D & J S Barnfield

Barnfield Care Agency

Inspection report

c/o Bancroft Gardens Residential Home
Waterside
Stratford upon Avon
Warwickshire
CV37 6BA
Tel: 01789 269196

Date of inspection visit: 28 September 2015
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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

Overall summary

We carried out this inspection on 28 September 2015. We told the provider 48 hours before the visit we were coming so they could arrange for staff to be available to talk with us about the service.

Barnfield Care Agency is a domiciliary care agency which provides personal care support to people in their own homes. At the time of our visit the agency supported approximately 80 people with personal care. People who used the service had a variety of care needs. Some had 24 hour live in care staff, some very complex needs with several care calls a day and others required one call a day.

The service has 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.

Summary of findings

People and their relatives told us they felt safe using the service. Care workers had a good understanding of what constituted abuse, however referrals were not always made to the local authority when safeguarding concerns were raised

There were processes to minimise risks to people's safety; these included procedures to manage identified risks with people's care and for managing people's medicines safely. Checks were carried out prior to care workers starting work to ensure their suitability to work with people who used the service.

Staff understood the principles of the Mental Capacity Act (MCA), and care workers gained people's consent before they provided personal care.

People who required support had enough to eat and drink during the day and were assisted to manage their health needs, if this was part of their care plan.

Most people had consistent care workers who mainly arrived on time and completed the required tasks. Care workers received an induction and a programme of training to support them in meeting people's needs effectively. People told us care workers were kind and caring and had the right skills and experience to provide the care and support they required. Care workers supported people with dignity and respect.

Care plans and risk assessments contained relevant information for care workers to help them provide the personalised care people required. People knew how to complain and could share their views and opinions about the service they received. Staff were confident they could raise any concerns or issues with the registered manager knowing they would be listened to and acted on.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, surveys, checks on care workers to make sure they worked in line with policies and procedures and a programme of other checks and audits.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not consistently safe.

People received support from care workers who understood the risks relating to people's care. Care workers had a good understanding of what constituted abuse, however referrals were not always made to the local authority when safeguarding concerns were raised. There was a thorough staff recruitment process and a safe procedure for handling medicines. There were enough suitably experienced care workers to provide the support people required, however at times calls were later than planned when staff were delayed.

Requires improvement

Is the service effective?
The service was effective.

Care workers were trained and supervised to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act 2005 and care workers gained people's consent before care was provided. People who required support had enough to eat and drink during the day and had access to healthcare services.

Good

Is the service caring?
The service was caring.

People were supported by care workers who most people considered were kind and caring. Care workers ensured they respected people's privacy and dignity, and promoted their independence. Most people received care and support from consistent care workers that understood their individual needs.

Good

Is the service responsive?
The service was responsive.

People received a service that was based on their personal preferences and how they wanted care workers to support them to live their lives. Care plans were regularly reviewed and care workers were given updates about changes in people's care. People were given opportunities to share their views about the service and the registered manager dealt promptly with any concerns or complaints they received.

Good

Is the service well-led?
The service was well-led.

People were satisfied with the service and felt able to contact the office and speak to management if they needed to. Care workers felt supported to carry out their roles and felt able to raise concerns with the management team. The management team had systems to review the quality and safety of service provided.

Good

Barnfield Care Agency

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.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We looked at information received from relatives and visitors and we spoke to the local authority commissioning team, who had no further information. Before 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 received this prior to our inspection and it reflected the service we saw.

The office visit took place on 28 September 2015 and was announced. We told the provider we would be coming so they could ensure they would be available to speak with us and arrange for us to speak with care workers. The inspection was conducted by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

We contacted people who used the service by telephone and spoke with 20 people, (14 people who used the service and six relatives). During our visit we spoke with three care workers, a senior care worker, the administrator and the registered manager, who was also the provider.

We reviewed four people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Requires improvement

Is the service safe?

Our findings

Staff told us they understood the importance of safeguarding people who they provided support to and their responsibilities to report this. Staff received training in this and comments included, "I would have to speak to [manager]. She is very keen on this issue so she would investigate," and "I would report it straightaway to my manager. She would follow it up and investigate it immediately. She has to report it." Another care worker told us they would follow any concerns up if they felt they had not been taken seriously and said, "I would phone the police or CQC."

Staff understood what constituted abusive behaviour. One care worker told us, "It could be financial, around medication, physical abuse, you might see bruising on a person or notice they are a bit withdrawn." However, we saw that one care worker had taken an action without agreement of senior staff or the registered manager, which put one person at risk. In this instance, the registered manager had taken appropriate disciplinary action, however this had not been reported to the local authority safeguarding team. Another person had some bruising on their arms and this was fully investigated by the registered manager, and found to be from a fall, however there was no evidence this was reported to safeguarding. Another person had said a care worker had been emotionally abusive to them and neglected them. This was investigated by the registered manager and not reported to the safeguarding team. On October 2014, one person had a skin pressure area which was assessed as a 'grade three' sore and this was not reported to safeguarding. We asked a care worker about reporting pressures areas and they told us, "I would report a grade three sore to safeguarding." We asked the registered manager why they had not reported the concerns we had identified to the local authority and they told us they felt they were able to investigate these fully themselves and were concerned this could reflect poorly on the service. As these had not been reported we were unaware of these safeguarding concerns. The registered manager was investigating concerns of alleged abuse, however not always reporting these through the appropriate channels. This meant people were at risk of potential abuse not being correctly investigated and the person not being protected.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe with care workers because they knew them well and trusted them. One person told us, "I'd trust them with my life, they are like trusted friends to me now." Care workers told us they knew what to do in the event of an emergency such as finding a person collapsed, "I would call 999." Another care worker told us, "I would see if they were breathing and talking and call 999. I would put them in the recovery position and keep them warm while waiting for the ambulance."

People had different experiences of the timing of the care they received. One relative explained due to their family member's needs, they required two care workers. They told us, "There are always two – though sometimes they don't always arrive at the same time. One has to wait for the other one coming. There are two regulars but if not, there is always one who knows the routine and she teaches the one who is not so familiar." Some people told us care workers arrived late, however staff told us they tried to ensure their visits were at the times expected, but due to traffic or emergencies they could be delayed. One care worker told us, "I would call [manager] because they could phone the next client." The registered manager explained, "Sometimes calls are late because if there is something wrong we won't move out of the house." On the day of our visit, we heard one care worker call in as they were running late, as a person's relative was delayed arriving to look after the person. Some care calls were time critical calls, for example one person with mental health needs required their medication at an exact time and these calls were prioritised.

People told us care workers stayed long enough to complete all the tasks required of them but did not always stay the allocated time. One person told us, "They just 'do' and that's it. Job done." We asked staff if they felt there were enough of them, one care worker told us, "If everyone's on duty, it's fine, but there is no slack." Another care worker told us, "The manager knows where people live and gives us time to get there, I think there is enough staff." Care workers covered different 'patches' in the area and had a regular caseload of people they supported. Calls of 15 minutes were avoided unless they were 'simple' calls, for example one person had a call to be assisted to use the toilet, and their commode emptied. The registered

Requires improvement

Is the service safe?

manager told us, “Evenings and weekends are our biggest problem.” They told us they were aware that at times staff were under pressure with care calls, getting staff was an on-going challenge for them and they were trying to address this. Overall people were safe and supported with care calls at the times they preferred, however at times staff arrived at calls later than planned and did not always stay for the allocated time.

Staff told us they undertook assessments of people’s care needs and identified any potential risks to providing the care and support. This could be risks in the home, or risks to the person. A care worker told us, “This is important as everything changes daily.” We saw assessments for areas such as self-medication and moving people. Care workers updated risk assessments in the care plans as people’s needs changed, with family input if this was appropriate, and we saw these were up to date. Records confirmed that risk assessments had been undertaken and management plans were in place to ensure risks were minimised.

Records of accidents and incidents had been recorded and analysed to identify any trends. We saw one incident in June 2015, and this had been referred to the local authority safeguarding team following a person’s money going missing.

Recruitment procedures made sure, as far as possible, care workers were safe to work with people who used the service. One care worker confirmed they had to wait for their police checks and references to be completed before they could start working at the service. They told us, “I had a CRB check and references. I could not start without that.”

The registered manager also obtained a character reference and if the person was from a care background, a reference from a person they had previously supported. Records confirmed checks had been completed to ensure, as far as possible, that care workers were safe to work with people in their homes.

We looked at how medicines were managed. Staff prompted people to take medicine usually from blister packs. Families gave medicine ‘as required’. One person told us care workers gave them medication, “Always when they should,” and they were happy with this. However, a different person explained they were supposed to be prompted for medicine by staff, but at times had to ‘self-medicate’ if they were late and they sometimes found this difficult. This meant the person was at risk of not taking their medicine correctly. Where care workers supported people to manage their medicines it was recorded in their care plan. Care workers were expected to complete the task sheet record to indicate medicines had been administered and to sign the medicine administration record sheet to confirm this and we saw this had been done. Pharmacy own medicine charts were used to reduce any potential errors in administering this. Overall, people told us they received their medicines as prescribed.

Medicines not needed were disposed of safely, one care worker told us, “We take them back to the pharmacy for people.” Staff received training to administer medicines correctly. Care workers told us they received ‘on-going’ training to administer medicines safely from a national pharmacy and on-going checks on their competence.

Good

Is the service effective?

Our findings

People and their relatives told us care workers had the skills and knowledge to meet their needs. One relative said, "The care's first class and the carer very willing and professional." Care workers completed an induction when they first started to work at the service, that prepared them for their role before they worked unsupervised. One care worker told us, "It was important [manager] came and talked to me as I was new to community care." New care workers told us the registered manager supported them and helped them understand their roles and responsibilities. They were given a handbook containing key policies so they worked consistently and in line with the provider's procedures. The induction training included the Care Certificate and all care staff were completing this now. The Care Certificate sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment.

Staff received training considered essential to meet people's care and support needs. One relative told us, "I think they are very well trained." Overall, people told us care workers were skilled enough to undertake the tasks required. Training included supporting people with dementia and infection control. The provider also supported staff with further training, for example to attain a vocational qualification in care and one staff member was completing their NVQ level four training. A different care worker had completed training around dementia and were now going to facilitate the training to other staff at the agency.

Care workers were supported by the registered manager and received the training they needed to provide effective care. One care worker told us, "I think [manager] tries to do all the training we need. There is always training." They went on to explain, "She encourages us to look into alternative information, especially on dementia." Records showed care workers received regular training which was funded by the provider. This was done in a variety of ways, for example a person with Parkinson's Disease had come in to explain to staff what it is like to live with the condition. One care worker told us what they learned at the dementia training, "People might refuse care, but they have never met you before, so you would spend time with them, try to build their confidence little by little, encourage them."

Staff told us they felt supported with one to one meetings with the manager around every three months. One care worker told us, "They keep you in touch with things that are coming up. Things are not static. Training we have coming, problems in the community, any deterioration or changes in clients. That is the time to iron things out." A different worker told us about this, "Supervisions are helpful, I can discuss any concerns and this is better for me."

Supervision of staff included observed practice by the senior care workers. One care worker told us, "They came and then we sat down and talked about it. I definitely think [manager] has an enormous amount of experience. It is every day experience and how to do it with a particular person." The registered manager undertook regular observations of staff performance in people's homes to ensure care workers put their learning into practice. We saw that observations of practice covered areas such as whether the care worker was suited to the person and whether they were vigilant for hazards. Staff knowledge and learning was monitored through a system of supervision meetings and checks on their practice. This gave staff an opportunity to raise concerns and discuss what support they needed to carry out their roles.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA protects people who lack capacity to make certain decisions because of illness or disability. DoLS referrals are made when decisions about depriving people of their liberty are required. The registered manager understood the relevant requirements of the Mental Capacity Act (MCA) 2005. No one using the service had a deprivation of liberty safeguard (DoLS) authorised, however the registered manager was aware of when this may be applicable for people.

Care plans contained information as to whether people had capacity to make certain decisions, and if not, what decisions they needed support with. Staff were aware that it was important for people to be supported to make as many decisions for themselves as possible. One care worker told us, "If you are not careful you might abuse someone by not giving them their rights. Not letting people do what they want." Another care worker told us, "They can make their own decisions, what their needs are, we talk to the person, they will say what they want." Care workers had received training around mental capacity in March 2014.

Good

Is the service effective?

Some people did lack capacity to make certain complex decisions, for example how they managed their finances, however they all had somebody who could support them to make these decisions. We saw one person had been assessed as lacking capacity and a 'best interest' meeting had been held around their nutritional needs as they sometimes refused to eat. Care workers had an understanding of the principles of the Act and how this affected their practice.

Care workers understood the importance of obtaining people's consent to their care and support. Comments from staff included, "I can't do it when they don't want you to. I encourage and ask. I try to put some positive things in to encourage them," and "You don't force them, you persuade. Sometimes clients will say no to you, but yes to the next worker." Staff we spoke with were clear what to do if people continually refused care. One care worker told us, "That is where [manager] comes in. You would report it to [manager] and the district nurse so you could see how they could help because you can't let it go on like that." Another care worker told us, "If someone continually refused medicine you would go back to the GP and see if there were different ways of giving this." Consent forms were completed correctly, and we saw one regarding sharing of information, signed by the person. On some people's care records we saw 'DNA CPR' forms (do not attempt resuscitation) and these were completed correctly.

People who required care workers to assist with meal preparation told us they were satisfied with how this was done. People told us choice was given whenever possible and drinks were offered where needed.

People were supported to manage their health conditions and had access other professionals when required with assistance from staff or their family members. Care workers said they would phone a GP and district nurse if they needed to or would ask the family to do this. On the day of our visit a care worker was taking one person to a hospital appointment. Care records confirmed staff involved other health professionals with people's care when required including district nurses, dieticians, social workers and GPs.

Good

Is the service caring?

Our findings

Most people we spoke with were positive about the staff that supported them and told us they were caring. One person told us that their care worker was, "More like a friend really, well [person] would be, after coming for over two years." Other comments included, "Yes, I think they are wonderful", "There is one who is great" and "Person will do anything for me."

Staff we spoke with told us other staff were kind and compassionate. One care worker told us about another staff member, "One girl, [name], she does over and above, whatever people want, she wants that person to be happy." They went on to say, "The manager has chosen well, staff have the right values." A different care worker agreed, "You have to have the heart for it. It is the love, you have to love the job and the people and you have to understand and give your time to it." People gave us examples of when staff had been caring. For example, one person told us a care worker had helped them purchase a cat for company as they had been unable to do this without some help.

People told us their dignity and privacy was respected by staff. One person told us, "My privacy and dignity is always maintained." Other people told us, "The workers are very respectful," and "Definitely very respectful, I have no issue with that aspect at all." One care worker told us how they ensured privacy and dignity, "When you get in you make sure the doors and windows are closed and know how they like to be cared for. When you know the client and what they want, it helps. You have to be professional about everything you do." One person washed themselves in part and staff told them, "You call me when you're ready," to ensure their privacy. Staff told us they ensured people's dignity by making sure they were not overlooked when helping with personal care, drawing curtains, and using a 'modesty towel' to only expose the part being washed.

People told us they were supported to maintain their independence and the support they received was flexible to their needs. One person told us, "The care workers have helped me on the road to recovery, better than I was when I first started the service. They encouraged me to do things myself." Another person told us, "They let me do the things I can on my own – helping me but not taking over, which I like." A care worker told us, "If they can, we let them to do it, we are not there to take over. We are there to help them live independently. We are there to support." A different care worker told us, "I always try to encourage them to choose their clothes and what to eat."

Some people felt the care workers had too little time to stay for a chat with them, although other people said the care workers did have time for a chat and told us they appreciated this. One person told us care staff had time to push them in their wheelchair, "And we have a good little natter," which they liked. We asked one care worker if they had time to talk with people and they told us, "Oh yes. Most people love just to talk to someone. You sit down and talk and just listen. It is the main duty. If you don't talk to them, how do you know them and how do they know you? To know somebody is to be comfortable with them through communication." Most people had regular care workers who they knew well and who they had built friendships with. Care workers told us they supported the same people regularly and had a good understanding of their care needs.

People we spoke with and their relatives confirmed they were involved in making decisions about their care and had been involved in planning their care. The registered manager told us they had invited one person's family member to attend catheter training with staff, as they supported their family member with this and they knew this would help them further.

Good

Is the service responsive?

Our findings

Most people described the care they received from Barnfield Care Agency as 'good'. One relative told us, "They seem to know [person's] likes and dislikes and their ways of things being done." Care workers told us they had enough time to deliver the care people needed and wanted. "If it is not, you always report it to the manager. It is about them, you can't hurry them."

The registered manager ensured as far as possible that people received care from the same care workers who they had established a rapport with. One care worker told us, "We can make a real difference. The way we care is most important. Everybody is different so find out which way they want their care provided." When care was first arranged they tried to provide the call times people preferred. Care workers told us they had regular clients who had scheduled call times. We looked at the call schedules and calls were allocated to regular care workers and had been scheduled in line with people's preferences.

People told us care workers knew about their likes and dislikes, as their support needs had been discussed and agreed with them when the service started. One person told us, "They now seem to know all my little ways." One relative had complimented the service and written, "The carer was selected by [manager] herself after meeting with my mother and taking time to get to know her and understand her particular needs." Another relative said they felt confident to leave the workers to do the tasks competently as they knew their family member well. One care worker told us, "I know people, I read the care plans, I get to know the person and contact the family to get any facts or information." One care worker provided care to the same three people seven days a week. The registered manager told us, "Everyone (care workers) has their own clients and caseload. The average client will only see two or three carers." We looked at four care records and they contained information about people's preferences and personal histories. The registered manager told us they tried to match people to care staff and gave an example of one person who followed the Buddhist religion and the care staff member that supported them shared this religion. Information was recorded whether people preferred a male or female care worker.

Care plans provided staff with information about the person and how they wanted to receive their care and support. A care worker told us, "You can't start work without reading the care plan," and a different care worker explained, "You write everything down because you have to follow the line of care. I don't see how you can care for someone if you don't read it, especially when there is medication." Plans were reviewed and updated regularly and had been signed by people which showed they had been involved in planning their care. Care workers we spoke with had good understanding of people's care and support needs and told us they had time to read care plans that were always up to date. They said plans were reviewed and updated quickly at the office so they continued to have the required information available in people's homes to meet their needs. The registered manager told us, "Every month we go through the care folders, we bring them back in and update them with any changes in the month." One care worker told us care plans were not 'static' and staff considered them as an on-going assessment, as people's needs changed.

Some people told us the registered manager had sometimes visited however they were unsure if this was considered a 'review' of their care. One person told us, "Whether that's a review I have no idea because she's been doing the care work when they've been short-staffed."

We looked at how complaints were managed by the provider. One person told us they had complained about changing of staff in the past but this had now been resolved and they were happy with the service provided now. People and their relatives knew how to make complaints and were provided with a copy of the provider's complaints procedure. Care workers told us people had the information they needed to make a complaint in the back of the care plans in their home and went on to say, "Any complaints are recorded in the care plan." Care workers told us it was important to understand why people had concerns, "Go back to find out and get to the root why, that is how you learn." We saw there had been two complaints in the last 12 months and both had been investigated and responded to in a timely way. In the compliments file, we identified two additional concerns had been raised within these letters. The registered manager told us these concerns had been addressed, but had not been recorded as a concern, however they would do this now.

Overall people told us they felt comfortable with raising any concerns they might have and some people had done this in relation to issues with time keeping. However one

Good

Is the service responsive?

person told us, “Nothing ever gets fully resolved, it goes back to square-one again.” Some people told us they felt reluctant to make a complaint and comments included, “It’ll get back to the owner,” and “If I complain, where will it get me?” We raised this with the manager who told us they would consider how they could encourage people further to complain when they had concerns. The provider took complaints and concerns seriously, people knew how to complain however some people felt reluctant to do this.

Good

Is the service well-led?

Our findings

People told us they were satisfied with the service they received from Barnfield Care Agency. People were able to tell us who the registered manager was and that this person was also the provider. Comments from people included, “She is excellent,” and “She’s a lovely and competent woman.” One care worker told us, “She works in the community and she is still available,” and another care worker told us, “The manager is lovely and is experienced.” People told us they thought the service had a good reputation. One person told us, “It is a good agency. Everyone recommended this agency.” Many referrals were received through ‘word of mouth’. All the people we spoke with told us they knew who to contact in the service if they needed to. The registered manager told us that many people were recommendations to them and “It is recognised we deliver good care.”

Staff told us they enjoyed working for the agency. One care worker told us, “It is lovely, I love it. I have worked for several places but I love it here because of the atmosphere.” All the care workers spoke very highly of the hands on approach of the registered manager and their willingness to provide advice and support at any time of the day. One care worker told us, "If I have some problems I can speak to [manager].” They went on to say, “During the last year (since joining the service) I have learnt more than the previous four years. Sometimes I wasn’t very confident so I called [manager]. Help is there ready all the time. If you have problem, you can phone and they are there for us.” The registered manager said, “They (staff) all ring me on my mobile if there is something wrong,” and explained they had an out of hour’s on-call system when the office was closed. Staff told us this reassured them that a senior member of staff was always available if they needed support. Care workers had been provided with mobile phones and were expected to call or text when they finished calls in the evening, so the registered manager could ensure they remained safe. The registered manager told us, “I have a lot of empathy and I’m not interested in the money. As long as the care is good.” The registered manager was not on the rota but did ‘crisis’ calls to assist in emergency situations. We asked what happened if the registered manager was absent and a senior carer told us, “We step in if the manager is away,” and they told us they were confident in doing this.

People were complimentary about how the registered manager checked the quality and safety of service provided to people. People told us they had been asked if they were satisfied with the service, this was through senior staff visits, care plan reviews and satisfaction surveys. We saw one relative had written, “[Manager] also kept an eye on my mother, popping in from time to time, especially towards the end when her experience was invaluable in helping us to understand what was required in terms of increasing care.” Spot checks were carried out to ensure the staff were working safely and supporting people effectively. A care worker confirmed, “We have spot checks. She can pop in at any time. It is a time she can have with the clients herself. [Manager] comes on the ground to see what is happening.” Audits of observations of practice in July 2015 had identified that some care workers were not wearing ID badges at all times and this had now been addressed.

Staff told us they felt supported by the registered manager. One care worker told us the registered manager was, “Definitely approachable.” A different care worker told us, “Yes, the manager is supportive.” The management team consisted of the provider/registered manager and two senior care workers. A care worker told us, “Staff stay, they feel they are being listened to.” The conversations we had with staff confirmed the management team provided a culture where staff felt valued and able to voice their opinions. Care workers had regular staff meetings every two months when they discussed best practice and developments within the service. Care workers were invited to inform the management team of any areas where the service could improve.

Satisfaction surveys showed positive comments and these included, “Consistency of care is appreciated.” “Very happy with courtesy I am treated with.” “The system is well organised.” “A wonderful team – very much appreciated and loved.” “The care I receive is absolutely excellent.” “As far as possible, the same carers every day.” When completing the survey people had the option of remaining anonymous but nobody chose this option which demonstrated a confidence to be open with their feedback. Responses had been analysed in August 2015. One client recorded they weren’t fully aware of the complaints procedures and it was explained to them in full. One issue was that care workers could sometimes be late. The registered manager response was, “We will try to ensure clients are kept informed when a carer is likely to be delayed.” The registered manager was aware that this was

Good

Is the service well-led?

a problem because Stratford is a tourist area and during holiday periods traffic jams can form. The registered manager had identified areas where traffic could be a particular problem and tried to ensure care workers worked in areas that didn't require them to cross these areas.

We asked the registered manager about plans for the service and they told us the service had 'shrunk' which had been their choice and explained, "We will turn calls away now and will only take them if we really can." They told us their biggest achievement was, "My high reputation with other healthcare professionals," and "People living in their own homes where they want to live, that is an achievement." They planned to introduce some new computer software to schedule care calls and were hoping to implement an 'Electronic Care Monitoring' system where care call times were logged by staff while at people's home. They told us the biggest challenge was recruiting care staff and keeping care plans updated in people's homes alongside the office files. They had therefore carried out an audit of care files to ensure the information in the office matched the care plans in the home. They had also identified they were not doing risk assessments for nutrition and skin care for everyone but decided to implement these now as it would give baseline information if people's health deteriorated.

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the provider information return (PIR) which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.

The registered manager used a range of other quality checks to make sure the service was meeting people's needs. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. The registered manager played an active role in quality assurance and to ensure the service continuously improved.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Service users were not protected as systems and processes were not operated effectively to investigate any alleged abuse or evidence of abuse. Regulation 13 (1) (2) (3)