

Tom McCarthy Limited

Communicare

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

The inspection of Communicare took place on 24 and 28 October 2016 and was announced. This was the first inspection of the service since a change in registration in August 2014. On 24 October 2016 we visited the agency offices and visited two people that used the service. On 28 October 2016 we carried out telephone calls to people that used the service to ask them about their views of the care and support they received. At our last inspection in December 2013 the service met all of the regulations we assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These regulations were superseded on 1 April 2015 by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service provides support to 65 people living in their own homes, who may be living with dementia, have a physical disability or a sensory impairment and misuse drugs or alcohol. The support can be with personal care, food provision or personal safety.

The registered provider was required to have a registered manager in post. On the day of the inspection there was no registered manager, but the position of manager was filled by a registered manager and director of a company called Keymen Associates Limited, also registered with The Care Quality Commission (CQC). This person was also the Nominated Individual.

A registered manager is a person who has registered with the CQC 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.

The manager explained to us that the company Tom McCarthy Limited was now owned by Keymen Associates Limited. However, our checks with Companies House revealed there that the two companies were still independent of one another. They were also still separately registered with us at CQC, each having one 'location' (sites from which the businesses were operated).

As we had received no applications to de-register Tom McCarthy Limited, to add a new location (Communicare) to Keymen Associates Limited or to add a new location to the registration of the manager, we were unable to state that there was a registered manager at Communicare. CQC requested and received information to evidence that Keymen Associates was the 'holding company' for Tom McCarthy Limited, but there had been no registered manager at Communicare since February 2016. The manager explained to us that the location address of Communicare was soon to be changed and it was likely that by the New Year 2017 the service will have moved to another address.

All of this meant that the service could only be rated as 'requires improvement' for the section on Well-led. However, by the time we published the report for this inspection as a final document on our website, the registered provider had submitted applications to add Communicare location (at its current address) as a new location of Keymen Associates Limited and to add that location to the registration of the manager

filling the position at Communicare. These applications were processed and therefore the service now has a registered manager.

People were protected from the risk of harm because the registered provider had systems in place to manage safeguarding incidents. Staff were trained in safeguarding adults from abuse and understood their responsibilities in respect of managing safeguarding concerns. Risks were managed and reduced on an individual basis so that people avoided injury or harm.

Staffing numbers were sufficient to meet people's needs and we saw that rosters accurately cross referenced with the support workers on duty. Recruitment policies, procedures and practices were followed to ensure staff were suitable to care for and support vulnerable people. We found that the management of people's medicines was safely carried out.

People were cared for and supported by qualified and competent support workers. Workers were supervised and took part in an appraisal scheme regarding their personal performance. Communication was satisfactory but people we spoke with told us it could be better from the office workers, in respect of information to people about changes in support workers or lateness of calls. People's mental capacity was appropriately assessed and their rights were protected with regard to ensuring their liberty. Support workers had knowledge and understanding of their roles and responsibilities in respect of the Mental Capacity Act (MCA) 2005 and they encouraged people to make decisions for themselves. People were supported with nutrition and hydration where necessary.

We found that people received appropriate care from kind support workers who knew about people's needs and preferences. People were involved in aspects of their care and were asked for their consent before support workers undertook care and support tasks. People's wellbeing, privacy, dignity and independence were monitored and respected and support workers were determined to maintain these wherever possible. People were supported according to their support plans, which were regularly reviewed and amended according to need and/or requests.

There was an effective complaints procedure in place and people had complaints investigated without bias. People that used the service, relatives and their friends were supported to maintain healthy relationships.

We saw that the service was well-led in all aspects, except that there was no registered manager in post. People had the benefit of an open and inclusive culture and the management style of the service was positive. There was an effective system in place for checking the quality of the service using audits, satisfaction surveys, meetings and good communication. Information from the quality monitoring and assurance system had been used to take action and make changes to the service for people but this had not been fed back to anyone who used the service or other stakeholders.

People were assured that recording systems used in the service protected their privacy and confidentiality as records were well maintained and were held securely in the company premises.

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.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Risks were also managed and reduced so that people avoided injury or harm.

Support worker numbers were sufficient to meet people's needs and recruitment practices were carefully followed. People's medication was safely managed.

Is the service effective?

Good ●

The service was effective.

People were cared for and supported by qualified and competent support workers that were regularly supervised and received an annual appraisal of their performance. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

Support workers sought and respected consent from people before they supported them with care and treatment. People received adequate nutrition and hydration to support their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People received support and care from kind support workers, who knew about their needs. People were supplied with detailed information that they needed and were involved in all aspects of their care.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked hard to maintain these wherever possible.

Is the service responsive?

Good ●

The service was responsive.

People were supported according to their support plans, which were regularly reviewed and updated.

People had their complaints investigated without bias and they were supported to maintain healthy relationships with family and friends.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager at the service by the time we published our inspection report.

People had the benefit of a well-led service of care, in respect of the culture and the management style of the service, which were positive, and the checking of the quality of the service was effective.

People had opportunities to make their views known and people were assured that recording systems in use protected their privacy and confidentiality. Records were well maintained and were held securely in the company offices

Communicare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of Communicare took place on 24 and 28 October 2016 and was announced. We gave the registered provider approximately 20 hours' notice as the service was a domiciliary care agency and we needed to make sure there would be staff at the location offices to receive us. One Adult Social Care inspector carried out the inspection.

Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also requested feedback from local authorities that contracted services with Communicare and reviewed information from people who had contacted CQC to make their views known about the service. We had also received a 'provider information return' (PIR) from the registered provider. A 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.

We spoke with six people that used the service, two support workers and the manager and we also visited two people that used the service in their own homes. We viewed care files belonging to seven people that used the service and recruitment files and training records for four support workers. We viewed records and documentation relating to the running of the service, including the quality assurance and monitoring and medication management systems. We also looked at equipment maintenance records and records held in respect of complaints and compliments.

Is the service safe?

Our findings

People we spoke with told us they felt safe receiving support from staff at Communicare. They said, "I feel safe with the staff, yes", "I am confident the staff are fine people and will keep me safe" and "I am safe with those staff that visit me, as they are regulars and I know them now. I have built up trust in them."

There were systems in place to manage safeguarding incidents. Clear information was available to inform support workers what the definition of a vulnerable adult was and what constituted abuse. There were policies and procedures on abuse and accompanying policies on whistle blowing.

We found evidence that support workers were trained in safeguarding people from abuse. This was in the form of training records and certificates of attendance for the safeguarding training they had completed. Support workers demonstrated knowledge of what constituted abuse, what the signs and symptoms of abuse might be and how to refer suspected or actual incidents to the local authority safeguarding team. There were records in respect of managing safeguarding incidents and referrals made to the local authority.

People had risk assessments in place to reduce the risk of harm from, for example, poor nutrition, inadequate repositioning, moving around in their homes, taking medicines and the use of safety equipment. These were reviewed appropriately.

There were contracts of maintenance in place for ensuring the office premises were safe. The service had accident and incident policies and records in place should anyone working for Communicare or receiving their services encounter an accident or be involved in an incident. Records showed that these had been recorded thoroughly and action had been taken to treat any injured persons and prevent accidents re-occurring.

We looked at the staffing rosters and saw there were sufficient support workers employed and deployed to meet people's needs. People told us they were satisfied with the number and frequency of calls they received from support workers. Support workers explained they were employed on 'zero-hours' contracts but were almost always given sufficient shifts to be classed as full time workers.

There were robust recruitment procedures to ensure support workers were suitable for the job. Office staff ensured job applications were completed, references requested and Disclosure and Barring Service (DBS) checks were carried out before support workers started working. A DBS check is a legal requirement for anyone applying for a job or to work voluntarily with children or vulnerable adults. It checks if they have a criminal record that would bar them from working with these people.

The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw DBS checks in the four support workers' recruitment files we looked at. DBS checks were obtained before support workers began working in the service.

We were told by the manager that not all people required support with the management of their medicines. Where people did require it a medicine chart was used and signed by support workers on supporting people to take their medicines. Some people took their medicines straight from the boxes they were dispensed in but others used 'monitored dosage systems'. These were monthly measured amounts of medicines that were provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. They allowed for the administration of measured doses given at specific times.

When asked about satisfaction with the support people received with their medicines they said, "I only need help with my eye drops now but staff are obliging", "Staff support me with medicines and I need a drink half an hour before my first tablet, but a couple of times they have come a little early and that put me out" and "I have to eat before I take my medicines and staff come to help me get breakfast first. It works okay."

Is the service effective?

Our findings

People we spoke with felt the support workers at Communicare had the knowledge to care for them and supported them well. They said, "Staff seem to know what they are doing, though the calls are not long and they don't have a great lot to do for me", "Some staff seem to use their initiative, but not all of them" and, "My carers are very helpful and it puts my mind at rest knowing they will be calling on me."

The registered provider had systems in place to ensure support workers received the training and support they required to carry out their roles. A workforce training record was used to review when training was required or needed to be updated and there were certificates held in support workers' files of the courses they had completed. Support workers confirmed to us the training they had completed over the last twelve months.

The registered provider had an induction programme in place and reviewed support workers' performance via one-to-one supervision and the implementation of a staff appraisal scheme. Induction included shadowing senior support workers, becoming familiar with policies and procedures, gaining health and safety awareness, knowledge of the risk assessments in place and being introduced to people that used the service and other workers. Induction followed the guidelines and format of the Care Certificate, which is a set of standards that all competent social care and health workers follow in their daily working life. Support workers at Communicare were also visited using a 'spot check' system while working with people that used the service. This was to observe support workers in their practice and offer advice for improvements in service delivery.

The Care Certificate covers the new minimum standards that should be learned as part of induction training for new care workers, as identified by Skills For Care. Skills For Care are part of the National Skills Academy for Social Care and help create a better-led, skilled and valued adult social care workforce. They provide practical tools and support to help adult social care organisations in England recruit, develop and lead their workforce. They work with employers and related services to ensure dignity and respect are at the heart of service delivery.

We saw four support worker files that confirmed the training they had completed and the qualifications they had achieved. We saw that staff had received supervision regularly and that appraisal scheme meetings with support workers were recorded and used to encourage improvement in service delivery and personal development.

Communication within the service was described by people as 'adequate to good' between the office workers, support workers and themselves but some people also said there was room for improvement. They said, "Usually I know who is coming to see me but the office don't always tell me if that changes" and "Sometimes the carers don't know when they will be visiting me next. They might tell me when they are due to visit, but then they don't always turn up, it is someone else. They tell me, and I know this is the main reason, that another staff member has been ill and their calls needed to be covered elsewhere." One person said, "Staff often have time to sit and chat to me and so communication with them is good."

One person stated that they thought the literature handed out by the office workers on first receiving the service was 'misleading'. They said this was because it told them that 'Callers (support workers) will be regular and people will be able to build trust and companionship with them. People will be notified of any changes in callers.' The person felt this had never been the case for them and each time they had a change of support worker, it had been carried out without them being informed. This was fed back to the manager after our telephone calls were made to people. They commented that consistency of workers allocated to people that used the service was definitely a commitment of the organisation, but sometimes and rarely, this was not always possible. They said they fully took on board the point made and would endeavour to ensure people were supported by the same workers wherever possible.

Support workers described communication as 'good' between the management team, themselves and people that used the service. They said there had been much improvement in communication in the last twelve months. Methods used included daily diary notes, memos to support workers, telephone conversations, meetings and face-to-face discussions.

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 interest 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 interest and legally authorised under the MCA. For people living in their own home, this would be authorised via an application to the Court of Protection. We were told there were no people currently under a Court of Protection order. One person was considered for such an order but it was deemed that they had capacity and therefore did not need it, even though they had been the subject of a safeguarding concern. A 'best interests' decision had been made, however, to have their finances held in the control of Oldham Council, under corporate appointee-ship.

Support workers then allocated the person's money on a weekly basis so they could buy food and clothes. It was recorded in the person's home whenever money was obtained and all items they spent their money on were receipted. These receipts, along with mini statements, were held at Communicare's office and weekly checks were made against the balance on each mini statement after staff had assisted the person to take out their weekly allowance. This was to protect the person from financial abuse and the staff from potential accusations being made against them. All of these arrangements were on the approval of Oldham Council Finance Team.

People consented to care and support from support workers by either verbalising this or by conforming with support workers when asked to accompany them and accepting the support they offered. Other consent was in the form of signed documents in care files. We saw that people had signed their support plans and plan agreement forms, which stated whether or not support workers assisted them with, for example, medication and personal care.

Some people received support with their nutritional needs and they were consulted about their dietary likes and dislikes, allergies and needs due to medical conditions. Support workers provided snack-type meals or heated up pre-prepared meals for those that required them. Some people told us they managed to prepare their own foods and drinks, but were thankful if support workers made extra drinks for them. People we spoke with said about the support they received with nutrition, "I sometimes buy dinners to warm up and staff help with these, otherwise they just help me with light snacks. I would prefer to cook a proper meal for

myself but can't manage now," and, "Staff warm up a meal for me now and then, but mostly I manage my own food. Staff help do my tea though."

Health care records were held in people's files if this was considered important and relevant to the support that workers provided. Daily diary notes recorded when people had been assisted with the health care that had been suggested for them.

Is the service caring?

Our findings

People we spoke with told us they got on very well with the support worker that supported them. They said, "The girls that come are a blessing in disguise", "The workers are friendlier than ones I've had before", "Staff are very nice and help me with lots of things, like writing cards and making sure my legs are comfortable" and "The girls will do little jobs for me if I ask them, they are all helpful. They are friendly and we get on fine."

Support workers we spoke with told us they enjoyed working at Communicare and they provided people with company, not just support with bathing and preparing a meal. Support workers were pleasant and knowledgeable when they spoke about people's needs. Some support workers told us that some of them had been employed at Communicare since it was registered.

Discussion with the acting manager and support workers revealed that almost everyone that used the service had particular diverse needs in respect of some aspect of the seven protected characteristics of the Equality Act 2010: age, disability, gender, marital status, race, religion and sexual orientation. We were told that some people were at risk of discrimination due to their age and frailty or disability, such as deafness, blindness or effects of a stroke.

Support workers gave us one or two examples where they had intervened in a person's life situation because they were at risk of being disadvantaged by a family member, friend, acquaintance or just a visiting stranger. Support workers were aware of when some situations placed people at risk and were therefore harmful to people that used the service. They told us they spoke up as necessary to pass concerning information to the manager or to Oldham Council social services department. We saw no evidence to suggest that anyone that used the service was discriminated against by support workers, but instead heard accounts of workers protecting people from discriminatory situations.

People told us they were treated as individuals with their own particular needs being met according to their wishes. Support plans, for example, recorded people's individual visit times and requests for assistance. They noted people's food preferences and how they wanted to be addressed. Support workers knew these details and responded to them accordingly.

People that used the service had their general well-being considered and monitored by the support workers if this was appropriate and necessary to maintain their mental health or physical ability and health. People were supported to have interests and keep in touch with family and friends. One person was not experiencing a satisfactory level of well-being and this was brought to the attention of the office workers, who took action to ensure they received further support from their appointed community health and social workers.

While we were told by support workers that no person using the service was without relatives or friends to represent them, we were told that advocacy services were available if required. (Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in

advising or representing them.) People were provided with Information on how to contact an advocate if needed and offered support to do so.

People we spoke with told us their privacy, dignity and independence were always respected by support workers. People said, "Staff are very discreet when they support me with personal care and my privacy is always respected. They are understanding that way." and "Staff are careful to respect my privacy when they support me, leaving me some time on my own in the bathroom and chatting to distract me from the fact I may be in a state of undress." With regard to upholding privacy and dignity support workers said, "I make sure I give personal care discreetly, covering people, closing curtains and so on" and "I give people two towels, one to dry on and one to keep them covered. I always think about what I would feel like in their shoes."

Is the service responsive?

Our findings

People we spoke with felt their needs were being appropriately met. They talked about times they had required help and how support workers had given this to them. They related accounts of incidents that had happened in their lives, due to illness or falls, and explained how support workers had helped them overcome difficulties. Two people explained they had recovered greatly while receiving support from workers at Communicare and therefore the service to them had reduced.

We looked at seven care files for people that used the service and found that the support packages were clear and specific to individual people's needs. These were person-centred and contained information for support workers on how best to meet people's individual needs. Each person had a quick read, 'one page' profile that was also person-centred.

Files contained personal risk assessment forms to show how risk to people would be reduced, with regard to mobilising and use of equipment, taking medicines, nutrition and hydration and the living environment. Care packages and risk assessments were reviewed monthly or as people's needs changed.

Files recorded daily communications, transfers of information to other organisations, if documents had been archived, medication errors, monitoring charts, financial transactions on behalf of service users, a summary of incidents / accidents / near misses and a copy of the organisations liability insurance.

There were several people that used the service who received a 'sitting service' rather than personal care and support. Some people told us they had initially taken the service following an accident or illness and that they were improving and no longer required support. One person said, "The staff visit just to sit with me and have a chat, as it is a lonely life when you are old. They've had to help me up a couple of times when I have fallen though." Another person told us, "I am a lot better than I used to be and don't need help with personal care. Staff don't need to do much for me now."

One person we visited told us they only received support to go shopping and to manage their financial affairs. However, we later discussed with a senior support worker, whether there was a possible need for the person to receive other interventions regarding care and support. Work was already on-going between the service and Oldham Council to look at improvements in this person's package, but there was also a difficulty in that the person declined to engage with support workers sometimes so that personal care and support was not always accepted.

Support workers told us that it was important to provide people choice, so that people continued to make decisions for themselves and stay in control of their lives. People tended to be in control of their daily decisions for living, for example, with going to and rising from bed and what and when they ate. However, they did need support to be independent in areas of their lives such as managing finances or personal care. Staff were sure to follow the care plan around people's choices in these instances. People's needs and choices were therefore respected.

People were supported to maintain relationships with family and friends, if this was considered appropriate to the support package. Support workers assigned to specific people for providing extra personalised support under a key working scheme, got to know family members and kept them informed about people's situations if people wanted them to. Support workers spoke with people about their family members and friends and supported people to remember family birthdays, by helping them send cards or letters.

The service had a complaint policy and procedure in place for everyone to follow and records, including complaint logs showed that complaints and concerns were handled within set timescales. People said, "I know how to make a complaint and have done so. The office staff resolved it for me", "I would call the office and speak to someone there if I had a complaint", "There is nothing to complain about really, the girls are lovely. The only thing I could grumble about is the odd late call, but I understand why that can happen" and "I only complained once and someone arranged for me to have a different support worker. It was all sorted."

Support workers we spoke with were aware of the complaint procedures and had a healthy approach to receiving complaints as they understood that these helped them to get things right the next time. We saw that the service had handled ten verbal complaints and one written complaint in the last six months and complainants had been given written details of explanations and solutions following investigation. Complainants had been satisfied with outcomes.

Compliments were also recorded in the form of letters and cards and some recent ones received stated, 'Thank you for the care and kindness shown to [Name]' and "Without your excellent care from all staff [relative] would not have been able to stay in their own home. Staff were patient and kind."

All of this meant the service was responsive to people's needs and open to receiving both positive and negative comments from which lessons were learnt.

Is the service well-led?

Our findings

People we spoke with felt the service was suitable for their needs and had been improving over recent months, particularly with regard to fewer issues around allocating workers and being on time for calls. People still felt that communication about changes in workers could be better and one person felt they had been supported by too many different workers. Everyone said that support workers were helpful and they would be lost without them. Support workers described the culture of the service as one where, "Teamwork prevailed and everyone pulled together" and, "A friendly place to work."

The registered provider was required to have a registered manager in post and on the day of the inspection there was no registered manager, but the position of manager was filled by a registered manager and director of a 'holding' company called Keymen Associates Limited, also registered with The Care Quality Commission (CQC). This person was also the Nominated Individual.

Communicare was first registered in January 2011 under a sole provider Thomas McCarthy. In August 2014 this was changed to Mr Thomas Kevin McCarthy and the registration changed a second time, shortly after, to a limited company under the name Tom McCarthy Limited. The manager told us Keymen Associates Limited took over the ownership of Tom McCarthy Limited, at the time of this company name change in August 2014.

There were no details of this held on the CQC database so we asked the manager (registered manager, director and Nominated Individual for Keymen Associates Limited) to provide evidence of this, which they subsequently did. As there were no applications received since the take-over in August 2014, to add Communicare as a new location to Keymen Associates Limited, or to de-register the legal entity of Tom McCarthy Limited or to add Communicare as a location to the registration certificate of the manager, the position was that we could only rate the Well-led section of this report as 'requires improvement'.

However, since the date of our inspection site visit we have received and processed applications to remedy the situation. The registration for the organisation Keymen Associates now has Tom McCarthy Ltd T/A Communicare (Owned by Keymen Associates Ltd), as a location and this location is now managed by a registered manager. Tom McCarthy Limited is yet to be de-registered as a registered provider or to have the location Communicare removed from its registration.

The manager and registered provider were fully aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The manager knew how to fulfil their responsibility to ensure any required notifications were notified under the Care Quality Commission (Registration) Regulations 2009. However, we saw that only one notification had been sent to us over the last year.

We found that the management style of the manager and divisional manager was open and approachable. Staff told us they could express concerns or ideas any time to senior staff and that they felt these were considered. The financial management of the service was business-like and organised, to a point that the

statement of terms and conditions for receiving a service of care and support included clear and detailed financial provisos and responsibilities on cancelling services or making other arrangements, as well as the general arrangements of the terms of the service. People that used the service or their relatives were clearly informed about expectations involved in taking on a contract.

The service had implied visions and values within the 'statement of purpose' and 'service user guide' (documents explaining what the service offered). These documents included information on confidentiality, rights, equality and diversity and ensuring focus was always on the service user. They implied that what was important in the organisation were, 'upholding principles, fitness of purpose, comprehensiveness, meeting people's needs and providing a quality service.'

Support workers were able to describe the values of the service in terms of, "Ensuring we put service users first and enabling them to make their own choices and decisions." One support worker added, "We must always exercise patience and calmness." The 'statement of purpose' and 'service user guide' were kept up-to-date and clearly described what people could expect from the service and how support workers should conduct themselves.

As part of the take-over Keymen Associates Limited had restructured the staffing for Communicare. We were told they now had an acting divisional manager allocated within Communicare who was supervising senior support workers, who in turn supervised the support workers.

Other changes within the organisation included introduction of an electronic 'call' monitoring system whereby support workers were required to telephone the office as they arrived for a call with a service user and again as they left that call. This was working well to inform the office workers where support workers were and whether or not people had their calls and on time.

The system helped to ensure people were sent a substitute support worker if there were problems and it protected the workers early in the morning or in the evening in the event of illness or mishap. This was because the on-call worker was able to check support workers were alright when they did not call in or out of a person's home. Support workers confirmed to us they were also supplied with panic alarms to summon help if feeling unsafe, and torches to be able to see key safe buttons easily when it was dark.

We looked at documents relating to Communicare's system for monitoring and quality assuring the delivery of the service. We saw that there were quality audits completed on a regular basis and that satisfaction surveys were carried out via telephone calls to people that used the service, relatives and health care professionals twice a year.

Audits included checks on support workers' practice, for example, completing communication sheets, food and finance records, service user files, staff files and medication administration records. Accidents and incidents were audited to ensure measures could be taken to reduce the risk of these happening again.

Satisfaction survey telephone calls in September 2015 and 2016 were recorded and comments on these records were mixed and included, "I am happy with [Name]", "Carers arrive as close to the time as possible and they ring when they are running late", "I have no problems", "Please don't send [Name] again", "[Name] does not always stay full length of time they are supposed to, straighten the bottom sheet on my bed properly, nor do they always give me my shower twice a week", "My carers are very good to me" and "I am very satisfied with all of the carers who have visited me." Not everyone we spoke with could remember completing surveys and some said they definitely had not. One person clearly remembered completing a survey and said this was often carried out with a call from the office to check on how individual support

workers were doing. There was evidence in records of further calls to people that any dissatisfaction they expressed was checked again some weeks later, to find out if the action taken by office workers and support workers had resolved the issues.

Comments from relatives included, "Thank you for all the care and kindness shown to [Name]", "Without your excellent care from all the staff [relative] would not have been able to stay in their own home...staff were patient and kind", "The moment you came into our home to support us was the best moment I've had in a long time. Staff came in as strangers and turned into welcome friends" and "My [relative] is very well supported and cared for." These records of comments received showed us that people were regularly consulted about their views.

While there was evidence in the form of statistical analysis of information from audits and action taken on an individual basis to respond to the information received from people, there was no evidence to show that people who used the service and other stakeholders were given feedback about any general changes or improvements that had been made to the service.

Meetings were held for support workers and these were recorded for the last four meetings held in January, May, June and September 2016. Issues discussed, for example, included medical alerts, medication record sheets, memos to be read, compliments made about support workers, rosters, staff changes, newcomers, maintaining confidentiality and holidays. There was instruction to support workers to submit evidence that their cars were roadworthy and they held up-to-date licences and insurance cover. There was advice on how workers could ask service users to refrain from smoking while they provided care and support to them. Overall, there were effective systems in place to seek the views of people that used the service and other stakeholders, so that improvements could be made.

The service kept records on people that used the service, staff and the running of the business that were appropriately maintained, up-to-date and securely held. Occasionally a record would be without a date and we pointed this out to the office workers, who undertook to audit all of the records we had seen with a view to addressing this. All documentation was signed by the person completing it and/or someone agreeing to it.