The Care Bureau Limited

The Care Bureau Ltd - Domiciliary Care and Nursing Agency - Leamington Spa

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good

Is the service well-led?	Good

Summary of findings

Overall summary

We inspected this service on 30 March 2016. The inspection was announced.

The service delivers personal care to people in their own homes. At the time of our inspection 203 people were receiving the service.

The registered manager had recently left the service, but had not yet deregistered with the Commission. A new manager had been appointed but was not yet in post. At the time of our visit there was an interim manager at the Leamington Spa office. We have referred to them as 'the manager' throughout the report, because they are not registered for this service.

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. On the day of the inspection, the provider's regional manager supported the manager to explain how the service operated and was managed.

People told us they felt safe with the care staff that came to their home. The provider had policies and procedures to minimise risks to people's safety. Staff were trained in safeguarding and understood the signs of abuse and their responsibilities to keep people safe. The manager checked staff's suitability to deliver personal care during the recruitment process.

Risks to people's health and wellbeing were identified and care plans were written to minimise the identified risks. Staff understood people's needs and abilities because they shadowed experienced staff and read the care plans when they started working for the service.

The manager assessed risks in each person's home and staff knew the actions they should take to minimise the risks. The provider's medicines' policy and procedures ensured that staff were trained in medicines management and the manager checked that people received their medicines as prescribed.

Staff received the training and support they needed to meet people's needs effectively. Staff had regular opportunities to reflect on their practice and consider their personal career development.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People made their own decisions about their care and support. Staff understood they could only care for and support people who consented to receive care.

People were supported to eat meals of their choice and staff understood the importance of people having sufficient drinks. Staff referred people to healthcare professionals for advice and support when their health needs changed.

Staff had regular care calls so they got to know people well. People told us care staff were kind and respected their privacy, dignity and independence. Care staff were thoughtful and recognised and respected people's cultural values and preferences.

People were confident any complaints would be listened to and action taken to resolve them, Issues that arose were dealt with immediately, before a formal complaint was raised.

The provider's quality monitoring system included asking people for their views about the quality of the service through telephone conversations, visits by a supervisor and regular questionnaires.

The manager checked people received the care they needed by monitoring calls, reviewing care plans and daily records, and through feedback from supervisors.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Care staff understood their responsibilities to protect people from the risk of harm. Risks to people's individual health and wellbeing were assessed and actions agreed to minimise the risks. The provider checked that care staff were suitable to deliver care and support to people in their own homes. Risks to people's safety in relation to medicines were minimised through training and regular checks of care staff's practice.

Is the service effective?

Good

The service was effective. Care staff had training and skills that matched people's needs and were supported to consider their personal development. The manager and care staff understood their responsibilities in relation to the Mental Capacity Act 2005. People were supported to make their own decisions. Staff referred people to healthcare professionals to support them to maintain their health.

Is the service caring?

Good

The service was caring. Staff worked with the same people regularly so they were able to get to know people well. Staff understood people's likes, dislikes and preferences for how they wanted to be cared for and supported. People told us staff were kind and respected their privacy and dignity and encouraged them to maintain their independence.

Is the service responsive?

Good

The service was responsive. People's needs and abilities were assessed and people received a service that was based on their personal preferences. Care plans were regularly reviewed and care workers were kept up to date about changes in people's care. People and staff were confident that complaints would be dealt with promptly and resolved to their satisfaction.

Is the service well-led?

Good

The service was well-led. People were encouraged to share their opinion about the quality of the service, to enable the provider to make improvements. Care staff received the support and

supervision required to carry out their work safely and felt confident to raise any concerns with the management team. The provider regularly reviewed the quality of the service and planned improvements to improve how the service was delivered.

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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 office visit took place on 30 March 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to meet with us at their office. The inspection was conducted by two inspectors and 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 provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service. We looked at information received from relatives and from the local authority commissioners and in the statutory notifications we had received during the previous 12 months. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Before the office visit we sent surveys to 50 people who used the service and 50 relatives and friends of people who used the service, to obtain their views of the care and support. Surveys were returned from 12 people and four relatives. We also spoke with 18 people who used the service and 3 relatives by telephone. During our visit we spoke with 3 care workers, the interim manager, the compliance manager and the regional manager. After out visit we spoke with another 6 care workers by telephone.

We reviewed 8 people's care plans and daily records, to see how their care and support was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed records of the checks the management team made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

All the people and relatives who responded to our survey, and people we spoke with, told us they felt safe with the care staff. One relative told us, "[Name] feels safe now because care staff treat them well."

The provider's policies and procedures to protect people from harm included training for care staff in safeguarding and a whistleblowing policy. Care staff understood their responsibilities to protect people for the risks of harm or abuse and were confident any concerns would be acted on. One member of care staff told us, "People's wellbeing and safety is crucial. The safeguarding policy is very clear and we get 2 to 3 days training every year". Care staff told us they had no concerns about other staff's practice, and would report any concerns to the manager if they did. Records showed the provider took appropriate action when concerns were raised and had made referrals to the local safeguarding authority appropriately.

The provider had implemented systems and processes to minimise risks to people's health and wellbeing and to care staff's safety. Personal risk assessments relevant to people's needs and abilities, and environmental risk assessments related to each individual's home, identified risks and actions were planned to reduce the risks. For example, for people at risk of falls, staff were directed to make sure people's mobility aids, telephones and drinks were close to hand and the kettle was filled to minimise avoidable risks, before leaving the premises. A member of care staff told us, "We do risk assessments of the premises, any dangers or risks. We check the safety of working in the house, for example, access after dark, any pets, for staff allergies or fear of dogs. You talk to the person and their relatives and observe."

Risk assessments were regularly reviewed and updated when people's needs changed. For example Records showed when one person's abilities changed, their needs had been reviewed and they needed less support from care staff as they regained more independence. Care staff told us, the care plans and daily records informed them about any changes. A member of care staff told us, "I always read the care plans to find out what's needed. As long as you read the notes you are alright." Daily records showed care staff delivered the care and support described in the care plans.

People and relatives told us that their regular staff arrived when they expected them to and stayed for the right length of time to deliver the care and support they needed. One person told us, "They are very good. I don't know how they do it. In the morning they come from their homes and get here promptly, sometimes even early." Care staff told us they always had enough time to deliver all the care and support people needed. Care staff told us, "I have time to do all I need to do and time to chat with people and time to travel" and "I have enough time to do the tasks required and am able to raise issues if there's not enough time to deliver the care within the time."

In response to our survey, one relative commented, "Except for when regular carers are on holiday or sick, the same carers attend routinely and this is very much valued." Everyone we spoke with told us they had regular care staff most of the time and relief care staff to cover their regular care staff's days off, holidays and sickness. People told us they appreciated their regular staff because they were predictable in their arrival and departure times, but found the relief staff did not always arrive at the same time as their regular care

staff. They told us it felt like relief staff were 'late', even when they arrived within the agreed timescale of up to half an hour either way. People told us this was more noticeable at weekends.

The administrator who arranged the staff roster showed us how they planned relief staff in advance. A member of care staff told us, "I have just had a week's holiday. I am confident the relief staff did cover effectively, but people just like continuity." By taking into account people's preferences for named staff, and the relief staff's existing calls, the administrator was not able to guarantee relief care staff would always arrive at exactly the same time as the regular care staff. The provider had taken action to minimise people's anxiety about staff's arrival times at weekends. They had recruited additional weekend administrators, who were dedicated to making and answering telephone calls about staff's arrival times or any unplanned changes due to sickness absence. This action meant the weekend supervisors no longer had to answer the phone when providing relief care for unplanned absences.

The provider had arranged for 'responders', regular staff who were on duty from 7:00am until 11:00pm, to deliver support as and when required. This was to ensure there were always enough staff on duty to cover all the calls in the event of staff sickness or other emergency. Care staff told us the system worked, for example, if they needed to stay with someone in an emergency situation, they called the office, who made sure people were advised their care staff was delayed or other staff would be allocated to their calls. Care staff used an electronic call monitoring system, which enabled the managers to check that staff arrived as planned, or to arrange an alternative, before the person was inconvenienced.

Records showed the provider minimised risks to people's safety through their recruitment process. The provider checked staff were suitable to deliver care and support before they started working at the service. They checked with staff's previous employers and with the Disclosure and Barring Service (DBS) and risk assessed any information they received. The DBS is a national agency that keeps records of criminal convictions. The electronic staff records we looked at showed checks were completed before care staff worked independently with people.

Some people told us they managed their own medicines and some people told us care staff supported them to take their medicines. Those people who were supported to take medicines told us the care staff 'popped the blister pack', made sure they had a drink to swallow them with and 'wrote it down'. Records showed care staff were guided and directed about how and when people should take their medicines by a medicines administration record (MAR). The MARs explained the times and amount of medicines people needed. Care staff told us they were trained in safe medicines administration and were regularly observed to check their competence.

The MARs we looked at were signed and dated by staff when medicines were administered. Care staff were asked to keep a daily running total of each medicine to make sure there were no errors or omissions, but these had not always been added up correctly. Records showed that supervisors checked the MARs when they were brought back to the office and any gaps in recording were highlighted. Staff were reminded of the importance of keeping accurate records and we saw improvements had been made in recording since staff had been reminded. The compliance manager told us they had identified that changes in the details recorded in the MAR sheet might enable more accurate recording. A revised MAR sheet, that required a running total of medicines to be recorded after each administration, was due to be issued the week after our inspection. This demonstrated the provider took action to improve when issues were identified.

Good

Is the service effective?

Our findings

Over 90% of people we surveyed said staff had the right skills and knowledge to give them the care and support they needed and stayed for the agreed length of time. People and relatives we spoke with told us the staff were effective and they were supported according to their needs. People said, "They do all the things they should" and "Yes they do the things I want and always ask if there is anything else."

Care staff told us their induction to the service included learning about the provider's policies and procedures, shadowing experienced staff and training. The induction programme included face to face and on-line training in, for example, moving and handling, health and safety, person centred care, the principles of care and dementia awareness. The scheduling administrator told us, "I arrange the shadowing for new staff, one week of doubles and one week of singles, morning and afternoon calls. They go out with a supervisor and are observed."

The induction assessment booklet followed the principles laid down in the Care Certificate, and staff's written answers were assessed by a trained Care Certificate assessor. The scheduler told us, "It takes three to four weeks to complete an induction. It can take a week to ensure staff understand the principles of care." Care staff told us, "Staff must be signed off as fit to practice before they go out on their own." The induction programme was completed by a face-to-face meeting with the manager to discuss their personal development and future plans for studying for health and social care qualifications.

Care staff told us the training was good because it was relevant to people's needs and gave them, confidence in their practice. One member of care staff told us, "The training room is laid out like a mini hospital. There are beds, hoists and staff go through proper training. It is very thorough. You can't do delegated healthcare tasks unless you are signed off as competent." Delegated healthcare tasks include, for example, supporting people with a tube directly into the stomach for maintaining nutrition and supporting people with continence aids. A member of care staff told us, "I did a course on how to administer eye drops and eardrops. I feel confident now that I know how to do it." Another member of staff said, "Training is useful, you learn things anew. And you get to meet up with other staff and can share your experience and knowledge."

Care staff told us their skills, competence and behaviours were continually assessed because they were observed in practice by their supervisor. An electronic monitoring system alerted the managers when staff supervision (observation) meetings were due. A supervisor told us, "For a supervision, I watch and observe whether staff wear gloves, their handwashing and behaviour. I ask the person if they are happy with the work, the hours, and if they want anything changed."

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

interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider told us they had not needed to apply for DoLS because no one had a care plan that restricted their liberty, rights or choices. No one receiving care was under a Court of Protection order to restrict their freedom.

The provider understood their responsibilities under the Act and provided training for staff about the MCA and DoLS and about obtaining people's consent to receiving care. Care staff understood the principles of the Act. They told us, "MCA is about people's rights and best interests" and "People's care plans tell you everything you want to know and give information about capacity, consent and best interest decisions." People we surveyed and people we spoke with told us they made their own decisions and that care staff respected their decisions. One person told us, "They all know me now. If I get anyone new, they will ask what I want them to do."

People were supported to eat and drink regularly to maintain their nutritional needs. Some people told us staff prepared some of their meals for them. Many people were supported to heat ready-prepared meals of their choice to ensure a hot meal was available when they wanted one. People who were supported with breakfast told us staff prepared their breakfast according to their preferences, either before or after they washed and dressed. One person told us, "I had a carer today that I have only had once before and she remembered my preferences. She knew I like [named cereal] and one sugar in my coffee."

People were supported to maintain their health and care staff knew which people needed on-going support from healthcare professionals with their health needs. People told us staff asked them if they would like a doctor to be called when they felt unwell, and, if the situation was urgent, staff would call an ambulance for them. People told us, "They called the ambulance because they thought I didn't look right" and "One of them noticed I had a very red limb which she considered worrying and she rang for the ambulance." Care staff shared any concerns about people's health and wellbeing with people's families and the office. A relative commented in our survey, "The Care Bureau has been efficient in keeping me informed of any situations that have caused concern and I greatly appreciate knowing that [Name] is being looked after so well and is in such caring, professional hands."

Good

Is the service caring?

Our findings

All the people who responded to our survey said the support they received helped them to be as independent as they could. They all said care staff always treated them with respect and dignity and were caring and kind.

People we spoke with told us the care staff were, "Lovely, great" and "[Name] is excellent, wonderful." A relative told us, "They are both very nice. [Name] gets on very well with the regulars (who share his interests)." We saw the scheduler was able to revise the electronic scheduling and monitoring system to make sure regular and relief staff were only allocated if people felt comfortable with them. Care staff understood the importance of gaining the person's trust and friendship to deliver care effectively. Care staff told us, "It's quite an ordeal for them to let us into their homes. It could be intimidating" and "If you don't get on with someone they will change you. You need to gel with the person."

Care staff told us they read people's care plans before they started working with them. One member of care staff said, "The care plan explains the person and the supervisor talks through their preferences and preferred names." The provider made sure people enjoyed a continuity of care because staff regularly supported the same people. This enabled care staff to learn about people's needs and abilities and get to know and understand them well. A relative commented, "They (care staff) have established a strong rapport, showing exemplary care and consideration and carrying out services over and above their contracted duties."

Care staff understood the importance of developing positive relationships with people and their families. A member of care staff recognised that, "People often seem to put more emphasis on care staff knowing their preferred routine than the actual care." Everyone we spoke with told us they were happier on the days their regular care staff attended because they knew their preferred routines well and did everything in the order they preferred. One person told us, "The regular one is absolutely brilliant." One member of care staff told us, "Every person is different. They could wake up in a different mood. Sometimes I just need to listen and acknowledge their worries. It's like being a counsellor sometimes."

The electronic staff planning tool enabled the manager to make sure care staff were allocated to people according to their gender preferences and their diverse cultural values. Care staff told us they had training in equality and diversity, and people's care plans explained whether each person followed their religious or cultural traditions. One member of care staff told us, "I understand equality and diversity and respecting other people's culture and traditions. I had to take my shoes off in one person's house in accordance with their traditions."

The provider's written 'client charter' stated, ''Respect the right of each individual to lead as independent and fulfilling a life as possible." People told us they were supported to maintain as much independence as possible. One person told us, "They offer me the flannel and ask if I want to wash myself. They always give me the choice. They only help if I need it." Care staff understood people benefited from being as independent as possible because it improved their self-esteem. A member of care staff told us they planned

to suggest to the manager that one person's care plan should be reviewed because, "We should encourage them do more for themselves."

People told us care staff protected their privacy and dignity. People told us, "They don't poke their nose in", and "If someone comes to enquire they say 'you can't come in because she is indisposed'. They are very good. They close the doors and curtains and things." Records showed that staff's behaviour and the way they interacted with people was regularly observed and monitored by their supervisor to ensure people were treated with dignity and respect. A member of care staff told us, "At observation checks they (supervisors) look at how you greet people and what you do and give guidance about the niceties of care."

Good

Is the service responsive?

Our findings

All the people who responded to our survey said they were involved in decision-making about their care and support needs. Most of the people we spoke with said they were involved in planning their care and had a care plan. Some people could not remember whether they had a care plan, but they knew that staff 'wrote everything down in a book'. People who did remember discussing their needs told us they received the care and support they had agreed, People who could not remember planning their care assured us they received the care and support they needed. Everyone told us care staff kept a written record every day. One person told us, "They do read it, and they write down everything they have done."

The regional manager told us an initial assessment of needs was carried out at the person's home, or at the hospital, and a care plan was written up to match the person's needs and abilities. They told us, "After two weeks we call the person to check they are happy with the care, the staff and the times. It is better to make changes early." Care staff told us the care plans were detailed enough to understand people's needs and abilities.

Care plans included an assessment of the person's abilities and dependencies for seeing, hearing, eating, drinking, personal care, health and mobility and described how staff should support the person. One care plan we looked at described, for example, how frequently the person liked to shower or wash. It included which elements of personal hygiene the person could complete independently and which elements staff should assist with.

Care plans included a list of 'tasks' to be completed during each call and the desired outcome for the person. This was of particular importance for people who may not be able to explain their needs. Staff were given clear instructions about making sure people had their medicines and were comfortable and safe and had sufficient drinks before they left the premises. People told us staff did accomplish everything they were 'supposed' to do. People told us, "I don't like to be rushed and they do have a chat with me" and "Some are very good, are sympathetic to your needs. And they anticipate your needs." A member of care staff told us, "It's the best job I've ever had. We get paid for talking. You don't realise how different people are until you go out to their own homes."

Care plans were regularly reviewed and updated when people's needs changed. People had the opportunity to discuss their care plans with a supervisor, who visited them every three months. Care staff told us they responded to unexpected changes straight away. A member of care staff told us, "If the person is more dependent than the initial assessment shows, we report back. We can re-assess and share that with the person, their family and with social services, who can negotiate and increase the hours if needed. Anyone can change."

Almost all of the people who responded to our survey said care workers and office staff responded well to any issues or concerns they raised. People told us they knew who to contact and would be quite comfortable to raise any issues about their care or care staff by telephone, or face to face with supervisors. The contact telephone number was in each person's care plan. One person told us their care staff had been

changed in response to their concerns. Other people told us, "I know their number off by heart" and "I spoke to someone on the phone but did not make a formal complaint."

The provider's complaints policy was explained in the service user guide and details of how to make a complaint were included at the back of people's care plans. One person told us, "I know how to complain but I never do. There is nothing to complain about." Another person told us they had previously made two complaints and, "The manager put things right.' Records showed individual complaints and concerns had been investigated and acted upon appropriately. Details of the issues raised and actions taken were stored on people's individual files. Only formal written complaints were recorded in a separate complaints log. The one formal written complaint received by the provider had been appropriately dealt with, but did not appear on the log. The regional manager told us it was awaiting 'sign off' by a director and would be recorded in the log in full once it was signed off.

The regional manager recognised common issues and trends in verbal complaints, and these were shared through memos and in one-to one meetings with care staff, to minimise the risks of a re-occurrence. For example, care staff were reminded to re-read the policies that were relevant to issues raised, such as the code of conduct and confidentiality policies, and to reflect on them in their practice. After a discussion about complaints handling and learning from complaints, the regional manager told us they would review how they recorded and analysed verbal complaints. They said more formal recording of verbal complaints in one dedicated record could enable them to identify patterns or trends sooner, and to take more proactive measures to reduce complaints.

Good

Is the service well-led?

Our findings

Most of the people and all of the relatives who responded to our survey said they knew who to contact if they needed to. All the people who responded to our survey told us the information they received from the staff and manager was clear and easy to understand. Some people remembered that the supervisors came to their house to check they were happy with the service. Most people remembered that a different member of staff visited them 'occasionally' to "watch what they (care staff) are doing."

The provider's quality assurance process included asking people what they thought of the service. This was during an initial follow-up call two weeks after starting with the service and at three monthly 'spot check' calls. Supervisors visited people in their homes every three months to ask whether their care plan continued to meet their requirements and to check they were happy with the service. A supervisor told us, "A 'spot check' is an opportunity for people to speak privately with me, after care is finished. I ask the client how it went, about tasks and behaviours, whether care was delivered right. If they are not happy, or there is missed work, I call the care staff in. If there is an issue, I share it with the [manager. We need to be tactful."

The provider checked whether people were happy with the quality of the service through an annual survey. One person confirmed, "I had a questionnaire a few weeks ago, when I told them about the time keeping. I get asked about once a year." The compliance manager showed us the results of their most recent survey of July 2015. The questions in the survey reflected the fundamental standards of care, which demonstrated the provider's ability and willingness to adopt new practices in line with changes in the Regulations.

The results of the most recent survey showed that 98% of the respondents were satisfied with their care, including 37% who rated it as 'excellent." The compliance manager told us, "Any issues raised are copied to the manager. I share comments and feedback and share the final analysis with the senior management team. If a person was to say something negative, for example, 'I don't feel safe', I share it with the manager."

The regional manager told us they had listened to people's opinions and taken action to improve people's experience of the service. People had said it was difficult to get a reply to their phone calls at weekends. This was because the supervisors who answered the phone at weekends were also responsible for covering calls for unplanned absences, such as sick leave. The regional manager told us they had recently recruited weekend administrators who were to provide a dedicated telephone answering service, which meant people could be assured their phone calls were answered promptly seven days a week.

The managers understood their responsibilities and the requirements of their registration. For example, they knew what statutory notifications they were required to submit to us and had completed the Provider Information Return (PIR) as required by the Regulations. We found the information in the PIR reflected how the service operated.

The compliance manger told us they ensured the service was delivered in line the latest guidance. They told us, "I check for changes in legislation and make sure policies and procedures are up to date and in line with the legislation. I have recently updated the safeguarding, whistleblowing and confidentiality policies." Care

staff were given copies of the policies in their handbook and could read policies at the office. The compliance manager emailed staff to let them know when policies were updated. The regional manager told us they were currently considering other methods of reminding staff about their responsibilities under the regulations. They had decided to print 'buzzwords' such as 'dignity', 'respect' and 'MCA' to staff's wage slips to remind staff to keep those thoughts alive.

Managers and supervisors undertook a range of checks of the quality of the service. When people's daily records were returned to the office every month, the supervisors checked the records matched the care plans and that people's medicines records were completed in full, to confirm people received their medicines as prescribed. When supervisors found errors or omissions in the records, care staff were reminded of the importance of accurate recording. When required, staff had to complete refresher training and additional assessments in medicines administration to confirm their competency.

The manager used the call monitoring system to check that staff spent the time they had been allocated at each call. When records showed the call time was shorter than planned, the manager investigated the reasons why with the care staff concerned. This enabled the manager to check people received the care they needed and to whether there were any changes in people's needs or abilities that should result in a care plan review.

The compliance manager told us they were always thinking of new ways to support staff to maintain the quality of the service. They told us, "We are about to implement a new MAR sheet that requires the total number of medicines left to be recorded after every visit, not just at the end of the day. It will reduce errors in counting and recording." They told us they had also revised the medicines competency checklist to ensure supervisors checked that some additional details, such as, 'has care staff asked consent and recorded the balance'.

Care staff told us they felt supported because they had regular rounds, were regularly observed in practice and could ask for any training they thought would improve their practice. Due to feedback from staff the provider had arranged informal workshops for dementia training, starting in April 2016. Care staff told us, "I am doing a course about dementia and Alzheimer's. We can train in whatever we need" and "I have time to do all I need to do, and time to chat with people and time to travel. Knowing your round is important. I'm lucky."

Care staff told us the management team demonstrated good leadership skills and were approachable. Care staff said they were confident they could raise any issues and would be listened to. Care staff told us, "I love my job and I have no issues with the management, but I am confident I could ring and they would sort it out" and "They do listen at the office. They are always available to answer and advise." Another member of care staff told us, "They are the best agency in the area. Staff often report how good the agency and training is in comparison to other agencies they have worked for."

Some staff had given feedback to the regional manager about newly appointed supervisors' skills in management and leadership. The regional manager had listened to staff's concerns and taken action to help the supervisors develop their management skills. A supervisors' training programme had been set up. which included class based workshops, online and distance learning. The provider told us, "Supervisors will also be encouraged to attend the health and social care level 3 course in management." A member of care staff told us, "Support from managers is definitely improving" and recent supervisor recruitment practice had, "Improved the quality of supervisors."

The provider used an electronic call monitoring system based on staff calling the office from a landline when

they arrived at and left each person's home. The provider monitored the electronic system as part of their quality assurance checks. This system gave assurance that staff had arrived, but sometimes staff forgot, or were not able to call the office, for example, if the person was using the phone. When gaps in call logging were identified, the manager took action to remind individual staff of their responsibilities. In the supervisors' team meeting minutes, we saw supervisors were advised, "Call monitoring needs to step up and you should ring carers straight away when the schedule shows they have not arrived." The provider planned to obtain an additional laptop for supervisor so they could monitor whether staff logged in even if the supervisors were out of the office.

The provider had told us about their plans to improve the quality of the service in the PIR and the regional manager explained the progress they had made with some of their plans. They told us they planned to improve call monitoring by replacing the telephone based call monitoring system with a custom made GPS signal system. The provider had developed software that tracked staff's company mobile phones which automatically recognised when staff arrived at and left a person's house. The system was being piloted at the time of our inspection. The regional manager told us this system would give absolute certainty of staff's whereabouts and would be time saving in the long run. An additional benefit was that the supervisor monitoring the calls would know if staff was stuck in traffic or otherwise delayed, which would allow them to phone people more promptly to advise of any delay in their care call.

The regional manager told us the GPS monitoring system would also upload staff's time electronically to the payroll system, which would remove the need for staff to bring paper time sheets to the office each week. The regional manager had already identified this would impact on the opportunity to have ad hoc conversations with care staff as they would no longer need to visit the office every week. They told us, "Care staff collect gloves and aprons monthly and attend training courses at the office, but we also plan to set alerts on the system for monthly face to face meetings with care staff, which might result in sending a message to staff's phone, asking them to, "Pop into the office for ten minutes after your shift."

The regional manager told us about the actions the provider had taken to improve staff recruitment and retention. They had conducted a survey of staff to identify issues of satisfaction and dissatisfaction with their employment. The analysis of the survey was in progress at the time of our inspection. They had employed a new recruitment officer, who had implemented improvements in the recruitment process and launched several retention incentives for care staff.

To show their appreciation of staff's hard work, the provider had implemented a 'care worker of the month' award, and the winner received a certificate and £50 of vouchers to spend in high street shops. To encourage staff to feel cheerful, the provider had initiated a 'Funny selfie' photo competition with a prize of £25. To encourage staff to consider their own health needs, the lead clinical nurse for the company had followed the Blood Pressure UK Campaign and arranged for staff to have their blood pressure checked at any of the provider's locations.

The provider had launched an initiative to acknowledge staff's loyalty and to celebrate those staff who had worked at the company for ten years. Each member of staff was presented with an engraved decanter and badge at a lunch hosted by the directors when they reached ten years employment. A member of care staff told us, "They are a really good firm to work for. I love it. I will get my ten year badge this year."