District Carers Limited

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Inspection report

Hangleton Nurseries
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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?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

The inspection took place on 3 May 2016 and was announced.

District Carers Limited (previously known as Carewatch (Worthing and Arun) Limited) provides care and support to people in their own homes. The service delivers care to people living in the coastal strip between Bognor Regis and Lancing and to people living in rural areas in mid-Sussex such as Storrington and Pulborough. At the time of our inspection, approximately 148 people received support from District Carers Limited.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Some people's risks had not been identified, assessed or managed appropriately. Care records, in some instances, provided inaccurate information and guidance for staff. People felt their risks were managed safely and that they were protected from abuse and harm by trained staff. There were sufficient numbers of staff to meet people's needs. However, some people felt they were not always informed if staff were going to be late. A small minority said they did not always receive rotas to inform them which staff would be supporting them in the week ahead. New staff were employed once all necessary checks had been undertaken with regard to their suitability. People's medicines were managed safely.

Staff did not always receive regular, formal supervision meetings and some staff had not received annual appraisals. We have made a recommendation to the provider to put a system in place to plan formal, regular supervision meetings with staff. Staff did meet with their supervisors informally, but records of these meetings were not kept. New staff were required to complete the Care Certificate, a universally recognised qualification and shadowed experienced staff in their induction. All staff completed an essential training programme in a range of areas and were encouraged to take additional qualifications. Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to people under this legislation. Staff supported people in their healthcare needs and contacted healthcare professionals if needed.

Staff knew people well and positive, caring relationships had been developed between people and staff. Staff felt they had time to spend with people and have a chat during their visits. People were involved in making decisions about their care and were encouraged to express their views. They were treated with dignity and respect.

Care plans provided detailed information about people's care needs and support for staff. Some care plans did not have complete personal histories for people, their likes and dislikes. People were involved in reviewing their care plans. They knew how to raise a complaint and the provider acted upon complaints in line with their policy.

The service was well led and people were asked for their views about the service. Staff were also asked for their feedback and any identified issues were acted upon by the provider. Staff described the culture of the service in a positive way and of the need to provide the best possible care to people. The majority of people said they would recommend the service to others. There was a range of audits in place to measure the quality of the care delivered.

We found one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this 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?

Requires Improvement

Some aspects of the service were not safe.

Risks to people had not always been identified or assessed appropriately. Information in care plans was inconsistent relating to the management of risks.

Some people said they were not always informed if care staff were going to be late.

People were protected from harm by staff who had been trained to recognise the signs of potential abuse and knew what action to take.

There were sufficient numbers of staff to keep people safe and the service had robust recruitment practices in place.

People's medicines were managed appropriately by trained staff.

Is the service effective?

Requires Improvement

One aspect of the service was not effective.

Staff did not always receive regular formal supervision meetings and meetings were not always recorded.

People received care from trained staff.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

People felt staff responded to any emergencies and would contact healthcare professionals if needed.

Is the service caring?

Good

The service was caring.

Positive, caring relationships had been developed between people and staff. Staff had time to chat with people at home visits.

People were supported to express their views and to be involved in decisions about their care. They were treated with dignity and respect by staff.

Is the service responsive?

Good

The service was responsive.

Care plans provided information for staff on the tasks to be completed for people on a daily or weekly basis. People's care needs had been assessed appropriately.

People were involved in reviewing their care plans.

There was a complaints policy in place and complaints were managed in line with this policy.

Is the service well-led?

Good

The service was well led.

People and staff were asked for their views about the service. Where issues had been raised, appropriate action had been taken.

There was a range of audits in place to measure the quality of care delivered.

District Carers Limited

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 3 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was undertaken by an inspector 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. The expert by experience at this inspection had expertise in older people and dementia care.

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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

Before the inspection, the Commission sent out questionnaires to obtain feedback from 50 people who used the service, their relatives and friends, 54 staff and 3 community professionals. We received 17 responses from people who used the service, one from a relative and 12 responses from staff.

We spoke with staff and spent time looking at records including 14 care plans and daily records, four staff files, medication administration records (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service.

On the day of our inspection, we spoke with the provider, the registered manager, three supervisors, a care assistant and the training manager. After the inspection, we spoke with nine people and one relative over the phone to obtain their feedback about the service.

The service was last inspected on 18 March 2015 and there were no concerns.

Requires Improvement

Is the service safe?

Our findings

Some people's risks had not been assessed or managed appropriately. Care records showed conflicting information which could have provided unclear guidance for staff on how to manage people's risks. For example, one care plan stated the person was unable to walk without a walking frame and, within the last 12 months, they had fallen whilst taking out the rubbish. Yet in the risk assessment, the question asking whether there was a risk of injury from slips or falls had been answered, 'No'. The risk assessment stated they were at, 'High risk of falls', then on the following page, the risk was recorded as, 'Medium'. In another care record, the person's medical history stated they had pressure sores in the past and were prescribed topical creams for skin care; they had incontinence issues. However, there was no risk assessment for skin integrity or management and a section entitled, 'Tissue viability considerations?' had been answered, 'No'. Another care plan stated the person required a walking frame or walking sticks around their home to mobilise. The identified risk of injury from slips or falls referred to a, 'Decline in mobility' and the risk as, 'Medium'. The assessment asked, 'Carers to report any concerns to the supervisor and her husband' [referring to the person's husband]. There was no information or actual assessment of the risks of trips or falls. A fourth care plan related to a person who had a wheeled trolley indoors and a mobility scooter when they went out, which would imply their mobility was impaired. They had been assessed as not at risk of injury from slips or falls, there was no risk assessment relating to the use of their mobility aids. This person had ulcerated legs, but there was no risk assessment of their skin integrity or management. A fifth person had been identified as at risk of developing pressure areas and the question was asked, 'Do you have any tissue viability considerations?' which was answered, 'Yes'. However, there was no skin integrity risk assessment in place.

The above evidence shows that people's risks were not always identified and assessed safely to meet their needs and there was insufficient information or guidance for staff on how to manage people's risks. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with felt their risks were managed safely. One person told us, "I have two carers to help me stand. They stand one each side of me so I don't fall and make sure I'm steady which I am once I'm on my feet. They don't lift me, no; they just have to make sure I'm steady". Risk assessments for other people had been identified and assessed appropriately and were managed safely according to care plans we looked at. People's risks had been assessed in areas such as general and physical health, mental health and emotional wellbeing, medicines and environmental risks. For example, the risk assessment for one person who was at medium risk of falls advised staff, 'To report any concerns over mobility to the supervisor and encourage Zimmer frame and all relevant equipment to be used around the home'. People's risk assessments were reviewed annually, unless any changes to people's needs were identified sooner.

People told us they felt safe and were protected from abuse or harm. Responses from the Commission's questionnaire showed that 100% of people and their relatives felt safe using the service. Following telephone interviews, everyone we spoke with said they felt safe and comfortable with care staff that came to visit them. People felt them to be honest and trustworthy and respectful of being in their home. One person said, "Oh, I have complete faith and trust in them; they're like mates".

Staff had been trained to recognise the signs of potential abuse and knew what action to take if they suspected abuse had taken place. One carer explained their understanding of safeguarding saying, "It's to protect a person. I would speak to the duty social worker and report concerns to West Sussex County Council". They gave an example of a person who had suffered financial and physical abuse in the past from another person in their own home. Following several visits from a social worker, the person now had appropriate support in place and actions had been taken to keep them safe. Another carer told us, "Make sure people aren't vulnerable" and described different types of abuse such as sexual and financial abuse.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. The majority of people we spoke with told us that care staff were mainly on time or as one person said, "Give or take the half hour leeway". Another person said, "It's much better than it used to be". However, other people were not so positive. A third person told us, "They can come at different times in the mornings. It used to be between 8 and 8.30am, but they can be late and today it was 9.00am, so I get started myself and do my medication. If the evening nurses turn up and I've not had dinner, they'll do it for me. It's not their job, but they're happy to do it". A fourth person told us that their times had been altered recently. They said, "I did agree to it and I'm having to get used to the new times. I used to have dinner at 7.00pm, but now it's 6.00pm and in the mornings I don't really want them before 8.00am, but they often come at 7.30am".

Feedback received directly to the Commission included comments from people about staff timekeeping. One person stated, 'Carers are frequently late. They don't inform me about any changes. They say things to placate me which don't happen. They don't accommodate the fact that I have a life outside of care'. Another person stated, 'It would be helpful if the care agency advised the client when a care worker was going to be late because of, i.e. emergency or change over of carer at last minute'. A third person informed us, 'Better timekeeping, as quite often late sometimes'. Out of the 17 people who responded, 64% felt that staff arrived on time. The service, in their own survey to people, had also identified that some people felt they were not always informed of any staff changes.

Some people told us they did not always receive the staffing rotas giving information about who would be visiting to provide their care in the week ahead. One person said, "I have one complaint and it's that I get very upset if I don't get a programme so I can arrange my week. It's very annoying when it doesn't come. It makes me so furious with them, I feel like cancelling the lot!" Another person said, "I don't get one every week really. If you don't get one by Monday you know you won't see one for the rest of the week". A third person told us, "Most weeks you get one, but not always". A fourth person said, "I don't like weekends. They [referring to staff] feel like strangers and I don't like it. If I can, I try and cancel if my friends can come instead".

The registered manager told us they had taken on new staff to update risk assessments and carry out spot checks on staff. One supervisor thought there were enough staff, but added, "We could probably do with extra carers. You're always going to be pushed to the limit". Everyone we spoke with felt that care staff had enough time to undertake their care tasks and no-one felt rushed. One person said, "There's ample time and at the end there's even time for a cup of coffee and a chat".

Safe recruitment practices were in place. Staff files showed that checks had been undertaken on new staff, before they commenced employment, to ensure they were safe to work in care. Checks had been completed with the Disclosure and Barring Service (DBS), two references obtained and employment histories were on file.

People's medicines were managed so they received them safely. People who relied on carers to assist with their medicines reported this was always done on time during allocated calls and this was consistently

recorded in their home care file. One person said, "I do my own tablets, they're in a blister pack. They just check I've taken them, but they put my eye drops in". Another person told us, "I do my injections myself. They get it ready and take the readings and write it all down". People either took their own medicines, needed prompts from carers to take their medicines or had their medicines administered by care staff. Medication administration records (MAR) were typed up by supervisors so staff could clearly see the medicines that had been prescribed and what times of day they needed to be administered. Generally, people ordered their own medicines which were delivered by the pharmacy to their home. Staff were trained in the administration of medicines.

People commented positively about carers using protective gloves where required and washing their hands. One person said, "Oh yes, they're very meticulous"

Requires Improvement

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People we spoke with felt that carers were competent and skilled in their roles. One person said, "We have two carers to hoist [named person] into the wheelchair and you can tell they've had training and know what they're doing". Another person told us, "They're great and quick at vetting everything and making sure it is done thoroughly". A third person said, "They train the new ladies thoroughly I'd say. They do this shadowing and then do a double round before they go out alone". In the questionnaire sent to people from the Commission, people were asked whether they received care and support from familiar, consistent care staff and 76% of people felt they did.

Mixed responses from staff were received in response to the Commission's questionnaire. Two-thirds of staff felt they received the training they needed to enable them to meet people's needs, choices and preferences and 83% of staff felt their induction prepared them fully for the role before they were left to work unsupervised. Staff we spoke with were positive about the training on offer. One supervisor told us, "I did an induction, then first aid, moving and handling, food hygiene, risk assessment, safeguarding, quite a few, including a dementia awareness course". They told us that they were supported to study for additional qualifications if they wished. Another supervisor said, "I had all the training, medication, health and safety, moving and handling. I've done some in my old job".

All new staff were required to complete the Care Certificate, covering 15 standards of health and social care topics. These courses are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. The training manager told us, "A lot of recent staff have Level 2 or 3 [referring to the National Vocational Qualification in Health and Social Care]. New staff do the Care Certificate and complete workbooks" adding that these ideally should be completed within the first 12 weeks of employment. New staff shadowed experienced staff until they felt confident to work more independently. Essential training was provided to all staff in moving and handling, first aid awareness, health and safety, food hygiene, infection control, safeguarding and mental capacity. Additional training was provided from a local college on dementia, infection control, medicines and also for staff in continual professional development. The majority of training was provided 'in house' by the training manager who was qualified to deliver training. Staff also had access to on line training which they could complete using their computers at home, if they wished. The training plan showed that the vast majority of staff were up to date with their training.

Staff had intermittent supervision meetings with their supervisor, who also conducted spot checks on staff when they supported people during home visits. A fairly new supervisor confirmed they had met with the registered manager for supervision twice since they commenced employment. They told us, "We communicate often and pass stuff on". One supervisor explained that they held meetings with their team every six months and said, "I find people [referring to staff] can bounce ideas off each other". Staff would discuss any changes they had noticed in people's needs and care and the wellbeing of clients generally, for example, whether they were feeling lonely. Only 42% of staff who responded to the Commission's questionnaire felt they received regular supervisions and appraisals. Staff files recorded that staff received a

mixture of supervisions and spot checks, however, timings of these were inconsistent. For example, one carer's file showed they had a 'field observation' in January 2016 and unannounced spot checks in November and July last year. Spot checks recorded whether staff were on time, that they wore the appropriate uniform and ID, communicated appropriately, changed gloves when completing different tasks, stayed the allocated time, completed people's daily record and that medicines were accurately administered and recorded. Formal supervision meetings for this same member of staff were completed in November 2014 and January 2015, with nothing further since then. The same member of staff confirmed they met with their supervisor and said, "We meet maybe once a month if I have concerns with any customers". When we asked how often they received regular supervision, they replied that they did not know, but thought it might be yearly. They could not recall having had an annual appraisal. However, the monthly meetings were not formally recorded. There was no system in place to ensure that staff received regular supervisions or that these were formally recorded, although staff told us they met with their supervisors to discuss any issues on a regular basis.

We recommend that the provider puts a system in place to plan formal supervision meetings and that these take place regularly and are documented, so that staff have a record of the issues that have been discussed and any action required.

The provider held staff meetings at least annually and records showed the last meeting had taken place in April 2016. Two staff meetings were held during 2015. Items discussed were pay, tendering, medication errors, duty of candour, online training, tax relief, smoking and log books.

Consent to care and treatment was sought in line with legislation and guidance. 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. We checked whether the service was working within the principles of the MCA and asked staff about their understanding of this legislation. Results from a questionnaire sent out by the Commission showed that two thirds of staff who responded had completed training and understood their responsibilities under the MCA, with 17% of staff responding that they did not know. The training plan showed that staff had completed training on this topic. One member of staff, when asked about their understanding, told us, "You have to assume everyone has capacity unless otherwise stated and use the least restrictive option".

People were supported to have sufficient to eat and drink throughout the day. One person said, "We get on so well. My carer knows that I won't have my vegetables cooked in the microwave so they're always prepared and cooked properly as I like them". Staff told us that, where assessed as part of their visit, they prepared food for people. This usually entailed heating up microwaveable meals or preparing light meals and snacks and ensuring people had plenty to drink throughout the day.

People told us they felt confident that care staff would respond if there was an emergency of if they needed medical attention. One person told us, "You know they do as they can sometimes get held up if someone is ill and needs an ambulance and I'm absolutely sure they would. I've not had an emergency myself, but the other day my carer thought I wasn't well and offered to call the doctor. I was all right and didn't need one, but she stayed with me and checked I was all right before she went. They are concerned about you". A supervisor told us that care staff would notice any changes in people's health and would call the GP if needed. Another member of staff said that they had called paramedics in the past to support one person and had stayed with them until the ambulance crew arrived.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. People consistently said that staff knew them well and a relative told us, "[Named person] can get quite ratty, but they're so good and cheer him up. They just know [named person] so well now". One person referred to staff and said, "They're so friendly and helpful. They always check I'm comfortable and if I need anything before they go". Another person told us, "They're so kind, gentle and good fun", with a third person saying, "It's just like they're part of the family". A fourth person said, "One of the carers that comes is getting on a bit and has a cat phobia. She's not that good, but she's a pleasure and she's worth having for the company. She gets very flustered and does something and then forgets what she's doing! I'm not uncomfortable with her and she's never in a rush to get away and you can tell she likes doing the job". People told us they could choose whether to have a male or female carer. One person said, "I only have females. I don't think they would send a male carer without checking with me". The Commission's questionnaire asked people whether they thought their carers were caring and kind. 93% of people who responded felt they were, with 7% stating that they did not know.

Staff told us they had time to spend with people. A supervisor told us, "I always make time to sit and chat with people". Another member of staff said, "It's different to a care home. Some people don't know they're in their own home. We usually chat because it's nice to chat while you're delivering personal care". One member of staff explained how they tried to help people. They told us, "I've been doing the job for a long time. I have one customer with mental health issues, feeling lonely and I'm trying to find him something to keep busy" and added, "If someone says they're lonely, you try and encourage them to go out". They said that they had supported one person to go along to the gym to see if they liked it or not.

People were supported to express their views and to be actively involved in making decisions about their care, treatment and support. Where they were able, people had signed their care plans to show their consent to care and treatment. The Commission's questionnaire showed that 94% of people felt they were involved in decision making about their care and support needs and that other people of their choice, for example a relative or friend, could be involved in making important decisions.

People felt they were treated with dignity and respect by care staff. One person described staff as being polite and courteous and told us, "On a Sunday I have my feet soaked and if someone's here they ask me if I want the door closing. They just know how to be polite and thoughtful". Another person told us that staff supported them to be as independent as possible and said, "They encourage me to do things, but in a way that makes you feel comfortable". Responses from the Commission's questionnaire showed that 89% of people felt that the support and care they received from staff helped them to be as independent as they could be.

We asked carers how they treated people with dignity and respect. One said, "Just giving them choices and talking appropriately to them, being patient and encouraging and get people to do things for themselves. Covering private parts when people have washed". Another carer said, "In all clients' houses I always act like there's a camera in the house".

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. A supervisor explained how they met and assessed people when they had received the initial referral. They told us, "I will be given the support plan. I normally ring the next of kin to introduce myself. I make it quite clear who I am and what I'm doing". They added that sometimes they undertook assessments for people when they were in hospital and needed support when they returned home. The supervisor told us they typed up assessments for people relating to their needs which included health care, mobility, whether they could answer the door independently, moving and handling, equipment, consent and household tasks. They told us, "Everyone gets the best they can possibly have. We have the Mum's Rule. (The Mum's Rule considers whether people would be happy to have their close relative living in this care home.) Care plans are written for the person and personalised". They went on to say, "I've build up a good relationship with people in my area. I know everyone, clients and carers". Another member of staff explained how it was frequently the care staff who spotted changes in people and that they would notify the office or a relative to seek advice. Healthcare professionals could then be contacted if needed.

Care plans recorded how many visits people received on a daily/weekly basis, the time slots and the tasks to be completed by carers. For example, one care plan recorded that staff visited every day, four times a day, for 30 minutes on each call. The care plan stated, 'am call – Assist out of bed, full strip wash (likes to do some by herself). Fresh pad and offer commode. Dress, assist to lounge, prepare breakfast, medication. Patch to be changed. Make bed, tidy kitchen, leave plenty of fluids. Lunch – bathroom, pad, prepare lunch of her choice. Administer Paracetamol if needed. Leave plenty of fluids and everything within reach. Tea call – as lunch. Bed call – bathroom, undressed, changed for bed, pad change. Assist to bed, medicines, fluid. Leave house clean and tidy on leave'. The care plan described the person's medical history and any allergies. Expected outcomes for this person were recorded on their health, mobility and dexterity, personal care, communication, sight and hearing, continence, nutrition, religious and cultural, social relationships, daily living and emotional outcomes.

The majority of care plans we looked at recorded people's life histories, likes, dislikes and preferences. We highlighted the care plans where this information was lacking and brought these to the attention of the registered manager, so that appropriate action could be taken. Only half of the staff who responded to the Commission's questionnaire felt they were told about the needs, choices and preferences of people they provided care and support to. The management was already aware of this issue and told us that care co-ordinators and supervisors had been briefed to ensure care staff received all information relating to new clients.

We asked people whether they were involved in reviewing their care plans and received a mixed response, although the majority of responses were positive. One person said, "I've not had one for a long time. They 'phoned me last Tuesday and should have come out, then phoned to say they couldn't make it and would come on Friday, but they didn't and I've not heard any more". Another person told us, "Yes, I had one last week. They come and check the book here and go through it with me and it was the supervisor that came. The book has everything in it that tells them what I need doing so anyone can read it and get on with it". A

third person said, "I had [named staff] last week come and fill in forms with me and check out all my care plan". A fourth person said, "I think I have about two a year. When they do them they do check I'm happy with everything, yes". Staff told us that care plans were usually reviewed with people every three months, or as needed, and the majority of care plans we looked at reflected this.

In the main, the service routinely listened and learned from people's experiences, concerns and complaints. People told us they felt they could and would speak up if they were worried or concerned about anything and the majority reported that they found the office staff approachable and helpful and had no reservations about ringing them. However, comments from three people were: "I don't find the office very helpful, they can be a bit snappy with me. If I ring because they're late, you don't get an apology". A second comment was, "I think the office lot could be better. You leave messages, but they don't get passed on" and a third person said, "They could be better. I have to check the invoices. They do put it right, but I do have to keep checking for wrong charges". People were given a 'customer guide' which included information on how to make a complaint. Complaints were acknowledged within two working days and usually resolved within 28 days. The address shown for the Commission was out of date and the registered manager stated they would ensure this was amended. We asked a supervisor what action they would take if they received a complaint. They told us they would visit the person and try and resolve the issue. If it could not be resolved straight away, they would refer it on to the registered manager. Three complaints had been received in the year to date and all these had been resolved to the satisfaction of the complainant. Responses to the Commission's questionnaire showed that 69% of people felt that care staff responded well to any complaints or concerns they raised.

Good

Is the service well-led?

Our findings

People were actively involved in developing the service. People told us that they received questionnaires from the provider about the service and everyone we spoke with said they were happy to recommend the service. Comments from people were: "Yes, you get them to fill in from time to time [referring to questionnaires] and I've never had any complaints to report back", "They're reliable and good at what they do", "I would recommend them yes, I can't think of anybody better", "I think they're very efficient and are patient", "They're first class, I'm very lucky to have them", "I've recommended them to my neighbour next door" and "They're punctual and do what they should". From the responses obtained in the Commission's questionnaire, 70% of people felt they would recommend the service to another person.

Following our inspection, the registered manager sent us the results from a survey that had been completed by 56 people who used the service. People had raised concerns about last minute substitute carers at weekends, that people would like to be informed of any staff changes and call times and whether people felt their complaints were addressed and managed appropriately. Where issues had been raised, steps had been taken to address these as needed.

Staff we spoke with were asked for their views on the culture of the service. One staff member said, "Just giving good care to be honest. I didn't know there was a company that cared so much. If I spend an extra half an hour with people, they understand why". Another member of staff referred to the organisation and told us, "They give the best possible care that they can. I think the carers put themselves there to do as much as they possibly can". A third staff member said the culture was, "Open, transparent, friendly. It's just a nice organisation to work for. Carers can come in when they choose". In the Commission's questionnaire, four staff did not agree that management were accessible or approachable. Following the inspection, the registered manager gave us a copy of the results from a survey that had been completed by staff. Generally care staff were happy with the support they received, although out of 31 responses, 22.6% of staff were dissatisfied. As a result, four full-time supervisors had been employed who would support all staff at various times of their shifts.

Staff were supported to question practice. One carer referred to whistleblowing and told us, "If I thought something wasn't right, I would tell [named registered manager]. I would only tell people that needed to know". They added that they might also refer their concerns to their trade union or to the Commission.

The service was able to demonstrate good management and leadership. Where surveys had identified areas for improvement, action had been taken to address the issues raised by people and staff. A member of staff told us, "I like the fact that the company are trying to improve. I prefer home care and I like driving". Another member of staff said, "It's a nice company to work for, very friendly" and a third staff member said, "It's just so rewarding. I love it. I'm so happy here, it's a friendly team". They went on to tell us that management had been understanding and covered their shifts when their children were sick and said, "So when they ask me to do something for them, I cover it".

The service had a range of audits in place to measure the quality of care delivered. Audits were undertaken

of daily records, when carers arrived at people's homes and what time they left, whether they had signed the home care plan. Accidents and incidents were analysed and three accidents had been recorded during 2015; records showed that these had been managed appropriately. Medicines audits were completed and supervisors looked through the Medication Administration Records (MAR) to check that staff had signed when administering medicines to people or what action was taken when people refused to take their medicines. For example, staff had not signed that medicines had been administered to one person. When this was investigated, it was found that the medicines had not been administered because the person had not been at home when staff had called. In another case, staff had not signed the MAR because the person's relative had already administered the medicine.

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 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 12 HSCA RA Regulations 2014 Safe care and treatment How the regulation was not being met: Risks to people were not always assessed or managed appropriately. Regulation 12 (1) (2) (a) (b)