 October 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available to meet with us. The inspection was conducted by one inspector.

Prior to the inspection, 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.

We reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and in the statutory notifications we had received during the previous 12 months. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Before the office visit, we sent surveys to 50 people who used the service and 50 relatives and friends of people who used the service, to obtain their views of the care and support. Surveys were returned from 22 people and five relatives. We also spoke with eleven people who used the service and six relatives by telephone. During our inspection visit, we spoke with the registered manager, a supervisor, a compliance

officer and an office administrator. After our visit, we spoke with four care staff by telephone.

We reviewed four people's care plans and daily records, to see how their care and support was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed records of the checks the management team made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

All the people and relatives who responded to our survey, and all people we spoke with, told us they felt safe with the staff. People told us they felt safe because they had the same, regular team of staff who they knew well. One person told us they felt safe because they trusted the staff. A relative told us, "They take very good care of [Name] and you can trust them."

The provider's policies and procedures to protect people from harm included training for staff in safeguarding and a whistleblowing policy. The whistleblowing policy meant staff knew they could share any concerns about other staff's practice, in confidence and without fear of repercussions. Staff understood their responsibilities to protect people from the risks of harm or abuse and were confident any concerns would be acted on. Staff told us they were confident they would notice any unusual marks, bruising, or a change in someone's character or behaviour. They told us, "If you've got a worry, you report it straight away. The office would investigate and do something about it" and "If I had any concerns about staff's practice, I would tell them, 'that's not the way we work'. I would blow the whistle." The registered manager notified us when they made referrals to the local safeguarding authority, in line with the regulations.

The registered manager minimised risks to people's health and wellbeing and to staff's safety. The registered manager or supervisors visited people in their own homes to ask them about their care and support needs. They assessed risks related to people's needs and abilities and put plans in place to minimise them. For example, for a person who was at risk of falls, staff were instructed to make sure they used appropriate equipment, such as a shower chair and walking frame, to reduce the risks. Staff told us they read people's care plans and regularly worked with the same people, so they understood how to support each person safely.

Care plans included the environmental risks related to people's own homes, such as, when equipment was due for servicing, whether people had pets and whether smoke alarms were installed. Records showed that people were advised of risks related to their environment, but made their own decisions about minimising them, such as deciding whether or not to remove rugs from the floor. Staff told us the manager respected their views and feelings about their personal risks. For example, if they felt uncomfortable with a person or did not want to work in people's homes if they had pets, their schedule was planned to accommodate their needs.

There were enough staff to deliver the care and support people needed. People and relatives that responded to our survey said staff arrived on time, stayed for the expected time and completed all of the care that was needed. One person told us, "If they are delayed, they phone and tell me. We would worry if they were late." Relatives told us, "They are rarely late, only through traffic" and "The office did phone to let us know when [Name of staff] was delayed." The registered manager told us, "The rota has been redrafted to include 15 minutes travel time between each call to minimise the risk of 'late' calls."

Care staff told us they always had enough time to deliver all the care and support people needed. An administrator showed us their electronic call monitoring system, which updated continuously to show

where staff were. The registered manager told us, "The system lets us know if staff are, delayed, which could be due to traffic, the weather, or the previous call. We can call them to find out about the delay and arrange cover if needed. It reassures families and management."

The provider's policy to manage emergencies included arrangements for a supervisor to be on duty from 6:30am until 11:00pm, to answer the phone outside of office hours and to deliver support as and when required. This ensured there were always staff to cover in the event of staff sickness or other emergency.

Records showed the provider minimised risks to people's safety through their recruitment process. The provider checked staff were suitable to deliver care and support before they started working at the service. They checked with staff's previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. A member of staff told us they spent several weeks working with other staff, waiting for the results of their checks, before they worked independently with people.

Some people told us they managed their own medicines and some people told us staff supported them to take their medicines. Staff told us they knew who needed support with taking medicines, because their care plan included a medicines administration record (MAR). They told us they were trained in managing and administering medicines safely and there were protocols for medicines that were administered 'when required'. A relative told us, "I heard one staff tell a new staff, 'you have to watch his face for signs of pain, because he won't say'." A supervisor told us, "We ask about pain relief. If people cannot easily say, we show the pain relief tablets and ask, 'do you need these?' They told us, "The overriding instruction is phone and ask the office for guidance and 'if in doubt, don't'. Phone the family, the office, a GP, double check everything."

People's MAR sheets explained the times and amount of medicines people needed and the reason they had been prescribed. The MARs we looked at were signed and dated by staff when medicines were administered. Staff kept a daily running total of each medicine to make sure there were no errors or omissions in administering medicines. Supervisors and the registered manager checked the MARs when they were brought back to the office, to check staff kept accurate records. In the provider information return (PIR), the registered manager informed us no medicines administration errors had been identified during the previous 12 months. This demonstrated staff's training and the written procedures supported staff to administer medicines safely.

Good

Is the service effective?

Our findings

All of the people who responded to our survey said they received care and support from regular staff and that staff had the right skills and knowledge to give them the care and support they needed. People said staff completed all the tasks they had agreed in their care plan. People we spoke with told us, "They seem to know what to do", "They do more or less everything they should" and "I have been using them for several years. They are excellent care staff." A relative told us, "The manager recruits well. They understand staff's strengths and weakness. Staff are all so good at what they do."

Staff told us their induction to the service included learning about the provider's policies and procedures, shadowing experienced staff and training. The induction programme included a mix of face-to-face and on-line training and included, for example, moving and handling, health and safety, person centred care, the principles of care and dementia awareness. The induction assessment booklet followed the principles laid down in the Care Certificate, and staff's written answers were assessed by a trained Care Certificate assessor. All staff completed the full Care Certificate within the first 12 weeks of their employment with the service. The Care Certificate is a set of 15 standards that health and social care workers work to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

Staff told us after their training and shadowing experienced staff, they felt prepared by the end of their induction programme. A member of staff said, "I worked in different areas and times of day. It was nice to see a mixture of people and care staff. It was nice to see how others work." Staff told us the training was good because it was relevant to people's needs and gave them confidence in their practice. Supervisors observed new staff in practice before they were signed off as competent in their role. Staff told us they were supported to develop their skills and experience and to achieve nationally recognised qualifications in health and social care, to improve the quality of care for people.

Staff's skills, competence and behaviours were continually assessed through regular observations at people's homes. An electronic monitoring system alerted the manager when staff supervision (observation and feedback meetings) were due. People told us they had the opportunity to give feedback about staff's practice when the supervisors came out to check how people were supported.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The

provider told us no-one they currently supported was deprived of their liberty under the authority of the Court of Protection.

The provider understood their responsibilities under the Act and provided training for staff about the MCA and DoLS and about obtaining people's consent to receive care. People told us staff respected their right to make their own decisions.

Care staff understood the principles of the Act. They told us they understood people could make their own decisions, or, if they lacked capacity, they had a close relative or an advocate to make decisions in their best interests. Staff understood they could only provide care and support with people's consent. They told us, "Some people decline care. If they get agitated, I keep calm, persuade them of the benefits, why it's important to wash and to take their medicines" and "I would contact the office if a person continued to decline and I would report to the office if a person's mental health deteriorated." Staff were confident the manager would address their concerns by assessing the person's capacity to understand the risks and benefits of their decisions, and would involve other health professionals if decisions needed to be made in people's best interests.

The registered manager assessed risks to people's nutrition and their care plans explained whether people, or their relatives or staff prepared their meals and drinks. Some people told us they made their own meals, and some people said staff prepared meals for them. People told us they were happy with the way staff supported them with meals. One person said, "They make us a drink before they go" and a relative said, "Staff make drinks and breakfast for [Name] and [Name] says they are very nice."

People were supported to maintain their health. People's care plans included their medical history and current medical conditions, to make sure staff could recognise any signs of ill health. . None of the people we spoke with could remember needing staff to contact other health professionals on their behalf. Two relatives told us staff were observant of their relations' health had made sure healthcare professionals were involved when needed. One relative told us, "[Name's] habits change and they monitor that and refer him to the GP if they are concerned." Another relative told us two members of staff had separately advised them they thought the person was showing signs of an infection, before the relative had noticed the signs themselves. This meant a healthcare professional was called in to diagnose and treat the infection promptly.

A relative told us they had also benefited from staff's training and prompt action in responding to emergencies. The relative told us when they fell and bumped their head, "Staff were quite firm with me about calling 999. They sat with me until the paramedics came, then went back to [Name]. I wrote to the manager so say thanks and praise them."

Good

Is the service caring?

Our findings

Everyone who responded to our survey said the staff were caring and kind and treated them with dignity and respect. Everyone we spoke with told us they benefited from staff's kindness. People told us the staff were, "Marvellous", "Really good and kind", "Very understanding" and "Polite and thoughtful." One person told us, "One girl is more like a daughter to me" and another person said, "They lift my spirits up. It's lovely when they come."

The registered manager made sure people were enabled to develop good, long lasting relationships with staff by regularly allocating staff to the same people. This enabled staff to learn about people's needs and abilities and get to know and understand them well. People and relatives told us they had been supported by the same staff for 'years' and they looked forward to their company. One person said, "It's nice when they are here. It's friendly. I like having carers. I really like having them, even though I wish didn't need to have them."

One person told us, "Everyone's been absolutely great. We have a laugh and a joke. They treat you like a friend." Relatives told us staff were caring towards the whole family. One relative told us staff had developed such a positive relationship with their relation that the whole family benefited from their improved mood. Two relatives said, "They get on very well. Staff helps [Name] shower and larks around, which makes them laugh" and "They understand [Name] and jolly them along. I hear them laughing in the bathroom."

People told us they were able to say whether they would like male or female staff and their choices were respected. The electronic staff-planning tool enabled the manager to make sure staff were allocated to people according to their gender preferences and their diverse cultural values. Staff had training in equality, diversity and human rights, and people's care plans explained whether each person followed their religious or cultural traditions. Staff told us, "Every particular need, for example, cultural or spiritual, is in the care plan." We saw the call scheduler was able to revise the electronic rota to make sure regular and relief staff were only allocated if people felt comfortable with them.

Staff told us they read people's care plans before they started working with them so they knew what was important to them. The language used in care plans, for example, 'encourage', 'assist' and 'prompt', promoted people's independence, by reminding staff to support and enable people rather than 'look after' them. People told us they were supported to maintain as much independence as possible. People said, "They do encourage me to be independent and that is important to me" and "They have adapted to my ways of doing things." A relative told us, "[Name] was very anti care and had a great deal of pride to overcome, but said the first one was, 'sent from heaven'."

All of the people who responded to our survey told us staff treated them with respect and dignity. Everyone we spoke with told us staff were respectful towards them, their families and their homes. People were particularly pleased that staff left their homes 'tidy' before they left, as this was important to them. A relative told us, "They always knock and shout hello as they come in." Staff's behaviour, and the way they interacted with people, was regularly observed and monitored by their supervisor, to ensure people were treated with

dignity and respect.

Good

Is the service responsive?

Our findings

All the people who responded to our survey said they were involved in decision-making about their care and support needs. They told us the agency would involve the people they chose in making important decisions about their care. One person told us, "They asked what I wanted and I have a folder and staff write down what they do every day." A relative told us, "I just phoned when [Name] came out of hospital. The manager came out and sorted it."

The registered manager told us an initial assessment of needs was carried out at the person's home and a care plan was written up to match the person's needs and abilities. Care plans included an assessment of the person's abilities and dependencies for seeing, hearing, eating, drinking, personal care, health and mobility and described exactly how staff should support the person. Care staff told us people's care plans accurately described people's needs, abilities and preferences, and they could refer to the daily records to check for recent changes. A member of staff told us their timesheets also included, "Notes to remind you of anything important, the little details to look out for."

A supervisor told us the service could respond to urgent requests from healthcare providers to support people at short notice, because staff were sufficiently experienced and well trained. They told us a supervisor, or experienced member of staff, made the first visit if a person was urgently discharged from hospital. They told us, "We work with the information from the hospital, talk to the client at the first call and arrange for the supervisor to do a full assessment and care plan."

Care plans included a list of 'tasks' to be completed during each call and the desired outcome for the person. Staff were given clear instructions about making sure people had their medicines and were comfortable and safe and had personal alarms and sufficient drinks close to hand before they left the premises. People told us that staff responded well to needs that were not always in the written care plan, but as and when they arose. People told us, "They make sure I put my lifeline pendant every day. I tell you, those girls are my lifeline", "They hang the washing up for me and get it down and fold it up when it's dry" and "If it's raining, [Name] brings me milk and a newspaper, to save me going out."

The registered manager told us that administrators telephoned people two weeks after starting with the service, to check people were happy with their care, the staff and the times, to make sure any changes needed were made promptly. People told us staff were responsive to their social needs and said they felt valued as individuals. One relative told us, "The staff sits down and has a chat, which makes our day. There is no rushing about, or rushing [Name]." Another relative said, "They don't just do the job and go. They are interested in [Name] and let them tell their stories. They understand how important their stories are."

Records showed that risk assessments and care plans were reviewed at six and 12 months after starting with the service and updated when people's needs changed. Relatives told us, "The staff do a wonderful job and listen to what we need" and "Supervisors come out and [Name] can tell them about what they want." Staff told us the care plans and daily records informed them about any changes in people's needs and said they would always phone the office if they noticed a person's needs had changed.

All the people, who responded to our survey, and all the people we spoke with, said care staff and office staff responded well to any issues or concerns they raised. People told us they knew who to contact and would be quite comfortable to raise any issues about their care or staff by telephone, or face to face with supervisors. People told us, "They sort out my problems, I've never known girls like it" and "If we have any problems, I just have to phone the office and they sort it out. They are always at the end of the phone."

The provider's complaints policy was explained in the service user guide that each person had in their home. Details of how to make a complaint were included at the back of people's care plans. The registered manager had received only one formal complaint in the previous 12 months. Records showed they had investigated and responded to the complainant within days, with an apology and a proposed remedy. The complainant was satisfied with the response and remedy. In their letter of acceptance, the complainant had written, "I would use your service again, thank you."

Good

Is the service well-led?

Our findings

Almost all of the people and relatives who responded to our survey said they knew who to contact if they needed to. Everyone said the information they received from the staff and registered manager was clear and easy to understand. People told us that someone from the office visited them at home, so they had an opportunity to give verbal feedback about the service. Most people remembered being invited to complete a satisfaction survey.

The provider's quality assurance process included formal and informal opportunities for people to give their views of the service. People were asked how the service worked for them during an initial follow-up telephone call, two weeks after starting with the service. Supervisors visited people in their homes every three months to observe staff's practice and to check people were happy with the service. The staff observation checklist included how the staff behaved, how they spoke with people, whether people were given choices and accuracy of staff's actions to the care plan. Staff told us they had feedback from the supervisor about what they did well and where they could improve.

The provider checked whether people were happy with the quality of the service through quarterly and annual surveys. The questions in the survey included, 'do staff show respect and arrive at an acceptable time and are they friendly, polite and helpful?' The questions reflected the fundamental standards of care, which demonstrated the provider's ability and willingness to adopt new practices in line with changes in the Regulations.

People told us they received the questionnaires, but did not always get around to filling them in, because any issues were resolved straight away, without the need of a questionnaire. People told us they appreciated the opportunity to make their views known, but had no suggestions for improving the service because the service was 'excellent'. People told us, "I've been very well looked after and I'm really satisfied" and "We have had them for years and I wouldn't want to change them. We are onto a good thing" and "I am very pleased with their performance and their personalities suit me." Two people asked us if we could give all their care staff medals.

During our inspection at another of the provider's services, the compliance manager told us they had seen improvements in all of their services over time in the volume of people's response, the level of people's satisfaction with the service, their willingness to speak out and their confidence in staff's training. They said they believed this was a direct result of the improvements the provider had made in delivery of the service. For example, all staff now completed the Care Certificate and had training in the field and practical assessments. They told us, "Dissatisfactions are shared with the provider and registered manager for investigation, but no themes have been identified recently."

The manager understood their responsibilities and the requirements of their registration. For example, they knew which statutory notifications they were required to submit to us and had completed the Provider Information Return (PIR), as required by the Regulations. We found the information in the PIR reflected how the service operated.

The compliance manager had previously told us, how they ensured the service was delivered in line the latest guidance. They told us they checked for changes in the legislation and made sure policies and procedures were up to date and in line with the legislation. They had recently updated the safeguarding, whistleblowing and confidentiality policies. Care staff were given information about the provider's policies during their induction, in their handbook and could read them in full at the office. The compliance manager emailed staff to let them know when policies were updated. Staff told us they were guided by the provider's policies and were confident they were effective. For example, all staff said they would not hesitate to raise any concerns about the service under the provider's whistleblowing policy.

The registered manager told us they kept up to date with changes in legislation and practice by reading the compliance manager's guidance, at group meetings with other registered managers in the provider's group of services and through study. They told us they had recently completed a nationally recognised qualification in leadership and management in health and social care, funded by the provider. They told us, "At meetings, we share ideas and learn from each other" and "We studied as a group of four managers and supported each other."

The registered manager told us the staff worked as a team and said they could rely on all staff's skill, knowledge and experience to deliver a high quality service. They told us, for example, "I am supported with scheduling (care visits) by a supervisor who knows the geographical areas and care staff's' personalities to match to people's personalities. It minimises travel and the risks of staff not gelling with people."

The registered manager told us their greatest achievement was the way the team worked together, care staff and the office staff, and the way care was delivered. They told us, "We get praise on the telephone and through client questionnaires. I am proud it works so well and enables people to stay in their home being looked after." The registered manager and staff shared the provider's values and aims to deliver person centred care. Staff told us they were confident to share any concerns about people or about staff's practice because, "Nothing is trivial" and "Its people's lives we are talking about."

Staff told us they felt supported, because they had regular 'rounds', received feedback about their practice and could ask for any training they felt they needed immediately and for their career progression. A member of staff told us, "They said they will support me to obtain qualifications and think about my long term career. Knowing they are behind me is nice." We saw a poster in the office inviting staff to attend a training session delivered by local experts in the field of end of life care. The manager told us they planned to attend the training and could cascade their learning to any staff who were unable to attend.

Staff told us they were happy in their work and said the registered manager and management team were approachable and listened to them. Staff told us, "I can pop into the office at any time, to keep that connection. I get feedback when I go to the office", "They respect my private life and time. They don't phone me on my days or time off" and "I really like the company. I would like to stay with The Care Bureau." Another member of staff summed up their feelings about their employment with, "Their rules, terms and conditions and company rules are very good. The manager is very good, very friendly. They treat me fine."

The registered manager and supervisors undertook regular checks of the quality of the service. When people's daily records were returned to the office, they checked the records matched the care plans and that people's medicines administration records (MARs) were completed in full, to confirm people received their medicines as prescribed. The registered manager told us when errors or omissions were found in the records, care staff were reminded of the importance of accurate recording. They told us, "I have a conversation with staff and send a reminder memo. For example, if a person is on holiday, the MAR must explain that, not be left blank."

The provider had plans to improve the service. Their plan to improve call monitoring was to replace the telephone based call monitoring system with a custom-made GPS signal system. The provider had developed software that tracked staff's company mobile phones, which automatically recognised when staff arrived at and left a person's house. The system was being piloted at another of the provider's services at the time of our inspection. Elements of the new system had been implemented at the time of our inspection at this service. For example, staff wages were automatically being calculated according to the times staff logged in and out at people's homes. This process allowed the manager and staff to double check that people received the care and support at the times agreed in their care plans.