

Agincare UK Limited

Agincare UK Surrey

Inspection report

Unit 18
Boundary Business Centre, Boundary Way
Woking
Surrey
GU21 5DH

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Tel: 02087839152

Website: www.agincare.com

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

Agincare UK Surrey is a domiciliary care agency which is registered to provide personal care to people in their own homes. At the time of our inspection the service was providing personal care to 85 people.

This inspection took place on the 18 December 2017 and was announced. We gave 72 hours' notice of the inspection to ensure that staff would be available in the office. This was also to allow the manager time to arrange some home visits for us as part of this inspection.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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. There was a manager in post who started in February 2017 was in the process of registering with CQC. The manager assisted us with our inspection.

We last carried out a comprehensive inspection of this service in January 2017 when we rated the service as Inadequate overall. We took some enforcement action against the provider at that time as we found that the service was not being managed adequately. Following that we carried out a focused inspection in June 2017 to look at Safe and Well-Led to check the registered provider had taken action in response to the concerns we had identified in January 2017. We found they had and the service had improved, however we stated at the time that we would wish to see this improvement embedded before we could change the rating we had awarded. This comprehensive inspection was conducted to look at the service as a whole and to see if all five areas that we inspect on had sustained those improvements. We identified no concerns at this inspection.

People told us they were cared for by staff who were kind and caring. And people were supported by staff to remain as independent as they were able. They said staff arrived on time and carried out care for them in the way they wished it. People said they had not had a missed call and if staff were going to be late they were informed. Risks to people were identified and actions taken to help people stay safe. In the event of an accident the agency followed this up.

People and their relatives told us they felt safe with staff from Agincare. Staff had a clear understanding of the different types of abuse and the procedures to be followed if they had witnessed or suspected abuse had taken place. The registered provider had followed safe recruitment processes to ensure they only employed suitable staff. Staff were aware of their duties in relation to infection control when working in people's homes.

If an emergency occurred at the office or there were adverse weather conditions, people's care would not be interrupted as there were contingency procedures in place. There was an on-call system for assistance outside of normal working hours.

Staff had received training and supervisions that helped them to perform their duties. They also received spot checks from senior staff whilst they were working with people. Staff understood the Mental Capacity Act 2005 (MCA) and we found that people's consent was sought before the agency provided care to them.

There were enough staff to ensure that people's assessed needs could be met and all visits could be undertaken in a timely manner. Management of medicines was undertaken in a safe way and recording of such was completed to show people had received the medicines they required. Regular auditing of medicines charts took place to help ensure staff consistently followed best practice.

Care plans included background histories for people and information about how people preferred their care to be provided. Guidance for staff was detailed and there was evidence people were involved in their care planning.

People's nutritional needs were met by staff who would cook meals for those who required this type of support. Staff sought healthcare professional advice and input when needed and escorted people to important appointments in relation to their health.

Quality assurance audits were carried out to help ensure the quality of the care the agency provided met the needs of people. Staff told us they felt supported by the manager and the manager kept people informed of events and news relating to the agency via a newsletter. There was a complaints procedure in place. Although there had been no formal complaints, we found the manager had responded to any feedback or comments they had received. The manager was knowledgeable about the service and was able to assist us with the inspection. It was evidence they had a commitment to improve the service the agency provided to people.

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.

Recruitment processes for prospective staff were robust.

Risks to individual people had been identified and written guidance for staff about how to manage risks was in place.

There were effective safeguarding procedures in place to protect people from potential abuse.

There were enough staff deployed to meet people's needs.

Accidents and incidents were recorded and followed up by staff. There was a plan in place to ensure people's care would continue in the event of an emergency.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training to help ensure they worked to best practice.

Staff had an understanding of the Mental Capacity Act (MCA) and their responsibilities in respect of this. People signed their own consent to care.

People were supported with their dietary requirements.

Healthcare professionals were involved in people's care when needed.

Is the service caring?

Good ●

The service was caring.

Staff showed people respect and gave them individual attention.

Staff were caring, kind and empathetic to people.

People were supported to remain as independent as they could.

People received care from staff who knew them and had developed relationships with them.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's care plans contained comprehensive information about their care needs and good guidance for staff.

People were supported to keep up their interests by staff.

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Good ●

The service was well-led.

The manager demonstrated a commitment to improving the service the agency provided.

People were encouraged to give their feedback on the care they received. Comments and feedback was responded to by the manager.

Quality assurance checks were completed to help ensure the care provided was of good quality.

Staff felt supported by management and the manager was aware of their responsibilities in alerting CQC to any serious events that took place, such as an accident or safeguarding concern.

Agincare UK Surrey

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.

This inspection took place on 18 December 2017 and was announced. The provider was given 72 hours' notice because the location provides a domiciliary care service and we needed to ensure that staff would be available to assist us during the inspection. We had also asked the manager to arrange home visits for us, so we could speak with people in their own homes. The inspection was carried out by four inspectors. Two inspectors attended the office, one carried out home visits and the fourth undertook telephone interviews with people.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We had not asked the provider to complete 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. This was because we were following up on our last inspection to check improvements had been made.

During our inspection we had discussions with the manager, the provider's operations director, three members of staff, eight people who used the service and one relative. We looked at the care records for nine people. We looked at five staff recruitment files, supervision records and training records. We looked at audits undertaken by the provider and a selection of policies and procedures.

Is the service safe?

Our findings

People told us that they felt very safe with staff who attended to them. One person told us, "Oh yes, I feel very safe with them." Another said, "I feel totally safe with them (staff). Couldn't wish for better people to look after me." A third person said, "I do feel safe with them. None of them (staff) make me feel unsafe."

The registered provider followed safe recruitment practices. Recruitment files included an application form, proof of identity, references and declarations in relation to health. Prospective staff had a Disclosure and Barring Service (DBS) check prior to commencing work at the agency. A DBS determines whether or not a person has a criminal record or is barred from working at this type of service. The registered provider had also checked that staff had the right to work in the UK.

People benefited from a service where staff understood their safeguarding responsibilities. Staff knew the different types of abuse and the reporting procedures to be followed if they suspected abuse. Staff stated they had received training and we saw there was a policy in place for staff to follow. One person told us, "It (the care) is safe. They (staff) are good natured and give me a feeling of security." A staff member told us, "I look out for any signs, such as neglect or the state of their fridge. I would report anything to the office."

At our inspection in June 2017 we found that improvements had been made by the registered provider to mitigate risks to people. We stated at that time we would check that these improvements had been sustained at this inspection. We found that they had.

People were kept safe because assessments of the potential risks of injury to them had been carried out. For example, falls, moving and handling and nutrition. Risk assessments provided information to staff on how to keep a person safe. One person told us staff supported them to have a shower to help reduce the risk of falls. One person was cared for in bed and had an air mattress and a hoist in the room. This person told us they felt safe when staff supported them to move in the hoist. A relative confirmed this and told us they felt the risks to their family member were managed well. One person had epilepsy and there was clear detail for staff on what to do if the person had a seizure, which included telephoning the emergency services. One person said, "I have a trolley walker, but they always make sure that it is left in reach for me." A staff member told us, "There are risk factors in people's care plans. If they are at risk of falls I remove all bits from the floor and make sure nothing is blocking the doors."

People's environment was also risk assessed to help keep both them and staff safe. The assessment covered areas such as whether or not a person had smoke alarms, any trip hazards, safe electrical equipment, sufficient outside lighting or level pathways. Where people had key safes information was texted to staff in a confidential way in that it did not contain a person's full details. Staff would delete the text once they had read the information. People told us that staff protected their property. One person confirmed that care staff always left their home secure on leaving and said, "I usually leave the door open for them, but they always knock and let me know when they are coming in." Another told us, "I have a key safe and so carers let themselves in using that. They always ring the bell and shout out that they've arrived so I know they are there. When they go they always lock the front door and make sure everything is secure."

At our inspection in June 2017 we found that improvements had been made by the registered provider to ensure there was a sufficient number of staff available to meet people's needs. We stated at that time we would check that these improvements had been sustained at this inspection. We found that they had.

People were cared for by a sufficient number of staff and told us they received a rota in advance so they knew which staff members to expect. One person told us, "They (staff) are always reliable and I have a list each week to say who's coming. I've never had anyone who I feel negative about." The manager told us that they had sufficient staff to meet the needs of the people they currently provided care to. They said they would always work out the staffing requirements before assessing or accepting someone new. This helped ensure that the agency continued to have sufficient staff cover and that people would receive continuity of care.

People told us that they had never experienced a missed call and staff were never late. One person said, "I don't think they've ever missed a call to me. Sometimes they are a bit late, but I ring the office and they tell me if they are coming or have been held up." Another person told us, "They've never missed a call. One girl was late once and she was so apologetic about it." A third person said, "They've never missed a call and only been late if the traffic is bad, so I never worry. If they are more than 30 minutes late they call me."

People's medicines were managed safely. People received their medicines as required and there were Medicines Administration Records (MAR) in place. MAR charts included the dosage, times of administration and quantities of medicines. There was also information about the person's GP and whether or not they had any allergies. Where people required topical medicines (medicine in cream format) there was a body map in place to show where staff should apply the cream and staff signed each day to say they had applied it. Staff competency and practice was assessed during spot checks by care staff supervisors. A staff member told us, "We check the dosset box, check they have the correct medicines and make sure medicines have been taken before we sign the MAR." People told us they received the medicines they had been prescribed. One person said, "I used to do it myself but then I started to make mistakes. Staff lay everything out for me and I have to show them I've taken them." Another person told us, "They watch me take my tablets in the morning." A third person said, "I have one tablet in the morning and they watch to make sure I have taken it."

Staff were knowledgeable about their responsibilities in relation to infection control. One staff member told us, "We can get gloves and aprons from the office. If someone had an infection I would make sure I used protective clothing to reduce the risk of cross contamination." People confirmed to us that staff used protective clothing when appropriate. One person told us, "They always wear gloves and aprons when they wash me." Another person said, "They have plastic gloves and aprons that they use." Two other people told us how staff washed their hands before and after providing support.

Interruption to people's care would be minimised in the event of an emergency. The registered provider had a contingency plan in place for the event of an emergency. We read that in the event of a phone, IT failure or adverse weather there were arrangements in place to cover any people requiring care. During out of hours, people and staff could telephone the out of hour's phone number.

When people had accidents or incidents these were recorded and followed up and action taken to help ensure incidents did not reoccur. For example, one person had lost some of their medicines and we read that staff had arranged for a lockable medicines box to be bought for them. Another person had fallen through their bed rails. As such the manager telephoned the occupational therapist who arranged for a floor bed and protective mats to be installed in the person's home. Prior to the new equipment arriving we read that staff had been reminded to ensure that the person's profiling bed was set at its lowest level. Each month the manager and area manager analysed accidents and incidents to look for trends. A staff member

told us if someone had a serious fall they would, "Make sure they are okay and check their breathing. I'd call 999 if needed then call the on-call. I would make sure I filled out an incident form."

Is the service effective?

Our findings

People told us they felt staff were trained and skilled in their roles. One person said, "I feel they are very well trained." Another person said, "They are very well trained with the hoist. I feel confident in them. Staff are usually in the know." Another person praised the competence of staff. They told us, "Admirable, they are very competent."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff undertook mandatory training such as moving and handling, food hygiene and health and safety. Training followed the Skills for Care common induction standards. They also had the opportunity to take training specific to the needs of the people they cared for. For example, in relation to catheter care. One person told us that had a catheter that had to be managed and staff always seemed to know what they were doing. One staff member told us they had received training and support and that their mandatory training was refreshed each year. Another staff member told us, "We can come and having training when we want."

New staff were supported to complete an induction programme before working on their own. One member of staff told us that the induction training was good and it helped them to commence their role in a confident manner. A staff member told us, "I've done induction with a new staff member. She is now competent and signed off to work on her own." One person told us, "I would say 90% of them (staff) that come are very well trained and know what they are doing." Another person said, "My regular weekday carer is very good and well-organised." A staff member told us, "New staff have training at the office and then three or four weeks of shadowing."

At our inspection in January 2017 we found staff were not receiving a suitable level of supervision and support from management. We found at this inspection things had improved.

Staff were provided with the opportunity to review and discuss their performance. We saw that supervisions were held between staff and management and that annual appraisals had commenced. Staff also had regular spot checks undertaken by the registered manager to monitor their work and to provide support and feedback to staff. A staff member told us they had regular supervision. Another staff member confirmed they had supervision every three months. They told us, "Sometimes it's good if you want to get something off your chest."

People's rights were upheld in line with current guidelines in relation to the Mental Capacity Act (2005) (MCA). The 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.

At our inspection in January 2017 we found staff were not following the legal requirements in relation to consent. We found at this inspection this had been addressed.

We found staff followed the principles of the MCA and people's consent was sought in advance of care being provided. Staff told us they would always obtain a person's consent before carrying out any care and that they understood some decisions may need to be taken in a person's best interests. We also saw that people had signed their consent to care upon commencing with Agincare. One staff member told us, "My understanding is to assume people have capacity to make their own choices. Some people may be able to make simple decisions, but others may not. If I have concerns about someone's capacity I would ask social services to assess them." The manager told us that they would involve the person's care manager and the GP in assessing a person's capacity if need be.

Staff told us they treated everyone as an individual and respected their specific wishes even if they were requests that they had not received before. One staff member told us, "Personally I would treat everyone the same. You get random requests from some people for example, one person who wished their personal care carried out in a specific way. But that was their wish."

Prior to people receiving care from the agency a detailed assessment was carried out. This covered all aspects of the care required by the person. Such as how many calls they would need each day, what their needs were in relation to mobility, continence and personal care. A staff member told us, "I go out and do assessments. I always do two if they are in hospital – one just before they come home." The manager said they would always ensure they had the right staff before taking on a new care package. We spoke with people about how well they felt staff were matched with them and we received positive responses. One person told us, "I couldn't wish for better. We share the same sense of humour and have a good laugh." Another person said, "They are totally brilliant. Really good match for me and we all get on so well."

At our inspection in January 2017 we found staff did not address people's individual needs particularly in relation to nutrition. We found at this inspection this had been addressed.

People told us they were happy with the food staff prepared for them if they required support in this respect. One person said, "In the evening they (staff) help me prepare my meal. I get out what I want and they heat it up for me. They always make me a drink and leave a flask of tea with me when they go. They know how I enjoy a cup of tea." A second person told us, "They make me a sandwich in the evening and a cup of tea. They always ask me what I want in my sandwich."

People's individual dietary needs were met by staff. One person told us, "They prepare all my meals. I am a Coeliac and so they always make sure I have the right porridge and things that I am safe to eat." Another person had diabetes and we heard a staff member ask the person if they had eaten today and reminded them to call the GP or the office if they felt unwell. This person told us that staff had supported them to manage their fluctuating diabetes and they had implemented an additional call to help them maintain good nutrition as they had always eaten foods which were not good for their condition. As a result staff were going one hour each week to support them to cook more fresh food and plan their meals.

People had their healthcare needs met and staff sought involvement from healthcare and social care professionals to meet people's health needs. For example, in relation to the person with diabetes, staff had contacted social services to discuss additional visits to this person to support them to eat more healthily. Another person was on specific medicine and staff had printed off guidance in relation to this to include in the person's care plan. One person told us, "They have called a doctor out for me before. They (staff) do whatever is necessary." One relative told us that staff always fed back to them if they needed to call the GP in respect of their family member. They added that on one occasion staff had spoken directly to the district nurses as they were unable to do so. The agency received positive feedback, one written comment read, 'Thank you for keeping us informed of any changes or concerns' and a healthcare professional had said,

'Could not praise staff highly enough'.

Is the service caring?

Our findings

People told us they were happy with the care they received. One person told us, "I can't fault them at all." Another person said, "I would say yes, they are caring towards me." A third person said, "[Care staff name] is really nice."

At our inspection in January 2017 we found that people were not being treated as though they mattered. We found no such concerns during this inspection and only received positive feedback about staff.

People received care and support from staff who had got to know them. One person told us they had a really good rapport with staff and was looking forward to a staff member they got on well with returning from holiday to they could tell them about it. We saw evidence of good relationships between staff and people during our home visits. People told us they saw the same staff. One person said, "I usually have the same carers, most of whom have been coming to me for years, so we get on really well." Another told us, "I have the same carers and they are all absolutely lovely." A staff member told us, "We have enough staff at the moment and we are paid travel time."

Staff were knowledgeable about the needs of people they visited. It was clear through discussions that staff had a good understanding of people's needs and their life histories. For example, a care worker chatted to one person about their love of travelling and places that they had been to. Staff were able to detail the assessed needs of people and how they liked their needs to be attended to. One person was hard of hearing and staff were aware of this. We heard the care worker talk slowly, loudly and clearly to the person. Another person told us they had problems with their speech following a stroke and that staff always took time to make sure they were heard and understood. They told us, "Staff are very patient."

People were treated with attention and empathy by staff. One person told us, "My brother died a couple of weeks ago and they (staff) couldn't do enough for me. They sat and talked with me – it really helped." Another person said, "They always stop and take the time to have a chat with me and see how I am feeling." A third person said, "We get on well and have a good chat about things."

People received information in a way that they could understand as well as information that would be useful to them. One person could not read or write and as such we noted that staff telephoned this person each week to tell them which care staff they could expect. Information that may be useful to people was circulated by the manager. For example, we saw information relating to how to keep warm in winter and hearing aid drop-in centres was sent to everyone in September. In addition, planning for the Christmas break commenced in good time. People were asked to complete a form to inform the office if they required cover during this period. This meant the office had sufficient time to ensure they had the staffing capacity to cover people's calls during the bank holiday break.

People told us they saw consistent staff and were treated as individuals. One person told us, "We get on so well. I feel very lucky to have them." A second person said, "I rely on them for absolutely everything and they are just so good." Another person said, "I seem to have the same carers, a group of three or four of them." A

third person said, "I really do appreciate everybody. I really feel that the carers are my friends." A further person reported, "I have three regular carers and that is working well."

People were treated with respect and dignity by staff. A staff member told us, "You go in and respect you are in their home. If I am washing someone I would cover their bottom half whilst doing their top half so they aren't exposed and vulnerable." People told us staff respected their privacy and dignity and looked after their belongings. One person told us, "They make me feel comfortable when they are helping me with personal care." Another person said, "I feel safe and comfortable during personal care." A third person said, "They look after me and my home very well." A fourth person told us, "They respect everything." A further person said, "I have recently had new carpets in my house and they always take their shoes off or wear covers over them. They know my standards and respect them."

People's independence was promoted and respected by staff. A staff member told us, "You don't assume what they (people) want and you get them involved and give them their independence." One person told us how a care worker took them shopping last week so they could purchase items themselves, rather than it being done for them. Another person told us how staff had supported them in decorating their Christmas tree.

Is the service responsive?

Our findings

At our inspection in January 2017 we found that people were not being provided with person-centred care. We found no such concerns during this inspection.

People and, when appropriate, their relatives were involved in developing their care, support and treatment. One person told us they had regular reviews to discuss their care plan and needs. They told us, "They help me with whatever I need and we can discuss it at any time." Another person said, "I have regular reviews and care is planned around my daily routine." A third person told us, "Someone from the office comes and talks to me about how I like my care." A relative said they were involved in their family member's care reviews.

Care plans were detailed and provided clear guidance to staff about how people wanted to be supported. Care plans were held in a written format in people's homes as well as the office and they included information in relation to the person's background, allergies, medicines and personal care needs. Where people had specific medical needs these were detailed with good, clear guidance for staff to follow, such as in the case of one person who had a catheter care plan in place. Any changes to a person's need were followed up by staff and if necessary visits adjusted to accommodate this. For example, one person had difficulty in managing their domestic chores so additional support had been provided by staff to work with the person on this. One person told us they had asked for their call time to be moved so they could get up earlier and this had been arranged with no problems. A third person said, "They involve me in everything." A further person reported, "They are much better at following my care plan than my previous care agency. I need a shower every day and my feet creamed twice a day and they (staff) do this."

Staff told us if there was someone not known to them they could call into the office to get the person's folder to take with them to their first call. This would allow them to read about the person and their needs. Each person's care plan contained a 'grab sheet' which outlined important information about a person that staff would need to know and it gave a quick overview of the care the person needed. This was useful for staff visiting on the first occasion. One staff member said, "Care plans are better than they used to be. If there are changes in someone's needs we get a phone call or a text."

Staff were responsive to the needs of people. One person had epilepsy and there was clear information in their care plan as to the triggers and indications that this person may be about to have a seizure. Staff were able to describe these indications to us, for example, 'can have unusual behaviour and wander around'. Guidance for staff included, 'If [name] is due a seizure speak clearly and slowly and do not give too many instructions at once as she will not be able to cope'. Another person suffered from eczema and as such often developed blisters on their legs and feet. Guidance was clear in their care plan in that staff, 'Must monitor feet and legs daily and report any concerns to the office as [name] may need to be seen by the GP or district nurse'. There was further specific guidance on how staff should soak this person's feet. Staff were very knowledgeable in all aspects of this person's care. A third person had a visual impairment which caused them some anxiety. We read how staff supported them to reduce their anxieties in that they undertook daily tasks which the person could no longer do, such as checking use by dates on items of food in their fridge and cleaning the inside of their microwave.

People's likes, dislikes and how they liked to spend their time were recorded in their care records. For example, we read that one person liked crosswords, swimming, dancing and going out. Staff regularly accompanied this person out and the manager told us they were looking for a nearby dancing club that they could join. Staff enabled this person to continue with their interests in that they took the person shopping and swimming.

Complaints and concerns were taken seriously. The provider had a complaints procedure that was available to people and their relatives. A staff member told us, "If someone wanted to complain I would give them the office number." People told us they would know how to complain but on the whole people had not raised any major issues. One person told us, "I wasn't very happy when I first started using them (the agency) as I had seven different carers in the first week. I told them though and they sorted it straight away." Another person said, "I don't think I've ever complained, but I would feel able to do so if I needed to. I know I can always ring the office if I have any concerns." A third person reported, "I've never need to (complain). There's just nothing bad about them." A relative told us they had not needed to raise a complaint but they were confident they could call the office when they needed to.

We read several compliments received by the agency. These included, 'I am very happy with all of it', 'keep on doing the good work', 'there has been improvements' and, 'I am very happy with everything'.

Is the service well-led?

Our findings

People and their relatives felt the agency was easily accessible, well managed and strove for improvement. One person said, "They are always very helpful and seem to know what they are doing." Another person said, "I'd recommend them to anyone." A third person said, "They already seem better than the previous agency I was using." A fourth person told us, "I have to say that overall they have got a lot better recently." Further comments included, "You can always get hold of them easily. They are a very nice team and I am very happy with them."

At our inspection in June 2017 we found that improvements had been made by the registered provider to carry out quality assurance checks. We stated at that time we would check that these improvements had been sustained at this inspection. We found that they had.

It was evident to us that the manager was committed to improving the service. They told us they had worked very hard to make changes to the agency and to address the concerns identified at our previous inspections. This was clear from the feedback we received and the documentation and quality assurance processes that were now in place. A staff member told us, "[Manager] knew what it was like for us before. Nothing was done before. You can just come into the office and she takes a genuine interest." We discussed a couple of areas with the manager during our inspection and they took immediate and responsive action to address these. For example, we asked how they could assure themselves that staff always turned up for a care call. This was particularly important for people who may be living with dementia and living on their own. Before the end of our inspection the manager had introduced a system whereby staff attending to people in this situation would text into the office to confirm they had arrived at the person's home.

Staff were involved in the running of the service and felt supported by the manager. Staff met in the form of staff meetings. We noted staff meetings were used to discuss all aspects of the agency. A staff member told us that meetings were a good way to raise any concerns they had about people or calls. One staff member told us, "We have a good team and communication is really good." Another told us they had seen improvements since the manager had taken over the agency. They said, "You can talk to her and she gets on with it." They told us there was a good culture within the staff team stating, "We work well as staff. We are a good team and everyone gets on with everyone." They added, "We get a thank you for our hard work. It's nice to know we are appreciated." Another staff member told us, "I feel supported and able to speak to the office. I probably do feel valued and I get thanked. I love my job. I love the diversity."

The manager recognised and promoted staff's good work. There was a board in the office on which the manager displayed compliments and feedback received. This included compliments from staff about other staff members. Staff told us they liked to read these. We read comments including, 'all staff are cheerful and helpful', 'impressed with the care', 'knew the routine and was very pleasant' and 'excellent care'. The manager also told us that staff had supported them in making the recent improvements to the service and that staff were, "All amazing."

We spoke with the manager and the provider's operations director about future plans to continue to

improve the agency. We were told that a 'real time' system was to be installed in 2018 which would allow them better management oversight of the agency and easy access to information. This would allow them to check that staff had arrived on time and stayed the correct allocated time. In addition, staff would have immediate access to information about people and any changes to a person's care needs.

People were encouraged to give their feedback about the service and where changes were requested these were listened to. One person told us, "People from the office call and ask if I'm happy about this. But I am, honestly I can't fault them at all." Another person said, "I think someone from the office rang to check everything was okay and it was." A third person told us, "They have changed my carers and rotas in accordance with my wishes." A relative said they got asked for feedback and had regular contact from the office.

Where comments were received during telephone surveys with people we found that the manager had responded to or addressed these. For example, some people had commented that their rota had not arrived on time. We noted the manager had confirmed to people that rotas were sent out first class on the previous Thursday and as such they had spoken with the local sorting office to try and identify if there was a problem at that end. They had sent a letter to everyone using the service to this effect. Other people had reported that they were not always informed of staff running late. We read a memo which had been sent out to all staff reminding them of the importance of telephoning the office if they were running late.

People's experience of care was monitored through regular spot checks. Spot checks included monitoring how a staff member interacted with a person and carried out their role. They covered areas such as whether a staff member was wearing their uniform, being respectful to a person and was responsive to the person's needs. We noted in respect of one care staff, their supervisor had recorded, '[name] in pain, extra care taken'. A staff member told us, "I do spot checks every six months. I will look at manual handling and medicines and I talk to staff as I go along." The manager told us that they also rostered themselves on duty from time to time so they could be out in the field checking everything was running smoothly.

Daily notes were held for people. These were reviewed by the manager as they were returned to the office each month. We noted daily notes were completed by the carer visiting on the day. They documented what tasks they had undertaken, what people had eaten or drunk and how people were. A relative told us they found the daily notes useful as there had been times when their family member had forgotten what care they had received, but they were able to read this in the notes.

Quality assurance systems were in place to monitor the quality and running of service being delivered. Records were maintained at the office and these underwent routine auditing. These included records of supervisions and other contact with people, MARs, training needs and daily notes. MAR charts were sent in to the office on a monthly basis and reviewed for errors or gaps by the manager. The manager told us that in order to be more robust in relation to these records they were reviewing each individual MAR until further notice and until such time they were confident that staff were completing these properly. Timesheets were sent in each month by staff and these were reviewed by the manager.

There was a clear management structure in place and senior staff worked closely with external agencies to help ensure a good level of care for people. We heard the manager on the telephone during our inspection arranging care for a person who was being discharged from hospital. The manager also gave us examples whereby they had contacted the local authority to increase, reduce or vary call times in order to meet people's needs. As such the agency had been invited to take on calls in a new area of the county. They told us however that they wished to ensure they had sufficient trained and experienced staff and that systems and processes were running smoothly before they considered expansion.

People's records were held securely and confidentially. We saw care plans were neat and organised and stored in a way that protected people's personal information. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The manager was aware of which events they should inform us of. The manager was in the process of applying to register with CQC and as such take on the responsibilities of a registered manager.