

My Life (Carewatch) Limited

My Life Living Assistance (Cambourne)

Inspection report

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16 November 2017

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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 ●

Summary of findings

Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community, including specialist housing. It provides a service to adults and older people.

This is the first inspection of this service since it was taken over by My Life (Carewatch) Ltd in December 2016.

The inspection visit to the service's office took place on 9 November 2017 and was announced. We gave the manager 48 hours' notice as we needed to be sure that there would be someone in the office. Prior to the site visit, on 7 November 2017 we held telephone conversations with three people who were using the service and relatives of four other people who were using the service. On 16 November 2017 we spoke on the telephone with staff.

This service requires a registered manager as a condition of its registration. 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. There was a manager in post who had applied to the CQC for registration.

People felt safe with the staff and with the service that the staff provided them with. People were protected as far as possible from abuse and avoidable harm by staff who were trained and competent to recognise and report any potential harm. Assessments of all potential risks to people and to staff were carried out and measures put in place to minimise the risks.

There were enough staff deployed to make sure that people were safe and their needs could be met in a personalised and unhurried way. The provider had a recruitment process that reduced the risk of unsuitable staff being employed. Medicines were managed safely and people received their medicines as they had been prescribed. Staff followed the correct procedures to prevent the spread of infection. Staff understood their responsibility to report any accidents and incidents.

Holistic assessments of people's needs were carried out to ensure that the service could meet those needs in the way the person preferred. Technology was used to enhance the care being provided. A telephone system stored all the information each staff member needed and logged the times the staff arrived at and left each person's home.

Staff received induction, training and support to enable them to do their job well. When required, staff supported people with their meals by heating up a ready meal or making a sandwich. Staff involved other healthcare professionals such as GPs in people's care if the person needed assistance with this.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible.

People and their relatives were full of praise for the staff, told us the staff treated them with kindness and compassion and had very good relationships with the staff. Staff made people feel they mattered and knew each person, and the details about how they liked their care provided, very well.

People were involved in planning their care and support and information about advocacy services was available if anyone wanted an independent person to assist them with their affairs. Staff respected people's privacy and dignity and supported and encouraged people to remain as independent as possible.

Care plans gave staff detailed guidance relating to the care and support each person needed so that people received personalised care that was responsive to their individual needs.

A complaints process was in place and people, their relatives and staff were confident that any issues would be addressed by the management team. The provider had a process in place to meet people's end-of-life care needs when this was required.

People and their relatives praised the service, the management and the staff and said they would happily recommend this service to others. The manager provided good leadership and ensured that staff were clear about their role to provide people with a high quality service, thus upholding the values of the service. Staff felt well supported and happy to be working for this service.

A quality assurance system was in place, including a number of ways in which people, their relatives, staff and other stakeholders were asked to give their views about the service and how it could be improved. Audits and monitoring checks on various aspects of the service, including spot-checks on the way staff worked with people, were carried out. Processes were in place to ensure that any shortfalls were addressed.

The manager was aware of their responsibility to uphold legal requirements, including notifying the CQC of various matters. The service worked in partnership with other professionals to ensure that joined-up care was provided to people.

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.

There were enough staff deployed to keep people safe and meet their needs.

People were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Staff recruitment reduced the risk of unsuitable staff being employed.

Potential risks to people and staff were assessed and minimised. Medicines were managed safely and people were given their medicines as they had been prescribed.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported well so that they had the skills and knowledge to deliver effective care and support to the people who used the service.

Appropriate arrangements were in place so that people's rights were protected if they did not have the mental capacity to make important decisions for themselves.

Holistic assessments of people's needs were undertaken. Technology was used to enhance the care provided.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff who knew each person and their individual needs well.

People were fully involved in planning their care and support. Staff showed they cared about the people they were providing a service to.

Staff respected people's privacy and dignity and encouraged

people to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place for each person and the care was personalised to meet individual needs.

Complaints and concerns were responded to well.

A process was in place to ensure that people's end-of-life care needs would be met when this was required.

Is the service well-led?

Good ●

The service was well-led.

The manager provided good leadership and made sure staff were clear about their role in providing people with a high quality service.

A quality assurance process gave people, their relatives, staff and other stakeholders a number of ways in which to comment about the service. Audits and quality monitoring checks were carried out and shortfalls addressed.

Legal requirements were upheld, including notifications being sent to the CQC as required.

My Life Living Assistance (Cambourne)

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 was the first inspection of this service since My Life (Carewatch) Ltd took over as the provider in May 2017. This inspection was brought forward as CQC had some concerns about some of the provider's other newly-acquired services.

Inspection site visit activity started on 7 November 2017 and ended on 16 November 2017. It included telephone conversations with people who used the service, their relatives and staff and a visit to the office location. We visited the office location on 9 November 2017 to see the manager and office staff and to review records. The inspection was announced. We gave the service 48 hours' notice of the visit to the office because it is a small service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team included one inspector, an inspection manager 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.

Prior to the inspection we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the service that the provider is required by law to notify us about. We had not requested a provider information return (PIR) from the provider. The PIR 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 spoke over the telephone with three people who were using the service and relatives of four other people who were using the service. We spoke with one senior care worker, two care workers and the manager. We looked at three people's care records as well as other records relating to the management of the service. These included staff personnel files, an induction workbook, daily records and the complaints and compliments folder.

Is the service safe?

Our findings

People told us they felt safe with the care they were provided with and with their care workers. They gave us a number of reasons to explain why they felt safe, including; enough staff who were well-trained, kind and caring; no missed calls; safety of the key-safe system; and a small number of familiar staff providing their care. One person said, "Yes, I feel safe. The carers have really supported me to regain some of the skills I'd lost while I was in hospital. I can now get up and down stairs by myself." Another person told us, "I feel safe because my carers allow me to stay here in my own home where I am checked three times a day, so that my family aren't worrying about whether I've had a fall and I'm lying on the floor without any means of getting any help." Relatives were also confident that their family members were safe using this service. Care plans included a section entitled 'What makes me feel safe?' We saw that for one person, this included 'Having my [family member] in the room with me while I'm receiving personal care.'

The provider had systems in place to ensure that people were protected from abuse and avoidable harm. Staff had received training in safeguarding people and showed us they would know how to recognize and report any instances which caused them to be concerned. A member of staff explained that the telephone system used by all the staff included the telephone number of the local safeguarding authority. This meant that staff could ring them directly if they needed to. People told us they had never had any fears that any of the staff would treat them badly. One person said, "I have never been shouted at or spoken to inappropriately by any of the carers ...no-one has ever raised a finger to me." Another person told us, "The carers are nothing but friendly and I certainly would let the office know if anything happened to me that I was concerned about by one of the carers. They are all such lovely caring individuals, none of the ones I've met, I would've thought, would ever dream about treating me badly."

There was a system in place to assess and reduce potential risks to each person's safety. These potential risks covered a range of areas of care such as burns, skin care and falls and were very detailed. One person's 'falls prevention' risk assessment included every possible scenario, what the risks were and the actions that had to be taken so that the risks could be minimised. There were also risk assessments in place to assess risks to the staff. These covered areas such as how to access the person's home, car parking and whether there were any pets in the house as well as infection control, fire safety and chemicals. All risks and proposed actions to minimise the risks had been discussed and agreed with the person and/or their relatives and the assessments were fully accessible to staff in a folder in the person's home.

We found that there were enough staff to ensure that people were kept as safe as possible and to meet people's needs. People reported that staff had never missed a call and that they had sufficient time to carry out all the tasks that had been agreed. One person told us, "They never mind doing extra jobs, and they always make sure I've got everything I need before they go, which again, I'm very grateful for." The manager told us they were constantly recruiting so that they were sure there were sufficient staff to cover holidays and sickness. They were trying to expand the business but would only take on new clients when they were sure they had enough staff with the relevant training and skills to ensure there would be no breakdowns in the care. A member of staff told us, "There are enough staff. No mad rushes: most mornings and evenings are quite calm."

The provider had a thorough recruitment process in place. This included carrying out pre-employment checks such as references and a criminal records check, which had to be satisfactory before the new member of staff was allowed to start work. This helped to ensure that only staff suitable to work at this care service were employed. During and following induction staff received training to make sure they had sufficient knowledge about the safety aspects of their role to keep both themselves and the people who used the service as safe as possible.

Staff were trained to give people their medicines safely and there were policies and procedures in place relating to all aspects of medicine management. Senior staff checked that staff were competent to give people their medicines and these competency assessments, repeated at least annually, were stored in staffs' personnel files. Very few people who were receiving a service at the time of this inspection needed assistance with their medicines. We checked the records of medicine administration in one person's care records. We found that all was in order including that staff had signed the charts to show when they had given the person their medicines.

People told us that the staff were excellent at following correct procedures to reduce the risk of infections being spread. One person said, "The carers always bring their disposable gloves and aprons with them. You never have to remind them to change their gloves and they always make sure they wash their hands when they come in, between jobs, and just before they leave and they always take out the rubbish with them." Another person told us, "I've been very impressed with the hygiene standards of the carers from this agency as they wouldn't dream of doing anything without having washed their hands and putting on gloves. They always bring them with them each time they come." Staff received training relating to the prevention and control of infection, including food hygiene, and there were sufficient supplies of personal protective equipment in the office.

Staff fully understood their responsibility to report any incidents, accidents and concerns that they might have had. They told us about a safeguarding matter that they had reported, which the local authority was dealing with. They said there had been no other accidents or incidents that they had had to report since the new provider had taken over the service.

Is the service effective?

Our findings

Holistic assessments of people's needs were carried out before a service was offered to people. One person told us, "I do remember chatting for quite some time with someone from the agency and they talked through everything that I needed help with." A relative said, "[A manager and a named member of staff] came to visit my [family member] and I when we started with the agency. We probably had a good couple of hours chatting with them while they made notes about everything that my [family member] needs help with."

The service used technology to enhance the way that care was provided. There was a computerised system in place to log a wide range of information and track when care staff entered and left people's homes. Each member of staff had a telephone which stored information they needed for each call, their rotas and any new information they needed to know about the person they were about to provide care to. The telephone recorded the time they arrived at and left each person's house. Staff were very happy with the system: one member of staff said, "The system's amazing!" People also found this system helpful. One person told us, "They have a special phone, which they scan in the records when they arrive and leave. No arguing over bills with this agency."

New staff underwent a thorough induction process, which included five days of training and shadowing experienced staff as well as completing a written workbook. Staff commented "[Induction] was very well done" and, "[Induction] was quite thorough." The range of training meant that they could do the job they were employed to do. Topics included; assisting people to move including using a hoist; giving medicines; health and safety; infection prevention and control; and safeguarding. Refresher training was offered at appropriate intervals to ensure staff kept up to date with good practice. Staff were satisfied with their training and also received training, when needed, in specific conditions that affected individual people. For example, staff had undertaken training relating to multiple sclerosis so that they were better equipped to support people with this condition. Staff had received training in how to care for people living with dementia and the manager was accessing training around supporting people with a learning disability.

People and their relatives were satisfied that staff knew how to care for them. One person said, "I haven't any complaints about their training in order for them to be able to help me with [the care I need]."

Staff felt very well supported, both by each other and by the management team. They received regular one-to-one supervision; staff meetings were held every few weeks; there was an on-call system; and they knew they could speak with the manager at any time. One member of staff told us how useful they found their supervision sessions, as they could air their concerns as well as put forward ideas for improvements and requests for training. Another member of staff said, "I can pick up the phone to [name of manager] at any time, day or night, if I need to discuss anything."

People and/or their relatives made all decisions about their meals. When it was part of the person's package of care, staff heated up a ready meal or provided a sandwich. One person said, "The carer will cook one of my ready meals for me. She always explains to me what choice I've got in the fridge and also tells me which

dates need using first. The carers always make sure it's piping hot and I have it on a plate on the tray with my cutlery and a glass of water." Another person explained how staff always insisted on making them a hot drink as soon as they arrived and before they left as the person was no longer able to lift a heavy kettle. This person told us, "I probably drink more now than I did when I was more active because the carers really do encourage me to drink."

The manager explained that they worked with other services, such as the speech and language therapists, GPs and district nurses to ensure that people received the care they needed. Advice from other healthcare professionals relating to the care being provided by the service was incorporated into the person's care plan. Although the service was not responsible for referring people to health services, staff would contact the person's GP (with the person's consent) or call an emergency ambulance if the person was unwell. One person told us, "My carer came in and didn't like the look of me so asked if she could phone my GP just to get them to give me a once over. I was quite grateful that she was there."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff had received training and understood the principles of the MCA. Staff said that they always assumed a person had capacity to make decisions and always asked people for their consent to the care that staff were providing. This meant that staff were working within the principles of the act so that people were not unlawfully restricted and their choices and preferences were respected and recorded.

Is the service caring?

Our findings

People and their relatives spoke very fondly about the staff. They used words such as "lovely", "very good", "dedicated", "caring" and "professional" and gave us numerous examples of ways in which staff treated them with kindness and compassion. One person told us, "Three or four carers look after me most of the time and are very good. I haven't had a problem with any of them." Another person told us, "Everyone I have dealt with, from the carers to the office staff to the managers have been lovely and friendly and helpful and caring. I don't think I've met a grumpy person amongst them all!" A relative said that the care worker they saw most of the time "couldn't be more considerate to my [family member]."

People liked the staff and enjoyed their company as well as being grateful for the service the staff provided them with. One person said, "To be honest, when my carers are here it's just like having two old friends coming round." Another person told us, "I really look forward to seeing their faces every day." A relative stated, "My [family member] has a lovely [carer] who comes and helps her...we are both very fond of [name] and we love to have a chat and a bit of a laugh with [them]." A member of staff said, "You can have a laugh and a joke [with people]."

Staff made people feel they really mattered. One person said, "When they first come in each morning, they always ask me how I'm feeling and I just get the impression they genuinely want to know rather than it just being something they ask." Another person told us, "It doesn't matter if the carers are running over by a few minutes, they will always ask me if I've got everything I need or if there's anything they can reach me that I want to use before the next carer comes in. They never seem to make it too much trouble."

From the comments people made it was clear that staff knew the people they worked with very well. One person told us, "It's so nice that I don't have to keep explaining over and over again what I need help with." Another person said, "Because I only have a small number of regular carers and I see them all the while, they know me and I know them and it's just comfortable to have them around. I don't have to worry that they don't know what they're doing."

People told us that staff definitely went "the extra mile" to make sure they were comfortable and had everything they needed. One person explained, "My carer will sometimes bring me a little treat in because [they know] I'm partial to cake and it's difficult for me to get to the shops." A relative said, "[Carer's name] knows I struggle to get the duvet cover on and [they] never mind doing it for me even though it's not on the list of [their] jobs. It's little things like that that make all the difference."

People were actively involved in planning their care and support. One person told us, "I really felt that the agency was interested in me as a person and wanted to know what I want to be able to do with myself during the days, and then how they could go about assisting me to achieve that." People's care plans showed that people were encouraged to make choices. For example, we read, "I will direct you to which shower gel and shampoo I wish to use."

Information about advocacy services was available for people if they wanted an independent person to

assist them with their affairs. People said they preferred to deal with their own affairs, or ask their relatives. One person said, "[Relative] looks after everything because I don't particularly want a stranger getting involved with all aspects of my life." Another person told us that one of the care staff had been very helpful and "always has good ideas for who I should call [if I need help with something]."

People and their relatives were satisfied that staff respected their privacy and dignity. People were asked as part of the initial assessment of their needs, if they had a preference for male or female carers and this preference was always respected. People's care plans gave staff details of the ways in which each person wanted their care delivered. For example, one person had stated, "Please maintain my dignity at all times by positioning either the towel or the flannel to protect my modesty."

People were very happy that staff encouraged and supported them to be as independent as they wanted to be. One person told us how their mobility had improved because of the support from their carers. They told us, "It feels like such an achievement just to be able to do this little task for myself without having to rely on others to help." Another person said, "There was no part of my care that I haven't planned myself to be honest. My carers are there to make sure I can remain as independent as possible." A relative explained that they had asked for an early visit so that they could go out during the day, in order to retain their lifestyle and independence. They said that this had been arranged and adhered to: "They haven't let us down once. We've been on time to do all of the activities we want to do without any problem whatsoever."

Care plans gave detailed guidance for staff on ways they could support each individual to retain as much independence as possible. For example, in one person's care plan we read, "If you give me the sponge and show me what I need to do, I am able to do this." In one member of staff's 'field observation' form, we noted that the senior carrying out the observation had written, "[Name of staff member] encouraged [name of person] to do as much as possible for himself."

Is the service responsive?

Our findings

Holistic assessments of people's needs were undertaken prior to a service being agreed. These formed the basis for care plans, which ensured that people received personalised care that was responsive to their needs. People and their relatives felt fully involved in planning all aspects of the care they wanted and felt that they were at the centre of everything that the staff did for them. They told us that the care plans clearly set out their needs. One person said, "I'm fairly certain that there is everything in [my care plan] that the carers are helping me with." Another person said, "I definitely felt involved in planning my care and my care plan sits in the folder here where the carers sign every day to say what they've done." A relative stated, "Everything is written down in the copy of the care plan which we have in my [family member's] folder."

Care plans were very personalized and gave staff comprehensive details about the care and support they had to provide in order to respond to each person's needs. For example, in one person's plan we read, "I would like you to feed me...please don't engage me in conversation as I will not eat." Another person told us, "My carer always cleans my glasses for me every time they come. I never ask [them] to do it. [They] just do it automatically."

People's quality of life was an important aspect of the service provided, with care plans ensuring this was taken fully into account. For example, for one person the most important aspect of the service was the time at which they were assisted to get up in the morning. For another person, they wanted to make sure they could get out and about, with support, to do the things they wanted to do. A third person had been quite concerned about 'strangers' entering their house. Their care plan detailed what staff should do to allay their fears, and the person told us, "It does take a bit to get used to, having carers coming in and out of my home, but they are like friends now and to be honest I don't know what I'd do without them."

Staff were only responsible for ensuring that people had meaningful activities to be involved in when that was part of their care package. Some people paid for staff to take them out to pursue leisure activities or to take them shopping. The choice of where the person went or what they did was entirely up to them.

The provider had a system in place so that people and their relatives knew how to raise a complaint if they needed to. A relative told us they had received a complaints leaflet. However, no-one criticised any of the staff, or the service they provided, in any way and all told us they had never needed to complain. Their comments included, "If I wasn't happy, I'd be straight on the phone to the manager. I was given a complaints leaflet but I've never needed to make any complaint at all since having started with the agency"; and "I'm certainly not afraid of shouting up but if I did have a proper complaint I'd want to meet with the manager. I've never had anything I've had to complain about though because they have been so good and provided everything that I needed, and more."

Staff were aware of their responsibility to report any complaints to the manager and one member of staff said they were confident the manager would address the matter. The complaints log in the office showed that any issues raised had been responded to, to the complainant's satisfaction and in line with the provider's policy. Another member of staff said, "You don't get anyone complaining so we must be doing

something right."

At the time of the inspection no-one who was receiving a service needed end-of-life care. The service had procedures in place, including end-of-life care plans, which could be put into operation should the need arise.

Is the service well-led?

Our findings

We received excellent feedback from all seven people and relatives that we spoke with. General themes included: relief that people had found this service; care that was planned at the time the person preferred; staff who were professional, dedicated and almost always arrived on time; no missed calls; and a professional service that communicated well with everyone. One person told us, "I think we get a rolls royce service." Another person said, "Of the three agencies we've used, these are by far the best. They listen and then deliver." A relative reported, "We're so pleased we found them [the service]. We'd recommend them to anybody."

There was no registered manager in post. The manager had been working at the service for about six months at the time of the inspection and had previous experience of managing a care service. They had applied to the CQC to be registered. One person said, "The manager does seem very involved in everything and always knows who I am." A member of staff told us, "Since the new manager and care coordinator started I can see the improvement. More structure; we get our rotas earlier; and no calls are missed." One person was especially pleased about the honesty and openness they had been shown. They told us, "They are also very truthful with you and will always tell you if they can't do something and, importantly, why they can't and what they will do about it to make sure they can do it in the future."

The manager was clear that the values of the provider organisation, which included quality, respect and promoting independence, had to be upheld by every member of the team. Staff were clear about their role and demonstrated that they were aware of, and were upholding the organisation's values. The registered manager achieved this by supporting the staff with individual supervisions, team meetings, spot checks and by leading by example. Staff also knew that the manager was always on the end of the phone if they had anything they wanted to discuss, day or night. Each member of staff received a monthly newsletter with their payslip to update them on any relevant business matters that had arisen during the month.

The manager showed that she had good leadership skills and staff were complimentary about the way she carried out the role. One member of staff told us, "I'm happy [name's] my manager. She's very good and confident. The management team are brilliant." Another member of staff said, "The manager's lovely. I can talk to [name] and I'm always offered a coffee when I go to the office." Staff were treated fairly, including being given travelling time between visits. The manager was proud of the staff retention record since she had started. She emphasised the importance of employing the right staff in the first place, then treating them well by listening to and really hearing what they said and including them in what was going on. There was a staff recognition scheme in place, as part of which the manager nominated one member of staff as 'carer of the month'. Staff were put forward for the 'I care awards' and received a thank you card for a job well done.

The senior staff and the manager carried out 'field based observation' with all staff. The manager explained that they arrived early at a person's home to make sure the staff member was on time, had their ID card with them and was wearing the correct uniform. They observed how the staff member carried out their work and how they interacted with the person. There was a system in place to ensure that issues were addressed. For

example, if a member of staff made a medication error, they would receive further training and competence checks to ensure as far as possible that there would be no further mistakes.

Staff were very happy to be working for this service. One member of staff said, "I like it, it's homely. We all watch out for each other and work as a team." They added, "We have the time to maintain a good rapport with the customers, which is nice. [Management] have it well balanced here." Another member of staff told us, "It's wonderful, really good. [The management of the service] is very well done. They're very up to date with all the paperwork."

The provider had a system in place to ensure that a good quality service was provided to people by the staff. People, their relatives, staff and other stakeholders had a range of ways they could share their thoughts about the service and put forward ideas for improvement. These included conversations with the care staff, telephone discussions with one of the office staff and written surveys. One person told us, "[Senior staff] have rung us twice [in six weeks] to make sure we are happy with the service. I know [they] will come and visit us properly when we get to six months. [They] assured me that in the meantime if I need [them] for anything I only have to pick up the phone to the office." Another person said, "We've been rung up and also been asked by the carers when they are here and also filled in a survey since we started. They do seem genuinely interested in knowing our opinion, which is good because nobody wants to waste their time unnecessarily."

The manager and office staff carried out a number of checks and audits on areas of the service, such as care plans, daily records and medication administration record charts. Monitoring of whether staff arrived on time and whether they stayed the allocated length of time with each person was carried out through the telephone system. A senior member of staff had been appointed as Quality Officer. They had a range of responsibilities to ensure the quality of the service, including doing induction and training of new staff and spot checks and competency checks on existing staff. Representatives of the provider also visited the service to carry out quality checks. There was a process in place to address any shortfalls.

People were very satisfied with the quality of the service. This not only included the care they received and their relationships with the care staff, but also the way the service was managed. One person said, "Their communication is really good and everyone is very professional." A relative reported, "Their communication is much better than any other agencies [we] have used...we get a reliable list every week with details of who will be coming to us." Other people commented on other areas of the management that they were pleased with. One person said, "On the rare occasion a carer is held up, the office will always phone. I've never not had someone." A relative told us, "We get a list by email each week so we know who's coming and 90% of the time, they are on time. We've never had a missed call at all."

The manager was aware of their responsibilities to keep up to date with all legal requirements and with current good practice. This included the requirement to inform CQC of various matters via the relevant notifications.

The service worked in partnership with other professionals to ensure that joined-up care was provided. These included GPs, community nurses, speech and language therapists and any other professionals involved in a person's care. This meant that each organisation knew what the others were doing in relation to a person's care, as far as they needed to know and the person wanted them to know.