

Care Your Way Limited

Care Your Way Limited (Bexhill on Sea)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 14 and 15 June 2017. This was an announced inspection. This means the provider was given notice due to it being a domiciliary care provider and we needed to ensure someone was available. The inspection involved a visit to the agency's office and conversations with people and their relatives. This was the service's first inspection since being registered with the CQC.

Care Your Way is a domiciliary care service which provides personal care and support services for a range of people living in their own homes. These included older people and people living with dementia and learning disabilities. At the time of our inspection 16 people were receiving a service. The service operates from a small office in Bexhill on Sea, East Sussex. This service became part of Berkeley Home Health Limited in November 2016. However the service is still trading at this time as Care Your Way.

There has been no registered manager in post for two years since registration with CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Management cover is provided by the regional director and the registered manager of a sister service in Burgess Hill.

Care and support records for people lacked detail and were not all person centred. Risks had been identified with information about how to minimise additional risk. However, some risk assessments had not calculated levels of risk appropriately. Despite the service having a quality assurance system, this had failed to recognise concerns we raised at the time of the inspection.

We looked at how the service managed people's medicines and found that the management of 'as required' medicines were not recorded clearly. The arrangements for administering medicines through a stomach tube (PEG) were not recorded and did not include vital steps to ensure the safe administration of medicines. We looked at the Medicines Administration Records (MAR) for people these had all been completed correctly and were up to date.

People told us they felt that staff had the right skills and training to do their job. However there was a lack of competency assessments to underpin the training. Some staff had not always received supervision and appraisal from the management team. New staff were given induction training at the start of their employment which identified the principles and values of the service.

There was an appropriate up to date accident and incident record in place. There were robust recruitment procedures and required checks were undertaken before staff began to work for the service.

Staff had access to a copy of the organisation's policies and procedures which were available electronically or in paper format and staff knowledge of these policies and procedures was tested at supervision meetings and as part of the process of induction.

Before any care and support was given, consent was obtained from the person or their representative. People and their relatives told us that staff were kind and treated them with dignity and respect.

People told us they knew how to complain. Complaints had been recorded and responded to in line with the provider's policy.

We found a breach of regulation. You can see what action we told the provider to take at the back of the full version of the report.

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 always safe. People we spoke with told us they felt safe using the service.

Risk assessments had not always been fully completed. There were some people's specific care needs that were not documented and some that were incorrect. Environmental risk assessments had not been updated or reviewed.

Arrangements for the administration of medicines were not always safe and did not follow good practice guidance.

There were robust recruitment procedures and required checks were undertaken before staff began to work for the service.

People we spoke with told us they felt safe using the service.

Requires Improvement 

Is the service effective?

The service was not always effective.

Staff received the training and support they required to meet people's needs. However competency checks were not always in place or completed correctly as to the practices undertaken by staff for specific care.

Staff had an understanding of consent and ensured people were provided with choice. Staff were trained on the MCA and understood its principles.

Where required, staff supported people to eat and drink and maintain a healthy diet.

Staff knew people well and referred to an appropriate healthcare professional when required.

Requires Improvement 

Is the service caring?

The service was caring.

People told us the staff who supported them were kind, caring and treated them with respect.

Good 

Rotas were organised to ensure that people were supported by familiar staff wherever possible.

People were involved in the care planning process.

Is the service responsive?

The service was not always responsive.

Care plans whilst in place had not always identified people's care and support needs. Records were not person centred and did not always identify areas of people's life they required support with.

People and their relatives felt that there were regular opportunities to provide feedback about the quality of the service.

There was a complaint policy in place and people and their relatives knew how to use it.

Requires Improvement 

Is the service well-led?

The service was not always well-led. Records were not always well-maintained and the registered provider did not have a comprehensive system in place to monitor the quality and safety of the service provided.

People who used the service, relatives and staff provided positive feedback about the service and told us it was well-led.

Staff told us the management team was approachable and supportive.

Requires Improvement 

Care Your Way Limited (Bexhill on Sea)

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.

The inspection took place on the 14 and 15 June 2017. This was an announced inspection. 48 hours' notice of the inspection was given to ensure that the people we needed to speak to were available. The inspection was undertaken by one inspector and an expert by experience who undertook telephone interviews as part of the inspection process. The expert by experience had personal experience of caring for someone who lived with health problems.

During the inspection process we spoke with seven people who used the service and two relatives by telephone. We asked what it was like to receive care and support from the provider. We reviewed four people's care plans and associated records. We spoke with six staff, the regional director, manager and a further member of the management team.

We looked at staff's recruitment, supervision and training records, and spoke with the provider about the systems in place for monitoring the quality of care people received. We reviewed comments staff had made in a feedback survey and looked at a variety of the service's policies such as those relating to accidents and incidents, medicines, complaints and quality assurance.

Before our inspection we reviewed the information we held about the agency, including previous inspection reports. We reviewed the provider's information return (PIR) and responses from questionnaires sent by us to people, their relatives, staff and community professionals. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events

which the provider is required to tell us about by law.

Is the service safe?

Our findings

People told they felt the care and support they received from Care Your Way was safe. People and their relatives were very positive about the care and support provided from the agency. They told us staff arrived on time and had the skills to provide good and safe care. People told us they normally had regular staff and this helped them feel comfortable and safe. One person said, "I can get nervous with new staff but I have regular carers so that helps." People told us they felt safe with the staff and that they were confident that the staff would react appropriately if there was a problem, such as calling an ambulance or calling the office for advice.

Whilst staff supported people in their own homes, safety was an important aspect of the service provided. However, we identified several areas which required improvement. Each person's home was assessed to identify any risks to people and staff before a care package was agreed. For example areas that could present a trip hazard like slippery or uneven flooring. Where risks were confirmed the agency worked with people and their families/representatives to reduce the risk. However we saw that the risk assessments had not been updated or equipment such as life line (which is an alarm system for people to use if they require urgent assistance) checked regularly to ensure it was working. We were told that equipment used by care staff for moving people such as electrical hoists were tested by the provider of the equipment and the district nurses. However there were no checks undertaken by staff to ensure it was safe to use and had been maintained by the equipment provider. We were assured by the area manager that staff checked the sticker on the equipment but acknowledged that the slings used by staff with equipment were not routinely checked.

Individual risk assessments were used to identify and risks associated with people's care needs and provided guidelines for staff to follow to ensure people's safety. We looked at records for four people and found the care documentation and risk assessments did not fully reflect the peoples' needs. For example one person had a percutaneous endoscopic gastrostomy (PEG) tube (feeding tube through the stomach). There was no mention of PEG in the care documentation or in the risk assessment for nutrition or choking. Another person had a continence care plan which documented that the person had a urinary catheter. The person's daily notes identified that staff had documented the catheter was bypassing and on some days no urine had been passed. This meant the person might be a risk from sore skin and urine infection from retaining urine. Following a discussion with a member of staff who was undertaking the review of care at the persons home, it was found that the person did not have a urinary catheter but a convene sheath. The area manager confirmed that they had identified that there were problems with the quality of the documentation and were revisiting all 16 of the people they provided care and support to. The previous management team have been replaced by the new provider and management team.

Care staff administered and supported people to take their prescribed medicines. Policies and procedures in respect of the management of medicines were available to review. The agency were currently using the 'Caring for You' policies until the new provider has completed the registration process with CQC. Medication administration charts showed that staff signed for peoples' prescribed medication when they administered it. We identified some shortfalls in regard to 'as required medicines' (PRN) and for those medicines that were

administered by the PEG tube. There was no guidance for staff to follow to ensure the PEG tubing was flushed with sterile water before and after medicine administration. There was also no confirmation in the risk assessment documentation that the medicines were suitable for administration via the PEG tube. This would be from the prescriber and the dispenser of medicines. PRN medicines did not have a rationale documented within a risk assessment to guide staff as when it may be required and what it was required for. For example pain relief medicine or laxatives. There was no evidence within the documentation that staff offered PRN medication such as pain relief on a regular basis. Feedback from 75% of service users and families was positive about the safety of the care delivered and had confidence that people were safe. However there was the potential of unsafe care delivery due to the lack of supporting documentation to mitigate risk and to guide staff in delivering safe care. This was an area that requires improvement.

When people's support needs changed, staff reported these to the office staff who arranged for a further care review and assessment of need. The management team confirmed that all the people supported would be re-assessed and all documentation thoroughly reviewed. Community health care professionals were involved with these as required and kept up to date with any changes. For example, an occupational therapist had been involved in moving and handling assessments to identify what equipment was required to move people safely. When moving equipment was used, two staff were supplied to ensure this was used safely. Staff were trained in the use of any equipment used when providing care and reported any concerns around its condition to the office.

The security of people's homes was assessed and key locks were used when necessary to maintain the security of the home. Staff were aware to keep this information secure. Staff were issued with identity badges and these were updated and renewed on a regular basis so people were confident staff were working for the recorded agency. The agency had developed systems completed by the office staff to ensure there were enough suitable staff to provide the care and support agreed to within the contract agreements. Professionals contacted confirmed the agency did not agree to cover a package of care unless they had the right staff to do so. They felt this ensured people's safety and well-being. A weekly schedule was sent to people and to staff to ensure both were aware of what visits were to be completed by whom. People told us staff arrived when expected and spent the correct time with them. Staff recorded the time of each visit within the records held at each home and on their time sheets. The schedules confirmed staff were allocated time between each visit to allow for travelling. The office staff knew where staff and people lived and had the information to organise work in an emergency situation, for example in the event of severe weather conditions and staff sickness. People told us when staff were changed they were notified by the office.

Staff received regular training on safeguarding adults and children and the service had policies and procedures to support staff. These provided guidelines on how to respect people's rights and keep them safe from harm. Staff had a good understanding of the different types of abuse, how to identify and protect people from risks. This included ensuring people were safe in their own homes and were not for example, at risk from other people they had contact with. Staff were familiar with the safeguarding reporting procedures and were confident any concern would be dealt with quickly and appropriately by the office staff. The office manager and office staff understood and were familiar with the adult and child safeguarding procedures and had used these when reporting any suspicion or allegation of abuse. Relevant contact numbers were available to staff at all times. Records confirmed the appropriate use of these and how staff had worked with external agencies to protect people.

People were protected as far as possible by robust recruitment practice. Allocated staff were responsible for staff recruitment and followed the organisations recruitment policy. Staff files included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring

check. (DBS) These checks identify if prospective staff had a criminal record or were barred from working with vulnerable people. These checks took place before staff commenced work. Systems to update DBS checks were not consistent and the new provider would be taking this forward. Where staff were required to drive as part of their employment annual checks to ensure staff had appropriate car insurance, and driving licence was in place. Staff files contained information on staff employment including terms and conditions of employment.

Staff told us if they had any concerns about the medicines to be given they telephoned the office staff for clarification. Staff completed Medicine Administration Records (MAR) charts once the medicine had been given. These are returned to the office once completed at the end of each month and audited to ensure medicines were given as prescribed.

Is the service effective?

Our findings

People and their relatives told us they were satisfied with the care and support provided and were confident that the staff were suitably trained and competent to undertake their work. They were confident that staff knew them well and took account of their choices and preferences. People told us it was important to them that they were sent regular staff who they knew, and who knew them. One person said "I have regular carers so I am happy with everything." A relative said "The staff know me, I trust them." Another relative told us "The staff know him pretty well now." When staff were changed they met with people prior to picking up any care visits. This was said to be 'useful' by people and staff and ensured people did not have strangers coming to provide care and support.

Training was on-going and most staff received updates when they were required in line with the provider's policy. There was a system to check what training staff had been completed and when this needed to be updated. There were gaps in the training records but these had been identified and training booked. Additional training was provided to staff to meet specific care needs. This would include when caring for a person with essential breathing equipment or artificial feeding directly into the stomach (PEG). For example, a member of staff had attended training for care of PEG tubes and then cascaded this training to the rest of the staff. Staff were not assigned to complete these care tasks until assessed as competent by the management team. There was some confusion in respect of who was deemed competent to undertake PEG care and medicine training and competencies. This was discussed in full and actions taken forward immediately by the acting manager. The new management team were aware that competency assessments needed to improve to ensure good practice. This was an area that required improvement.

There was a supervision programme which included one to one supervision and spot checks. Spot checks are when a member of the management team observes a staff member providing care during an unannounced observation. These had not been consistent or well documented in the past but were now being undertaken in a competent manner. Staff told us that during spot checks staff competencies were observed in relation to the care provided. This included moving and handling, medicine management and correct use of infection control procedures such as using gloves and aprons appropriately. During one to one supervision, staff discussed people they supported and any training they felt they needed to complete.

Staff received the training and support they required to meet the needs of people. Any new staff recruited had worked previously in the care sector and had demonstrated a good understanding of their role within the recruitment process. New staff completed an induction programme of three days, some shadowing shifts and all completed identified essential training before they were scheduled to complete any visits. The essential training was completed on a rolling programme by all staff and included, medicines, safeguarding adults, the mental capacity act and DoLS, health and safety, fire safety and basic life support. A member of staff member told us, "I was given an induction that included getting to know the clients before working on my own."

Staff told us they received appropriate training and were well supported to complete their roles. There were opportunities for staff to complete further training of interest and accredited training such as a diploma in

health care.

Staff had an understanding of the (MCA) and how this may relate to people they supported. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. All staff had received training on the MCA and relevant policies and procedures were available for staff to refer to. The management team were aware of ensuring people had been included in the decisions about their care. Where people lacked capacity to consent to all aspects of care the management team ensured appropriate professionals and representatives were involved in capacity assessments and decisions made in people's best interest. There were some areas that needed to be recorded in more detail to ensure best practice was being followed. For example, where required, staff supported people to eat and drink and maintain a healthy diet. Initial assessments took account of people's nutrition and hydrations needs and reflected these within the individual care plan. Any associated risks were assessed and documented. Support provided included preparation of meals, leaving snacks and drinks for people. All staff were trained in food hygiene that ensured staff handled food safely. Staff who supported people with artificial feeding completed additional training and were assessed to ensure they had the appropriate skills to deal with the specific care need and associated equipment.

We were told by people that their health care appointments or health care needs were co-ordinated by themselves or their relatives. One person told us "They ring the doctor for me if I need." Staff were available to support people to access healthcare appointments if required. Staff told us they had good rapport and working relationships with various health care professionals such as social workers and district nurses. Comments from health care professionals we contacted confirmed this.

Is the service caring?

Our findings

All feedback from people and their relatives was complimentary about the staff providing the service and the way that they delivered the care and support required and agreed. People told us that the previous management was not that good and communication had been an issue. They felt staff were a "Bit short on the phone", and "Slow in answering queries." People were complimentary about the approach of the care and new office staff and told us they were kind, friendly, helpful and professional. One person said "Staff are caring." People and relatives told us staff were respectful and treated people with dignity, always putting people at the centre of the care and work they provided. One person said, "They take care I'm dressed well and never rush me."

Staff treated people as individuals, promoted their independence as much as possible and took the time to support people to accomplish and undertake important personal achievements. One person said staff were "Kind and thoughtful" and told us "Can't thank the staff enough, I get to live at home with their support." A person's relative told us, "Staff have taken the time to know and understand how to communicate well with him, it helps!"

Professionals contacted were complimentary about the service and said trusting relationships had developed between staff and people. They told us this was a vital component of ensuring good caring support. Staff understood the importance of creating good professional working relationships with people and their relatives. For example one person's relative told us "We are a team, the staff and I. If I did not trust them they would not be here."

Staff maintained people's privacy and dignity. Staff were able to describe how they protected people's dignity and were mindful that they were in people's own homes as a guest. Staff received training on equality and diversity which supported an individual approach to care that took account of individual choice. For example, one person with minimal communication was always asked what they wanted to have on the television despite staff knowing their normal preferences. Staff were surprised when they indicated they wanted a different channel but were able to respond to this change ensuring this person was in control of their own decisions whenever possible.

Staff demonstrated a caring approach and took an interest in the people they supported. One staff said "All the training is based around doing the very best for the client. I like this approach and follow this when working with people." Staff spoken with talked about people in a respectful way and knew information about them, what was important to them in how their care and support was provided and what made them happy. For example, one relative told us that staff had really worked hard at encouraging the person to wash themselves as much as possible."

Staff worked well together and demonstrated a team approach. Staff communicated regularly with each other through telephone and face to face conversations and recorded important information within care records. The management team were available to support staff professionally and they also took time that ensured staff felt supported. One staff member said, "Things have changed, but this is good, I feel

supported."

Confidential information was handled appropriately by staff. There were systems to ensure confidential information was not shared within e mails and text messages. The service had a policy and procedure on confidentiality and a staff signed a confidentiality agreement. Confidential records were held in the office and were locked in filing cabinets. The staff training programme included handling personal and confidential information, and staff had a good understanding of how they maintained confidentiality. People told us staff maintained their confidentiality. One person told us "Staff never gossip and never talk about other clients in front of me."

Is the service responsive?

Our findings

People and their families told us they got the support they wanted. One person told us "The care I get is individual to me." People and or their representatives were involved and consulted on what care they needed and in what way they wanted it provided. People were assessed before any care and support package was agreed. These assessments were completed by a member of the management team along with the initial referral. Assessments took account of people's choices and preferences with people's likes and dislikes recorded along with what was important to them. For example, one person was married and was very involved in the care delivery for their loved one and this was reflected within the paperwork. This initial assessment process ensured the agency could provide an appropriate responsive service for the individual concerned before any package of care was agreed.

Individual care plans were developed following assessment and when possible were signed by people or their representative to demonstrate agreement and consent. Care and support plans had been reviewed regularly or as they were required. However changes in people's needs had not always been documented. For example one person had the district nurse visiting for dressings to wounds. The person had received surgery following infection but this had not been documented or their support plan updated to reflect the changes to their needs. However the staff were able to discuss the changes with us. Care records also did not identify specific care required such as care of a stomach feeding tube (PEG), how to ensure it was working and how to identify for signs of infection. There was also a lack of information in respect of managing swallowing difficulties and how staff responded to oral hygiene. This was an area that requires improvement.

Staff were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs which enabled them to provide a personalised service. For example staff discussed how they recognised and understood people's non-verbal communication which included gestures and vocal noises for some people.

Staff told us that had time to read people's care documentation and were made aware of people's needs before they carried out a visit on their own. Daily records were maintained within the home. These provided chronological information on the care and support provided and recorded information important for communication between people their relatives and staff. The daily records were returned to the office each month. It was acknowledged that there was work to do to ensure records were clear and the information recorded fed back into the main care plan to reflect any changes.

People and relatives told us communication with care staff and the office staff was good and they were able to speak to the office staff at any time for clarification and advice. It was mentioned by three people that there had been problems with communication with the last management team but things were better now. Staff also said they contacted the office whenever they needed any information or advice. One staff member said "It has been a bit of a journey, communication is pretty good now." Staff said the office staff were always available and always helpful. The management on call arrangement ensured suitable staff were accessible on a 24 hour basis.

There was a full complaints procedure, this provided information to people and staff on how to make a complaint, and how the management team would respond. A copy of this was given to each person or their representative when a package of care was commenced. The procedure encouraged people to raise any concern or complaint they had. People and their representatives told us they were able and would feel comfortable in raising any concern if they needed to. One person's relative told us "If I have a concern I speak directly to the office and they are dealt with. I have good relationships with all the staff and they listen to what I have to say." Records confirmed complaints were taken seriously, responded to and used to improve the service for people using it. This included a visit to the person who was not happy to discuss their concerns. When people had expressed dissatisfaction with a staff member the agency responded to this immediately and changed the staff supplied. This meant that people were listened to and were able to express their views.

Is the service well-led?

Our findings

People and their representatives told us the agency was well-led and well managed. They all mentioned the change of management but only commented on the new team. One relative said, "It's going forward, that is what matters." They felt they were listened to, treated as an individual and had their care needs assessed and responded to appropriately. Comments included "The care provided is perfectly adequate," and "I am very happy with the service provided, it is exactly what is needed." People were satisfied they could contact the office staff at any time and discuss anything they wanted to. One person said "I telephone whenever I want and they are always so helpful." Another person said "It's so much better now." Professionals spoken with were confident that the agency had systems to review the care provided and ensured there was appropriate care provision. They told us the staff were a pleasure to work with and communication between them was effective, open and honest.

The registered provider is required to have a registered manager as a condition of their registration for this service. At the time of our inspection, there was no registered manager in post. Plans for the manager were being discussed as the previous manager was currently not available to work. We were told that a manager from the Sussex Office was overseeing the Bexhill office with support from the Regional Director. They were both available during the inspection.

During our inspection we found that records were not always well maintained. For example, training records were incomplete, there was evidence that not all staff had received supervision. Clear and complete records had not been maintained with regards to people's mental capacity. Whilst the management team appropriately described the work they did to monitor staff's practice and check the quality of the care and support provided, there were minimal records to evidence this process. For example, ensuring staff had the skills needed to safely administer medicines. This meant we could not be certain how robust this process was in monitoring and ensuring staff had the skills and knowledge needed to safely administer medicines. This included the procedures for administering medicines via the stomach tube (PEG).

The provider did not have a comprehensive system of audits to monitor the quality and safety of the service provided. A small number of audits of medication administration records had been completed, but these were not sufficiently detailed and there was no clear system to ensure a systematic or comprehensive approach to auditing of MARs. Where issues had been identified, there was no action plan detailing how the identified concerns would be addressed. Care plan audits had not yet been completed. The new management team were undertaking full reviews on all the people they supported as they were aware that there were issues with the quality of documentation. At present they did not evidence a robust or detailed approach to quality assurance and there was little from the previous management to follow up on.

Whilst people and staff told us the management team were proactive in monitoring, overseeing and making sure people were happy with the care and support provided; without more detailed records and audits there was little accountability or transparency and we could not be certain that issues or concerns with staff's practice would be identified and addressed.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulation 2014.

Our identified concerns were acknowledged by the management team of the service.

The office management systems supported people and staff to maintain effective communication for the smooth running of the service. There was not a clear management structure in place with identified roles and designated responsibilities as this was only a recent situation. However staff told us that they understood the interim structure and who they reported to until a decision was made about the new management team. The manager from the Sussex office attended the office two to three times a week and was supported by a staff team working from the office base. When the manager was in the Surrey office, all calls were diverted to the Sussex office. All staff had job descriptions and terms and conditions of employment. This ensured staff understood what was expected of them in their designated roles. When needed the management team followed disciplinary procedures and were supported by an independent human resources advisor. This ensured staff performance was managed appropriately and staff employed maintained the standards expected by the agency. Staff were familiar with the Whistle blowing policy. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Staff had a clear understanding of their responsibility around reporting poor practice and safeguarding concerns.

The provider had a clear set of aims and objectives which were clearly recorded within the documentation shared with people and staff. These aims included a commitment to deliver personal care and/or clinical nursing in people's own home that embraces the fundamental principles of good care. Staff demonstrated an understanding of the purpose of the service, the importance of people's rights and individuality, and understood the importance of respecting people's privacy and dignity. There was a positive culture at the agency. Regular staff meetings were held and these included updates on organisational matters. Staff said that they felt there was an open and inclusive management style now and they felt well supported. The area manager said that staff were responding well to the management change and were starting to open up and share their thoughts and experiences.

The management team demonstrated a desire to implement and maintain a high quality service. To this end they were building constructive relationships with the commissioners and links with professional bodies who provided up to date information on changing legislation and best practice guidelines. This included subscribing to training organisations to support the skills and competence of the whole team. The management team responded to feedback and internal investigations positively and used this information to improve the service. There was a reporting system for accidents, complaints and incidents which were reviewed and investigated, learning points were identified and implemented.

The agency used a number of quality monitoring systems to monitor and improve the service provided, however they have not yet issued the surveys since they took over in November 2016. Managers wanted to ensure that all the changes were implemented and people were confident of the changes to the service. People and their representatives were able to comment on the care provided through telephone conversations. One relative told us "We were informed of imminent changes and told of the management team changes at the office. Good communication." People felt they were able to share their views on the service and the care they received. The nominated individual told us of the organisational quality assurance systems that they were introducing and explained that they were currently using the systems from the previous provider. They would be changing to the Berkeley Home Health Limited paperwork as soon as the registration is completed.

The registered manager and office staff understood their responsibilities and consistently notified the Care Quality Commission of significant events as per the legal requirements of the Health and Social Care Act 2008.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not ensured complete and contemporaneous records had been maintained in respect of each service user and had not maintained other necessary records in relation to the management of the regulated activity. Regulation 17(2)(c)(d).</p>