Carewatch Care Services Limited

Carewatch (Darlington)

Inspection Report

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Overall summary

Carewatch (Darlington) is a care service that provides support to people in their own home. The agency office is located close to the town centre and there is parking space available for staff and other people who may wish to visit the office. The service is registered to provide a domiciliary care service to people who live in their own home with either personal care or daily living tasks. Managers told us that the agency currently provides a service to 51 people and that they employ 30 care workers.

There was no registered manager in post at the time of this inspection. The previous registered manager had left the service in July 2012. A registered manager is a person who is registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. The lack of a registered manager led to some concerns being expressed by people who used the service and relatives. However, the organisation had held interviews and a suitable person had been selected to take on the role of manager. In the interim period the operations manager was overseeing the service.

Staff had undertaken training on safeguarding adults from abuse and they displayed a good knowledge of the action they would take to manage any incidents or allegations of abuse. People told us that they felt safe whilst staff were with them in their home.

People told us that they felt care workers cared about them and listened to them. They gave very positive feedback about individual care workers.

There were care plans in place that described people's individual lifestyles and also set out people's support needs and how these would be met. Each person's care needs were reviewed regularly and staff were kept informed about any changes to a person's care needs so that they could provide the right level of care or support.

People were supported to remain as independent as possible and to retain contact with the local community. There were appropriate risk assessments in place that allowed people to take responsibility for their actions and be as independent as possible, but remain safe. Staff had undertaken training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards, although none of the people who were supported by the service were subject to Deprivation of Liberty Safeguards.

Staff had undertaken training that provided them with the skills to carry out their role effectively. People who used the service told us that staff had the right kind of knowledge and skills and that they were reliable and trustworthy. They said that they arrived at the right time and stayed for the agreed length of time.

There were effective quality assurance systems in place that monitored people's satisfaction with the service and that the systems in place were being followed by staff. Any areas that required improvement were identified and action had been taken to ensure that issues and concerns had been dealt with appropriately.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People told us that they felt safe whilst staff from the agency were in their home. Some people told us about the access arrangements to their home and how this made them feel safe; this included the use of key safes and intercoms. Care plans included a variety of consent forms, including a person's consent to sharing information and consent to staff carrying out assessments and risk assessments.

We saw that people had care plans in place; these included risk assessments that were intended to protect people from the risk of harm, such as the safe administration of medication. There were also risk assessments in place about each person's home environment; these were scored so staff were aware of the level of risk for each person and in each person's home. Care plan recorded the details of any assistance people needed with the administration of medication. Staff had received appropriate training and records were kept in a person's home to monitor that people had received their medication safely.

We checked the recruitment records for two members of staff and saw that robust recruitment and selection practices had been followed. Staff had received appropriate training before they commenced work unsupervised, including the topic of safeguarding adults from abuse. We spoke with staff and it was clear that they understood what action to take if they observed an incident of abuse or became aware of an abusive situation. Staff told us that they would report any incidents to a manager and they were confident that they would take the appropriate action. The records we saw evidenced that any issues identified by the agency had been thoroughly investigated.

We saw that any financial transactions made by staff on behalf of people who used the service had been clearly recorded and that this reduced the risk of errors being made.

Are services effective?

Managers explained to us that the organisation had recently introduced a two day refresher training package that staff were required to attend on an annual basis. The training included the same topics as induction training, such as moving and handling, safeguarding adults from abuse and medication. This evidenced that staff had received the training they needed to carry out their role effectively and to support people who lived in their own home.

Summary of findings

The manager told us that staffing levels were continually assessed and amended to reflect the number of people requiring a service at any one time. Office staff told us that they would only accept a referral if they knew that they had staff who could work in that geographical area and carry out the number of calls required

We saw that assessments had been completed by agency staff to work out what support people needed. Information about the person's individual support needs had been recorded, such as "I need assistance to wash my back and lower half" as well as information about their chosen lifestyle. This provided sufficient information for staff about how the person wished to be supported and about the involvement of family, friends and health and social care professionals.

People told us that the staff were reliable; they said that they arrived at the right time and stayed for the agreed length of time.

Are services caring?

People told us that they felt the staff listened to them and cared about them. Staff told us that they recorded the support that had been provided for people at every visit to ensure that information was shared effectively with the person concerned, their family (when relevant) and other staff.

Some people told us that they had requested support from a male or female care worker and this had been acknowledged by the agency, although they currently employed no male care workers. No-one raised this as an issue but it could become an area of concern at some time in the future.

Induction training covered the topics of respecting people's privacy, dignity and human rights and people who we spoke with told us that their privacy and dignity was respected by staff. One person said, "I could tell them anything and if I asked them they would not tell anyone." We checked that staff knew that some information would have to be shared with their manager, for example, if there was an allegation of abuse and we were satisfied that this was clearly understood.

We saw that there were sufficient staff employed to ensure that people received a service in a timely manner and from a consistent group of staff. We saw that the system used to devise staff rotas identified a person's regular care worker and allocated the person's weekly visits to them whenever possible.

Are services responsive to people's needs?

Care plans recorded information about people, including the people who were important to them and their hobbies and interests, and

this enabled staff to provide the right service to meet their individual needs. We saw that people were supported to go the shops and to the bank with staff rather than staff carrying out these tasks for them. This enabled people to be as independent as possible and retain connections with their community.

Care workers told us that staff at the agency office would tell them about any changes to a person's care needs prior to their next visit so that they were aware of up to date information, and that care plans were updated when needed.

Most people told us that they were supported by a regular group of staff. However, some people told us that they were not always told if a different care worker was going to visit them. Most people told us that they accepted that they sometimes had to receive support from a different care worker but they would have been happier if they had been given information about the new staff member before they arrived at their home.

We saw that information about the complaints procedure was included in the service user guide. This recorded, "We always welcome any comments or questions you may have about any aspect of the service you are receiving from us." We saw that complaints had been recorded appropriately and that they were analysed to identify any learning or areas for improvement.

Are services well-led?

On the day of the inspection there was no registered manager in post. However, we were told that interviews had been held and the organisation was due to appoint a new manager who would apply to the Care Quality Commission for registration. In the interim period, the operations manager was overseeing the service.

When we spoke with people who used the service we received mixed responses about communication with the agency office. Some people said that office staff were very helpful but other people told us that they did not listen, so they would prefer to speak to one of their care workers, who did listen to them.

In the agency office we saw some returned satisfaction questionnaires that had been sent to people to ask them about their experience of the service. We saw that this information was analysed and that appropriate action was taken, including improvements to the service when needed.

There was no electronic system for monitoring missed calls. Managers told us that they relied on people who used the service or their relatives to inform them, or this being identified by the next care worker to visit. However, all of the people we spoke with told us that they had not experienced a missed call.

Summary of findings

Staff told us that they attended team meetings and had one to one supervision meetings with a manager. They said that they could discuss any concerns about the people they supported, any changes to the organisation's policies and procedures and their training and development needs. As a result of this, care workers told us that they felt well supported by managers.

There were numerous quality audits being carried out, both by staff at the agency office and by the organisation. These included the analysis of accidents and incidents to identify if any improvements were required. Audits also monitored whether people were satisfied with the service they received.

Summary of findings

What people who use the service and those that matter to them say

We spoke with fifteen people who received a service from the agency; we visited five people in their own home and spoke with a further ten people (or their relative) on the telephone.

People told us that they felt safe whilst staff from the agency were in their home. One person said, "Yes, I feel safe and I can contact the office and speak to someone out of hours".

The people who we spoke with told us that staff had the skills they needed to carry out their role. One person said, "Yes, they have had training and they need common sense – my carer has" and another person told us, "Yes, my care workers definitely have the skills to do the job. I have never experienced any poor treatment like you sometimes see on the TV."

People said that they felt the care workers listened to them and cared about them. Comments we received from people included, "The girls (care workers) are my angels", "She (the care worker) is brilliant – nothing is a trouble to her", "I get everything I need from the carers – moral and mental support" and "I am a very lucky person to have them."

People told us that they were visited by a regular group of staff. One person told us, "I get the same staff – it is only different if they are on leave or sick" and a relative said, "We now have a regular group of care workers so it is getting better." They also told us that their privacy, dignity and human rights were respected. One person said, "Staff are always pleasant and respectful."

Carewatch (Darlington)

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 of the Health and Social Care Act 2008. It was also part of the first testing phase of the new inspection process CQC is introducing for adult social care services. The inspection consisted of a lead inspector and a second inspector.

Before the inspection we reviewed all of the information we held about the service. We had previously carried out an inspection of the service on 29 April 2013 and we found that they were meeting all of the national standards we assessed. We also spoke with a social care professional who worked for one of the local authorities who commissioned a service from the agency to ask them for their views about the effectiveness of the service.

On the day of the inspection we spent time speaking with office staff and care workers, and we visited five people in their own home. We spent time looking at records, which included people's care and treatment records, staff records and records relating to the management of the service.

Following the day of the inspection we spoke with ten people who used the service or their relatives. Overall we spoke with fifteen people in total; twelve people who used the service and three relatives.

The provider information record was not received until after we had completed the site visit. However, we have read the information supplied by the agency and have included some information in this report.

Are services safe?

Our findings

People told us that they felt safe whilst staff from the agency were in their home. One person said, "Yes, I feel safe and I can contact the office and speak to someone out of hours". Other people told us about the access arrangements to their home and how this made them feel safe; this included the use of key safes and intercoms. One relative told us that the member of staff did not lock the door whilst they were at the person's home and that they felt there was a risk that someone else could enter the home un-noticed. We shared this information to the manager. People told us that staff offered them encouragement but never pressurised them into doing what they did not want to do. One person told us, "I trust them (the care workers) implicitly".

We checked the care records for four people who received a service from the agency. These contained a care needs assessment and a care plan, plus relevant risk assessments such as those for the person's general and physical well-being, their emotional well-being and the assistance needed with medication. We saw that risk assessments had been scored so that staff could easily identify any high risk areas for each person they supported so that they could take these into consideration when providing care. Staff had also undertaken training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards, although none of the people who were supported by the service were subject to Deprivation of Liberty authorisations.

In addition to personal risk assessments, each person had risk assessments in place about their home environment such as who they shared their home with, access to their premises, electrical appliances in place, cleaning products used and the location of their home to identify any risks in respect of lone working for staff. Staff told us that they used their own mobile telephones to stay in contact with the agency office and each other whenever they were on duty.

We checked the employment records for two members of staff and saw that they had been recruited following the organisation's employment policies and procedures. Application forms, employment references, evidence of identification and safety checks had been retained in staff records and these ensured that only people suitable to work with vulnerable people had been employed.

We spoke with two members of staff and they confirmed that they had received training on the topic of safeguarding adults from abuse. They were able to describe different types of abuse and told us what action they would take if they observed an incident of abuse or became aware of an abusive situation. They said that they would report any concerns to the manager at the agency office and were confident that they would deal professionally with any incident they became aware of. They also said that they were confident that their colleagues would report any concerns to the manager. Staff told us that there was always a manager available if they needed to speak to them 'out of hours'.

We had received one notification from the agency since the last inspection to inform us of a safeguarding incident. The records we saw evidenced that a thorough investigation had been undertaken by agency staff, including disciplinary action in respect of the care worker involved, who no longer worked for the agency. This evidenced that safeguarding incidents were taken seriously by the organisation and that they took appropriate following any investigations.

Some people told us that care workers assisted them with shopping. They told us that these financial transactions were recorded on a form so that there was a record of monies handed to care workers, the amount spent and monies returned to them. This provided an audit trail and protected people who used the service from the risk of errors being made.

We saw that care plans recorded the details of any medication the person was currently prescribed. These records included special instructions such as, "Avoid indigestion remedies at the same time". Any assistance that people required with taking their medication was included in their care plan, such as, "Medipack in place. Medication administration record (MAR) sheets to be kept up to date. Care workers to prompt and sign for medication taken." When people did not require assistance with medication this was also recorded in their care plan so that staff were clear about the person's needs.

Sample staff signatures were recorded in care plans so that MAR charts could be audited and any mistakes made by individual care workers could be identified and followed up. Managers told us that MAR charts were returned to the office on a monthly basis or more frequently for people who received a comprehensive support package. They

Are services safe?

were checked on each occasion to identify any errors or issues regarding the accuracy of recording. Managers told us about a new booklet that had been introduced to give to people who used the service; this was to replace the separate recording sheets currently in use to record daily visits, financial transactions and the administration of medication. A medication audit form to be used when the booklet was returned to the agency office was included.

The training matrix evidenced that all care workers had completed medication training in 2013 or 2014. The care workers who we spoke with confirmed that they had completed medication training and they told us that they felt it was in sufficient depth to give them the knowledge needed to carry out this task safely. Care workers were able to explain to us what action they would take if they had any concerns, for example, if someone regularly declined to take their medication. They said that they would report this to a manager and that they would either discuss this with the person's family or care manager.

Only a small number of the people we spoke with required assistance to take their medication and they told us that they were satisfied with the support provided by staff. One person said, "She (the care worker) always tells me to get my pills whilst she gets me a cup of tea – she just prompts me" and another person said, "She (the care worker) puts the tablets in a little glass and I take them. She writes down when she has done that." However, one relative told us that they thought staff needed to take more care to check that people had actually taken their medication before they signed the MAR chart.

Are services effective?

(for example, treatment is effective)

Our findings

Managers explained to us that the organisation had recently introduced a two day refresher training package that staff were required to attend on an annual basis. The training included the same topics as induction training; first aid, food hygiene, moving and handling, dementia, health and safety, safeguarding adults from abuse, infection control, fire safety and medication. The matrix that we saw evidenced that five members of staff had already completed this refresher training. Managers told us that, if staff were absent for over three months, they had to complete the full five day induction training programme again. This evidenced that staff had received the training they needed to equip them with the skills and knowledge to support people who lived in their own home.

The people who we spoke with told us that staff had the skills they needed to carry out their role. One person said, "Yes, they have had training and they need common sense – my carer has" and another person told us, "Yes, my care workers definitely have the skills to do the job. I have never experienced any poor treatment like you sometimes see on the TV."

We checked the system on the organisation's database for devising staff rotas. Office staff told us that they would only accept a referral if they knew that they had staff that could work in that area and carry out the number of calls required. If this was not the case, they would decline the request to provide that service. The manager told us that staffing levels were continually assessed and amended to reflect the number of people requiring a service at any one time.

We checked the care plans for four people who were receiving a service from the agency. We saw that assessments had been completed by agency staff and that these included information about the persons health needs, mobility and dexterity, support with personal care, communication, continence, nutrition and their religious or cultural needs. Information about the person's individual support needs had been recorded, such as, "I need assistance to wash my back and lower half" and "I walk with a frame and use a wheelchair when I go out with my family." Information about the person's lifestyle had also been recorded, for example, "I attend church with family every Sunday." This provided information for staff about how the person wished to be supported and about the involvement of family and friends so that they had a full picture of the person's support network.

We saw that care records included information about a person's medical conditions and health care needs. They also recorded the support people received from health care professionals, particularly district nurses. Records evidenced that contact was made with health care professionals on behalf of people who received a service (with the permission of the person concerned) when any concerns had been identified and that staff worked together to promote people's optimum health. One person told us about an occasion when the care worker had found them in a critical condition at their home; the care worker had contacted the emergency services and ensured that they received the appropriate care. The care plans we saw included a consent form that recorded, "I agree to my details being shared with relevant agencies involved in delivering my health and/or care services."

A person's ability to make choices and decisions had been recorded as part of their initial assessment and again during care plan reviews. We saw comments in records such as, "I do make my own choices which do not put myself or others at risk". At care plan reviews people were asked specific questions about how the agency were meeting their needs and people's responses had been recorded. This gave people an opportunity to make choices that would influence the care or support they received. In addition to this, people signed consent forms to agree to their care provision, the sharing of information and to staff carrying out assessments and risk assessments.

People told us that the staff were reliable; they said that they arrived at the right time and stayed for the agreed length of time. Some people said that they understood care workers might be delayed if other people they were visiting that day were unwell or the traffic had been particularly busy. Some people said that, if the care worker was going to be late, they always let them know.

One person said, "The care workers may be late if something unexpected happens but they always explain why." One relative said that they were able to make appointments for themselves during the times that care workers were due to attend as they were "95% reliable."

Are services caring?

Our findings

Speaking with staff it was clear that they did not make judgements about people's lifestyle choices or diverse needs and that they were committed to supporting them to live fulfilled lives. People told us that they felt the care workers listened to them and cared about them. Comments we received from people included, "The girls (care workers) are my angels", "She (the care worker) is brilliant – nothing is a trouble to her", "I get everything I need from the carers – moral and mental support" and "I am a very lucky person to have them."

One relative told us that they had also been supported by care workers. They said, "The girls (care workers) are very supportive – they have followed me on the (caring) journey." They mentioned one particular care worker and said, "She deserves an award."

We saw that a person's care needs had been reviewed on a regular basis. Some people's care plans included a record of visits by agency staff. At these visits people were asked specific questions about their care and their responses had been recorded. These review records listed the names of the regular care workers who supported this person and asked questions such as, "Are you happy with your care?" and "Are we meeting your expectations?" However, we also noted that all of the six monthly reviews we saw had been carried out on the same dates and all recorded 'no change'. We discussed this with the managers and they acknowledged that this was not satisfactory, and that people required more individualised care reviews.

We were told that induction training covered the topics of respecting people's privacy, dignity and human rights and people who we spoke with told us that their privacy and dignity was respected by staff. One person said, "Staff are always pleasant and respectful." Another person told us that staff always respected their privacy. They said, "I could tell them anything and if I asked them they would not tell anyone." When we spoke with staff we checked that they knew that some information would have to be shared with their manager, for example, if there was an allegation of abuse and we were satisfied that this was clearly understood.

Some people told us that they had requested support from a female care worker and that this had been acknowledged and adhered to. One person told us that they had previously been supported by male care workers and that this had worked well. They said that there were currently no males employed by the agency, although they did not identify this as an area of concern. The agency may wish to consider how they would meet any requests for male care workers in the future.

Staff told us that they recorded the support that had been provided for people at every visit to ensure that information was shared effectively with the person concerned, their family (when relevant) and other staff. Some people who received a service confirmed that staff read these notes when they arrived at their home but some people told us that they were not sure about this. However, everyone we spoke with told us that they were receiving the care that they required. We identified that there was a risk that care workers may not have provided appropriate care for people if they were not checking the care records when they arrived at their home.

On the day of the inspection we checked the system the agency used to devise staff rotas and noted that the same care workers were allocated to people whenever possible. This ensured that people received a consistent service from a group of staff who they knew.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Assessments undertaken by the service included information about the people who were important to that person, their previous lifestyle and their hobbies and interests. This provided staff with important information that helped them to provide more individualised support for people. It was clear when we spoke with staff that the well-being of the people who needed their support was at the centre of the service they provided.

We saw that assessment and care planning documents asked people if they had a 'significant other' including a spouse, family member or friend. This invited people to share information about people who were important to them who were not necessarily a husband or wife and demonstrated that people were respected as individuals.

We saw evidence in care plans that people were supported to go the shops and to the bank with staff, rather than staff carrying out these tasks for them. This enabled people to be as independent as possible and retain connections with their community.

Managers and staff told us that people received a copy of their care plan and people confirmed this when we spoke with them, although some people said that they had not read it as "The care workers are doing what I need them to do." Care workers told us that staff at the agency office would tell them about any changes to a person's care needs prior to their next visit so that they were aware of up to date information, and that care plans were updated when needed.

Most people told us that they were supported by a regular group of staff. One person told us, "I get the same staff – it is only different if they are on leave or sick" and a relative said, "We now have a regular group of care workers so it is getting better." However, one person told us that they were "Sometimes visited by a stranger" and other people told us that they were not always told if a different care worker was going to visit them. Most people told us that they accepted that they sometimes had to receive support from a different care worker but they would have been happier if they had been given information about the new staff member before they arrived at their home. We told the manager about this when we gave them feedback about the findings of our inspection.

We saw that information about the complaints procedure was included in the service user guide and managers told us that people received a copy of this document when they started to receive a service from the agency. This document recorded, "We always welcome any comments or questions you may have about any aspect of the service you are receiving from us." Three people told us that they would ring a specific person at the agency office if they had any concerns and they always listened to them and were helpful. One person told us, "My previous care worker programmed the office number into my telephone so that I could contact them easily." However, one person said that there was not always someone available from the agency office over the weekend. We told the manager about this when we gave them feedback about the findings of our inspection.

We checked the 'complaints central monitoring log' at the agency office and saw that there had been four complaints in 2013 but none in 2014. Three of the complaints had been about missed calls and one had been in respect of a safeguarding issue. All had been investigated and the person making the complaint had been contacted and informed of the outcome. We saw that there was a system in place for monitoring complaints and to identify any learning or areas for improvement that were required.

We saw a selection of satisfaction questionnaires that had been sent to people to ask them about their experience of the service. We saw that this information was analysed and that appropriate action was taken, including improvements to the service when needed. People who we spoke with told us that they would speak to one of their care workers if they had any concerns; most mentioned someone by name.

Managers told us that customer forums and focus groups were being piloted at other branches of Carewatch and that these would be 'rolled out' to all branches when the pilot had been reviewed. This would provide an additional way for people to give feedback to the agency.

Are services well-led?

Our findings

One relative mentioned that there had been a lot of different supervisors at the agency office and said that it had been unclear who to ask to speak with when they contacted them. They said, "You are not always sure who you are speaking to." Another person told us, "The office staff are not very organised."

On the day of the inspection there was no registered manager in post and the registered manager had left the service in July 2012. Another manager had been appointed and they had an appointment for an interview with the Care Quality Commission in April 2014, but they left the service before the date of their interview. Since the resignation of the previous manager the operations manager had been overseeing the service with the support of agency staff, some of whom had worked for the organisation for a number of years and knew the people who used the service well. The operations manager told us that they had held employment interviews for a new manager and were due to make an appointment.

When we spoke with people who used the service we received mixed responses about communication with the agency office. Some people said that office staff were very helpful but other people told us that they did not listen, so they would prefer to speak to one of their care workers, who did listen to them.

We spoke with a social care professional who worked for a local authority who commissioned a service from the agency to ask them for their views about the service. They told us that they had received positive feedback from people who were supported by the agency and had received no information of concern.

At the previous inspection of the service in April 2013 we were concerned that records in staff personnel files were disorganised and that it was unclear how often staff had supervision meetings and spot checks. At this visit we saw that these documents had been stored correctly and that information was easy to locate; we saw records of regular supervision meetings that care workers had with a manager.

People told us that, although staff sometimes arrived late, they still stayed for the correct length of time. However, two people told us they were concerned that care workers did not get enough travelling time between calls and so they had to hurry all of the time. There was a risk that people might not have received support to meet their care needs if staff had to hurry from one person to the next.

There was no electronic system for monitoring missed calls. Managers told us that they relied on people who used the service or their relatives to inform them, or this being identified by the next member of staff to visit. None of the people we spoke with had experienced a missed call. Managers told us that, if staff had neglected to visit someone, they would be called into the agency office and, depending on the circumstances, this could result in disciplinary action. They said that they would report a missed call to the safeguarding adult's team, care managers and the Care Quality Commission. If the missed call included the prompting or administration of medication, they would also contact the person's GP for advice.

Staff told us that they attended team meetings and that, in addition to managers sharing information with them, they were able to ask questions and make suggestions about improving the service. We saw the minutes of recent staff meetings and noted that these had been signed by staff to evidence that they had read them.

Staff had one to one supervision meetings with a manager where they could discuss any concerns about the people they supported, any changes to the organisation's policies and procedures and their training and development needs. The two care workers who we spoke with told us that they felt well supported and that there was always 'someone at the end of the telephone' when they rang the office with queries.

In addition to staff meetings and supervision meetings, managers or supervisors periodically undertook spot checks in a person's own home. These were visits when a care workers practice could be observed and when managers could consult with people about their satisfaction with the service provided.

We checked the accident and incident book and saw that there had been four accidents recorded during the previous six months. Full details of each accident had been recorded by staff and, when any follow up action needed to be taken by managers, we saw that this had been carried

Are services well-led?

out. Managers showed us how this information was recorded on the organisation's database; we saw that this included a system for monitoring accidents and incidents and identifying any learning or areas for improvement.

Managers described the different quality audits that were undertaken by agency staff. These included an annual quality audit by the organisations quality team and audits undertaken by staff at the agency office. The annual audit had space to record any required actions and follow up inspections were carried out if actions had been identified. The in-house audit included checks on people's care needs assessments and care plans. The documents returned to the agency office from people's homes, such as daily records, financial records and medication records, were also audited on a monthly basis. This gave agency staff the opportunity to monitor whether the systems in place were being followed by care workers and to identify any areas that required improvement.

In addition to this, the organisation had achieved a nationally recognised quality award. They had recently had a monitoring visit from this organisation and they had retained their award.