

Hyde Park Healthcare Ltd

Hyde Park Care

Inspection report

Scottish Provident House
76-80 College Road
Harrow
Middlesex
HA1 1BQ

Tel: 03303330081
Website: www.hydeparkcare.com

Date of inspection visit:
23 April 2018

Date of publication:
31 May 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an announced inspection of Hyde Park Care on 23 April 2018.

Hyde Park Care is a domiciliary care agency registered to provide personal care to people in their own homes. At the time of our inspection, the service told us that they were providing care to 47 people. One person who received care from Hyde Park Care did not receive a regulated activity. CQC only inspect the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of the inspection there was no registered manager in post. The previous registered manager left the organisation in March 2018. A new manager was appointed in March 2018 and we met the new manager during the inspection. The director of the service and the new manager confirmed that she would apply to register with the Care Quality Commission (CQC). 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 and associated Regulations about how the service is run.

The previous inspection on 4 April 2017 found three breaches of regulation and made one recommendation. We rated the service as "requires improvement". During this inspection 23 April 2018, we found that the service had made improvements in respect of care documentation, complaints recording, staff training, supervision, quality checks and audits. We also noted that the service had made some improvements in respect of their medicines management. However, there were still areas within the medicines management that required improvement. We also observed that the service had introduced various checks and audits. However, we noted that medicines audits were not consistent.

People who used the service and relatives told us that they were satisfied with the care provided and raised no concerns. People told us they were treated with respect and felt safe when cared for by the service. People and relatives spoke positively about care workers and management at the service.

Risk assessments were in place which detailed potential risks to people and how to protect people from harm. Systems and processes were in place to help protect people from the risk of harm. Care workers had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

Our previous inspection found numerous deficiencies in respect of medicines management and we found a breach of regulation in respect of this. During the inspection, we noted that the service had taken action in respect of this and made improvements. The service had introduced numerous systems to ensure that medicines were administered safely. However, we found that there were still some issues with regards to the completion of Medication Administration Records (MARs) and raised this with the manager. Following the inspection, the manager confirmed that they would change the system used for recording administration of

medicines.

People we spoke with told us that there were no issues with regards to care worker's punctuality and attendance. They told us that care workers were usually on time and if they were running late, the office called to inform them of the delay.

At the time of the previous inspection in April 2017, the service did not have an electronic system for monitoring care worker's timekeeping and duration of their visit. During this inspection in April 2018, the service had a telelogging system in place which flagged up if a care worker had not logged a call to indicate they had arrived at the person's home or that they were running late.

We looked at the recruitment records and found background checks for safer recruitment had been carried out to ensure staff were suitable to care for people.

Care workers we spoke with told us that they felt supported by the manager. They told us that management were approachable and they raised no concerns in respect of this. Our previous inspection found that care workers lacked knowledge of certain areas of care. Further, staff were not consistently supported to fulfil their roles and responsibilities through training, regular supervisions and appraisals. During this inspection we found that care workers had completed training and received regular supervisions and appraisals where necessary.

Care support plans were person centred and focused on the individual needs of people. Support plans included a section titled "Information about me" and "What you need to know and do to respect my lifestyle choices". This included information about family and important relationships, how the person likes to live their life, places and events that are important to them, religious and cultural preferences and activities they like to do.

Care workers were aware of the importance of respecting people's privacy and maintaining their dignity. They told us they gave people privacy whilst they undertook aspects of personal care. People who used the service told us that they felt confident in care provided by the service.

The service encouraged people to raise concerns. Our previous inspection found that the service did not consistently document what subsequent action was taken by the service following a complaint and we made a recommendation in respect of this. During this inspection, we noted that the service had taken appropriate action and we saw that complaints were fully documented and there was a clear record of what action the service had taken in response to the complaint.

There was a management structure in place with a team of care workers, field care supervisors, care coordinators, office staff, the manager and director. Staff spoke positively about the management and culture of the service and told us the management were approachable if they needed to raise any concerns.

We previously found that the service did not have effective systems and processes in place to assess, monitor and improve the quality of the services provided and we found a breach of regulation in respect of this. The previous inspection found that the service failed to carry out regular and consistent checks and audits in relation to staff spot checks, staff supervisions, care plans, complaints, medicines administration, staff attendance and punctuality. During this inspection we noted that the service had made improvements to address the breach of regulation. We noted that the service had introduced care plan audits and we saw evidence of this in people's care records. The service also carried out regular and consistent staff spot checks and regular supervisions to monitor care workers. We also noted that the service had introduced an

electronic telelogging system to monitor staff punctuality and attendance and this system was running effectively. The service also had a comprehensive system for monitoring complaints and ensuring that they were dealt with appropriately.

Our previous inspection found that there was not a documented and formal medicines administration audit in place. During this inspection in April 2018, we noted that the service had introduced a system for auditing medicines administration. However, we found that the system was not implemented consistently and had failed to consistently identify issues with regards to MARs. We discussed this with the manager and director and they confirmed that they would review their system to ensure that it was operating effectively.

The service had a system in place to obtain feedback from people and relatives about the quality of the service they received through telephone monitoring, home visits and review meetings. We also saw evidence that field care supervisors and care coordinators carried out regular and consistent spot checks to assess care worker's performance.

Staff we spoke with said that management and staff worked well together as a team and said that the morale within the service was positive. They said that management was approachable and that there was an open and transparent culture. Staff told us they would not hesitate to bring any concerns to management.

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 

The service was mostly safe. The service had made improvements in respect of medicines management. However, we found that there were instances where MARs were not completed fully.

People we spoke with told us that they felt safe around care workers. This was confirmed by relatives we spoke with.

There were processes in place to help ensure people were protected from the risk of abuse.

Care workers were carefully recruited. There were sufficient care workers to meet people's needs.

Is the service effective?

Good 

The service was effective. Care workers had received support from management and been provided with induction, training and supervision.

People's care needs and choices were assessed and responded to.

There were arrangements for meeting The Mental Capacity Act.

People's healthcare needs and medical history were detailed in their care plans.

Is the service caring?

Good 

The service was caring. People who used the service and relatives told us that they felt the service was caring. People were treated with respect and dignity.

Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity.

Care records were person centred, individualised and specific to each person's needs. They included information about people's preferences and their likes and dislikes.

Is the service responsive?

Good ●

There service was responsive. Care plans addressed people's individual needs and choices. Reviews of care took place with people and their representatives.

People and their relatives knew how to complain. Complaints recorded had been promptly responded to.

Is the service well-led?

Requires Improvement ●

The service was mostly well-led. The service had a system in place to monitor the quality of the service being provided to people using the service. However, the service had failed to regularly and effectively check medicine administration records.

The service had a management structure in place with a team of care workers, office staff, the manager and director.

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

Hyde Park Care

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, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 23 April 2018 and the inspection team consisted of one inspector. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people. The provider also completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

Our previous inspection found breaches of regulation and following the inspection, the service provided us with an action plan which detailed what they were going to change and implement within the service in order to make improvements.

During our inspection we went to the provider's office. We reviewed eight people's care plans, six staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with seven people who used the service and four relatives. We also spoke with six care workers, two field care supervisors, two care coordinator, one office staff, the manager and the director.

Is the service safe?

Our findings

People who used the service told us that they felt safe around care workers and raised no concerns about this. When asked if people felt safe, one person told us, "I am very happy with the care. I feel safe around them, of course." Another person said, "I feel comfortable around my carer. I do feel safe." Relatives we spoke with confirmed this and told us that they were confident that their relative was safe. One relative said, "I do feel that [my relative] is safe around carers." Another relative told us, "Yes, [my relative] is absolutely safe."

Our previous inspection found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During the inspection, we found numerous deficiencies in respect of medicines management. The service did not clearly document the medicines prescribed and administered to people and it was therefore not evident which medicines had been administered. We also found that medicine administered to people were not consistently documented on Medicine Administration Records (MARs) and there was no clear audit trail. We also found that information on MARs were not always completed fully and there were unexplained gaps on a number of occasions.

During this inspection in April 2018, we noted that the service had made some improvements but there were still aspects that needed further improvement. The manager confirmed that at the time of this inspection they assisted eight people with their medicines. .

We noted that the service had introduced a medicines support plan for each person that required assistance with their medicines. This document clearly detailed how medicines were to be administered, how they were to be stored, a list of what the medicines were and the dosage prescribed. The manager confirmed that copies of these support plans were kept in people's homes as well as in the office.

The service had also introduced a system which assisted care workers identify what medicines formed part of a blister pack. This was a document which listed the names of the medicines that formed part of a blister pack and also a photograph of each medicine so that care workers could easily identify them. The service provided us with evidence to confirm that these were kept in people's care file in their homes.

Since the previous inspection, we noted that the service had introduced a system for documenting administration of medicines. The service had two records for each person. The first record listed the date and time medicines were administered and also who the medicine was given by. The other document was a formal MAR document which recorded the date and time of day the medicine was prescribed. However, we noted that these did not always correspond with one another and there were inconsistencies. We looked at a sample of 20 MARs for five people for various dates between October 2017 and March 2018. We found that there were gaps on six out of 20 MARs. We raised this with the manager. She acknowledged that there were gaps on the MARs and said that since she had taken up the post of manager she had taken steps to address this and take action to prevent this from happening. She explained that the most recent gaps had been identified in audits she had recently carried out and provided us evidence of this. We found that the current system for recording medicines was inconsistent as staff were required to document administration of

medicines on two separate documents. The manager acknowledged this and following the inspection confirmed that the service would change their current system so that there was one qualitative MAR rather than two systems. The manager sent us evidence of the new format MAR.

We also noted that the MARs did not list the medicines that formed part of the blister pack and discussed this with the manager. She explained that the support plan clearly detailed the medicines listed and said that this was kept with the MAR documentation along with the document which listed blister pack was provided by the pharmacy and this document was kept along with the MAR sheet so that it was clear what medicines were contained in the blister pack. The manager provided us with evidence of this.

We noted that the service had carried out some medicine audits in place. However, we noted that these audits were not carried out consistently and we did not see evidence that the audits always identified gaps and issues with the way MARs were completed. The most recent audits were carried out by the new manager for March 2018 and we noted that issues with regards to MARs were identified.

During the inspection in April 2017, we found that completed MARs from previous months were kept in people's home and not in the office. During this inspection, we noted that the service had changed this practice and that these MARs were now kept in the office and were easily accessible.

During this inspection, we looked at eight care support plans and found that risk assessments were in place. At the time of the previous inspection, the service had identified that their old format risk assessments lacked detail and were in the process of implementing their updated new format risk assessments. We noted during this inspection that the new format risk assessments had been implemented. These covered risks associated with the environment, moving and handling, falls, nutrition, use of equipment and personal care. Risk assessments included details of the level of risk and control measures needed to be taken to reduce the risk.

Safeguarding policies and procedures were in place to help protect people and help minimise the risks of abuse to people. We noted that the policy referred to the local authority, police and the CQC. The service had a whistleblowing policy and contact numbers to report issues were available in the office. We saw documented evidence that care workers had received safeguarding training.

Our previous inspection found that some care workers were unable to describe the process for identifying and reporting safeguarding concerns. During this inspection we found that staff we spoke with knew what action to take if they had concerns that people were being abused. They told us that they would contact the registered manager immediately.

Our previous inspection also noted that the level of English spoken by some care workers was limited and they struggled to understand some of the questions that were asked and had difficulty answering. During this inspection, we spoke with care workers and found that they were able to clearly communicate with us and spoke a good level of English. We also spoke with people who used the service and asked whether they had any concerns regarding people's ability to communicate with them. With the exception of one person, all people and relatives told us that they experienced no issues. One person told us, "My carers speak a good level of English. Understanding is not a problem and communication is good." Another person said, "My carers English is pretty good." One relative said, "Communication is fine. The carers speak a reasonable standard of English."

The director and manager confirmed that they were safely able to meet people's needs with the current number of care workers they had but said that they were always recruiting to ensure they had a sufficient

workforce. When speaking with care workers about staffing levels, they told us they received their rotas in advance and their visits were planned well in relation to the time allocated for each person and the distance they needed to travel between visits. The manager explained that they tried to ensure that care workers and field care supervisors worked within certain postcodes to limit the amount of travel they had to carry out which minimised the chances of delays.

We spoke with people and their relatives and asked whether there were any issues in relation to care workers punctuality and if there were any missed calls. They told us that care workers were usually on time and if they were running late, the office called to inform them of the delay.

At the time of the previous inspection in April 2017, the service did not have an electronic system for monitoring care worker's timekeeping and duration of their visit. During this inspection in April 2018, we found that the service had a telelogging system in place which flagged up if a care worker had not logged a call to indicate they had arrived at the person's home or that they were running late. In this case, office staff would ring the care worker to ascertain why a call had not been logged and take necessary action there and then if needed. This system enabled the service to effectively monitor care workers punctuality and attendance. The manager explained to us that the system was working well. The system produced data with regards to staff punctuality and attendance and enabled the service to monitor this effectively.

We asked people who used the service and relatives whether they received care from the same care workers on a regular basis and had consistency in the level of care they received. This was confirmed by the majority of people and relatives we spoke with. One person said, "I have no complaints at all. The same carer comes." Another person said, "I have the same carers. I don't get different ones." One relative told us that for a short period of time where their relative received care from different care workers but once they raised their concerns with the service, the service took immediate action. This relative said, "It is quite stable now. Consistent at the moment."

The manager told us that continuity of care was an important aspect of the care provided. She explained that the service tried to ensure that people had the same care workers as much as possible.

We looked at the recruitment process to see if the required checks had been carried out before staff started working with people who used the service. We looked at the recruitment records for six members of staff and found background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff. Our previous inspection in April 2017 found that a significant number of files included a character reference but there was a lack of information about who the reference was from. We previously raised this with the service and during this inspection we noted that they had taken action to address this. The service had introduced a "reference telephone verification" document which was contained in staff files we looked at. Where staff provided a character reference, the service contacted the referee to verify the authenticity of the reference and the information was documented on the form.

People who used the service and relatives informed us that care workers followed hygienic practices when providing care. The service kept a stock of protective clothing and equipment in the office. Care workers said they had access to protective clothing including disposable gloves and aprons which were stored in the office.

No accidents had been recorded. The manager stated that there had been no accidents. She was aware that if accidents were reported, lessons learnt and guidance for preventing further accidents would need to be provided for care workers to ensure the protection of people.

Is the service effective?

Our findings

People who used the service told us that they had confidence in care workers and the service. One person said, "I have no complaints. The care is good." Another person told us, "I am very happy with the care." Another person told us, "They are excellent. They are very well trained." One relative said, "I am generally pleased with the care. Generally the care, treatment and organisation are great." Another relative told us, "I am happy with the care [my relative] receives. I would recommend them." Another relative said, "Carers are brilliant. The carer goes over and beyond for [my relative]."

Our previous inspection in April 2017 found a breach of regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We did not see evidence that staff had been consistently supported to fulfil their roles and responsibilities through training, regular supervisions and appraisals.

Previously we found that there were gaps in staff training and staff required refresher training. During this inspection, we saw that there was a training matrix in place which enabled management to monitor what training staff had received and when refresher training was due. Training records showed that care workers had completed training in areas that helped them when supporting people. Topics included moving and handling, medicines management, health and safety, first aid, food hygiene, safeguarding, record keeping, effective communication and person centred care and infection control. Training was provided by an external organisation that provided DVD based training. Staff we spoke with were able to talk about the training they had received and spoke positively about the training. One care worker said, "The training was really helpful. It made me more confident about my role." Another care worker told us, "The training has got better."

Our previous inspection found that there was a lack of evidence to confirm that supervisions had taken place regularly. During this inspection, we saw documented evidence that staff had received regular supervision sessions and spot checks and this was confirmed by staff we spoke with. Care staff had also had an opportunity to discuss their progress and goals during appraisals. Since the last inspection, staff had received an appraisal where necessary.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The service had a Mental Capacity Act 2005 (MCA) policy in place. Care support plans included information about people's capacity to make decisions and communication needs. We found that care plans were signed by people or their representative to indicate that they had consented to the care provided. When speaking with care workers they had a basic understanding of the MCA. They were aware of the relevance and importance of obtaining consent from people or their representatives regarding their care. They stated that they explained what needed to be done prior to providing personal care or assisting people. They knew

that if people did not have the capacity to make decisions then they should refer matters to their manager so that professionals involved and people's next of kin could be consulted.

We spoke with the manager about how the service monitored people's health and nutrition. She explained that care workers documented people's daily progress in records so that they could monitor people. The manager explained that if care workers had concerns about people's weight they were required to contact the office immediately and inform management about this. The service would then contact all relevant stakeholders, including the GP, social services, occupational therapist and next of kin.

Care support plans included details about people's nutritional needs and included details about people's preferences. The manager confirmed that the majority of people did not have food prepared for them as part of their care package. She explained that where care workers did prepare food for people this was breakfast, sandwiches and readymade meals. People we spoke with told us that care workers always asked people what they wanted to eat before preparing meals.

Is the service caring?

Our findings

People we spoke with told us that they felt the service was caring and spoke positively about care workers. When asked about their care worker, one person said, "My carer is very good. She is very nice." Another person told us, "My carer is helpful, on time and very nice. She is a lovely carer. She always has a smile on her face. She is pleasant. Another person said, "They are very, very caring. They really are lovely." One relative said, "Brilliant care staff. They really do listen. The carer is so respectful and treats [my relative] with respect. They are polite." Another relative told us, "Care staff are fine. Some are better than others. [My relative] prefers certain carers. The current carer sits down with [my relative] and talks to her."

Care support plans were person centred and focused on the individual needs of people. Support plans included a section titled "Information about me" and "What you need to know and do to respect my lifestyle choices". This included information about family and important relationships, how the person likes to live their life, places and events that are important to them, religious and cultural preferences and activities they like to do. We observed that this information was consistently recorded in care support plans we looked at.

The manager explained that this information was obtained during people's initial assessment and that this helped the service to understand people and provide suitable care workers who had similar interest. The manager told us, "We aim to meet the needs of the service user and we look at what would be a best fit for them in terms of care workers at the assessment stage. We ask the service user what they would like." She explained that the service tried to ensure care workers were matched to people with the same type of interest and background so that they had things in common.

Care support plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Care plans included information about cultural and spiritual values and needs. The service had a policy on ensuring equality and valuing diversity. Staff informed us that they knew that all people should be treated with respect and dignity regardless of their background and personal circumstances.

The service had a comprehensive service user guide which was provided to people who used the service and they confirmed this. The guide provided useful and important information regarding the service and highlighted important procedures and contact numbers. The guide highlighted the organisation's principles which included dignity and respect, punctuality, reliability, continuity, competence, confidentiality, involvement, flexibility and equality. The aim of the service was, "Keeping you as happy and healthy as possible in the comfort of your own home."

Care workers were aware of the importance of ensuring people were given a choice and promoting their independence. Care workers were also aware of the importance of respecting people's privacy and maintaining their dignity. Care workers told us they gave people privacy whilst they undertook aspects of personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One care worker said, "I try and build comradery with people. I ask them what they want and am always patient. I give them autonomy to do what they want to do." Another care worker said, "I treat people as I

would want to be treated. I put myself in their shoes. I ask them what they want." Another care worker told us, "I treat people like they are valued and give them time to make their own decisions."

The manager confirmed the service did not carry out visits less than 30 minutes. She explained that this enabled care workers to spend time speaking and interacting with people and doing things at people's own pace, not rushing them and a minimum of 30 minute visits enabled care staff to do this.

Is the service responsive?

Our findings

People who used the service told us that they were satisfied with the care provided by the service and said that the service listened to them if they had any concerns. One person said, "My carer listens to me. She is very nice." Another person said, "I would of course contact the office if I had concerns. I don't have any." One relative said, "I feel able to raise issues and when I have, they have listened and improved things. That was a positive result of the review. They ask us how things are." Another relative said, "[My relative] has been in and out of hospital and the service is very flexible. They are able to make changes at short notice and have always been able to provide care. They always work around our times."

The service had a complaints procedure and this was included in the service user guide. We noted that the service user guide encouraged people to raise concerns where necessary; the guide stated, "Please be reassured that the receipt of a complaint will never jeopardise the service you receive." People and relatives informed us that they knew how to complain and had the office contact number. They also told us that they would not hesitate to raise concerns with management if they needed to. The service clearly documented complaints received and we saw that they had responded appropriately to these.

Our previous inspection found that the service did not consistently document what subsequent action was taken by the service following a complaint and we made a recommendation in respect of this. During this inspection we noted that the service had taken appropriate action and revised their complaint form. We saw evidence that complaints received were fully documented and there was a clear record of what action the service had taken in response to the complaint. This now included clear details of the issues raised, action taken by the service to investigate the complaint and action taken to prevent reoccurrence. We also noted that the service had introduced a system for recording any subsequent meetings with staff following an incident or complaint. This clearly documented the area of concerns, the care workers account and action points to avoid reoccurrence.

Our previous inspection found that the service were in the process of reviewing care support plans to ensure they were in the new format. During this inspection, we found that new format care support plans were in place for all people. These included information about people's background, medical history and details of what they wanted to achieve from the care service. We also noted that there was a section titled, "How I would like the services to be delivered in a way personal to me" and this included details of what support was required.

Daily log records were in place and recorded visit details, meal log and medicines support. The manager explained that these assisted the service to monitor people's progress. However, we noted that these contained varying level of detail depending on which staff completed them and raised this with the manager. The manager confirmed that she would speak with staff about ensuring consistency of detail.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Records showed reviews of people's care plans and care provided had been conducted and this was confirmed by people and relatives we spoke with. Records showed when the person's needs had changed,

the person's care plan had been updated accordingly.

Is the service well-led?

Our findings

At the time of the inspection there was no registered manager in post. The previous registered manager left the organisation in March 2018. There was a new manager in post at the time of the inspection. The manager confirmed that she had started her role as manager in March 2018. The director of the service and the new manager confirmed that she would apply to register with the Care Quality Commission (CQC) and was waiting for her criminal records check confirmation. 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 and associated Regulations about how the service is run.

People and relatives spoke positively about the service and told us they thought it was well managed and raised no concerns. One relative said, "Management has improved in the last year. [The director] has visited us and has spoken with me about previous issues. He was very honest and I appreciated that. I feel confident with the agency." Another relative said, "I do feel the service is operating fine."

Our inspection in April 2017 found that the service did not have effective systems and processes in place to assess, monitor and improve the quality of the services provided. We found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the service failed to carry out regular and consistent checks and audits in relation to care plans, complaints, medicine administration, staff attendance and punctuality, staff spot checks and staff supervisions. It was therefore not evident how the service monitored the service they provided.

During this inspection in April 2018, we found that the service had made improvements to address the breach of regulation. We noted that the service had introduced care plan audits and we saw evidence of this in people's care records. The service also carried out regular and consistent staff spot checks and regular supervisions to monitor care workers. We also noted that the service had introduced an electronic telelogging system to monitor staff punctuality and attendance and this system was running effectively. The service also had a comprehensive system for monitoring complaints and ensuring that they were dealt with appropriately.

Our previous inspection found that there was not a documented and formal medicine administration audit in place. During this inspection in April 2018, we noted that the service had introduced a system for auditing medicine administration. However, we found that the system was not implemented consistently and had failed to consistently identify issues with regards to MARs. We discussed this with the manager and director and they confirmed that they would review their system to ensure that it was operating effectively. Following the inspection, the manager confirmed that medicine audits would be carried out consistently every month.

The director explained that since the previous inspection the service had employed more care coordinators and field care supervisors to ensure that they could monitor care workers and carry out regular checks. The service had a system in place to obtain feedback from people and relatives about the quality of the service

they received through telephone monitoring, home visits and review meetings. We also saw evidence that field care supervisors and care coordinators carried out regular and consistent spot checks to assess care worker's performance. The checks were comprehensive and staff were assessed in areas such as timekeeping, communication and efficiency of tasks undertaken. Records showed that the feedback from people was positive about the care and support they received.

There was a management structure in place with a team of care workers, field care supervisors, care coordinators, office staff, the manager and director. Staff spoke positively about the management and culture of the service and told us the management were approachable if they needed to raise any concerns. One member of staff told us, "The support has been amazing. Management are very helpful and want us to excel." Another member of staff said, "The last year support has been really good. I have confidence in the manager. We work as a team. There has been real improvement. Another member of staff told us, "I am very supported. They are easy to approach. I have seen a change in the last year – communication wise. I am kept more informed." Another member of staff said, "The support is great. I can call them anytime."

Staff we spoke with said that management and staff worked well together as a team and said that the morale within the service was positive. They said that management was approachable and that there was an open and transparent culture. Staff told us they would not hesitate to bring any concerns to management.

The service advised that they had been working with the local authority to make improvements. We noted that the service had co-operated with safeguarding investigations taken appropriate action to safeguard people.

Staff we spoke with told us that communication within the service was good. They told us that management kept staff informed of developments, changes and updates within the service. The service did this through staff meetings, memos and newsletters. We saw evidence that a newsletter had been sent to staff in March 2018 to inform them of recent changes and developments in respect of management and staff changes. On the day of the inspection, we observed that care staff came into the office and the manager explained that staff regularly came into the office.

The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and whistleblowing.