Catto International Limited

Catto Homecare

Inspection report

75 Lynwood Drive
Mytchett
Camberley
Surrey
GU16 6BU

Tel: 01276500522
Website: www.cattohomecare.co.uk

Date of inspection visit:
31 May 2016

Date of publication:
20 June 2016

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?	Requires Improvement

Summary of findings

Overall summary

The inspection was announced and took place on 31 May 2016.

Catto Homecare is a small domiciliary care agency that provides personal care to people in their own homes in Camberley and the surrounding areas. People who receive a service include those living physical frailty or memory loss due to the progression of age. At the time of this inspection the agency was providing a service to 14 people. The frequency of visits ranged from one visit every fortnight to full time live in care depending on people's individual needs.

During our inspection the registered manager was present. 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.

Everyone that we spoke with, without exception, expressed satisfaction with the service they or their family member received. They said that care workers arrived on time and would stay longer than the allocated time if required to ensure their needs were met. People spoke very highly of the registered manager and care workers.

The safety of people who used the service was taken seriously and the registered manager and staff were well aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.

Procedures were in place to ensure people's rights were upheld if they lacked the capacity to consent but at times these were not followed in full. Some people's relatives had consented to care being provided by the agency without the agency having obtained evidence they had the legal right and authority to do this. We have made a recommendation about this in the main body of our report.

People were happy with the support they received to manage their medicines. We did note that the agency was not following its medicine policies and procedures in full. We have made a recommendation about this in the main body of our report.

The registered manager ensured that staff had a full understanding of people's care needs and had the skills and knowledge to meet them. People received consistent support from care workers who knew them well. People felt safe and secure when receiving care. Recruitment procedures ensured care was provided by staff who were safe to support people in their own homes.

Staff were very highly motivated and proud of the service. They said that they were fully supported by the registered manager and a programme of training and supervision that enabled them to provide a high quality service to people.

People had positive relationships with their care workers and were confident in the service. There was a strong emphasis on key principles of care such as compassion, respect and dignity. People who used the service felt they were treated with kindness and said their privacy and dignity was always respected.

People received a service that was based on their personal needs and wishes. People were happy with the support they received to eat and drink. Changes in people's needs were quickly identified and their care package amended to meet their changing needs. The service was flexible and responded positively to people's requests.

People who used the service felt able to make requests and express their opinions and views. A formal complaints process was in place that people were aware of.

The registered manager was committed to continuous improvement and feedback from people, whether positive or negative, and this was used as an opportunity for improvement. At the time of our inspection formal quality assurance systems were not being used to monitor the quality of service provided by the agency. We have made a recommendation about this in the main body of our report.

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 harm. People had confidence in the service and felt safe and secure when receiving support. Risks to the health, safety or wellbeing of people who used the service were addressed in a positive and proportionate way.

Care workers were deployed in sufficient numbers who had the knowledge, skills and time to care for people in a safe and consistent manner. There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

People's medicines were managed safely. The agency did not always follow its own procedures and this is an area for development.

Is the service effective?

Good

The service was effective.

People confirmed that they had consented to the care they received. The agency did not always obtain proof of legal authority for family members to consent on behalf of their relative and this is an area for development.

Care workers were provided with training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported with their health and dietary needs.

Is the service caring?

Good

The service was caring.

People who used the service valued the relationships they had with care workers and expressed great satisfaction with the care they received. People were pleased with the consistency of their care workers and felt that their care was provided in the way they wanted it to be.

People were treated with dignity and respect and were encouraged to be as independent as possible.

People were supported to express their views and to be involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their individual needs and preferences. People felt the service was flexible and based on their personal wishes and preferences.

Changes in people's needs were recognised and appropriate; prompt action taken, including the involvement of external professionals where necessary.

The agency viewed concerns and complaints as part of driving improvement. People felt that when they raised issues these were dealt with in an open, transparent and honest way.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Formal processes were not being used to monitor and audit the service and this is an area for development. Despite this, people who received a service, their relatives and healthcare professionals said that the agency was well-led and provided a good service.

The registered manager promoted strong values and a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the agency.

Catto Homecare

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 checked 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 31 May and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to ensure that someone would be available. The inspection team consisted of one inspector who had experience of caring for older people and domiciliary care services.

Before the inspection, we checked information that we held about the agency and the service provider. This included previous inspection reports. We used this information to decide which areas to focus on during our inspection. We did not ask 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.

During the inspection we spoke with five people who received care and support from Catto Homecare by telephone and four relatives. We also spoke with five care workers by telephone and contacted five external health and social care professionals to obtain their views of the agency.

Whilst at the agency office we spoke with the registered manager and a care co-ordinator and reviewed a range of records. These included care records for five people and other records relating to the management of the domiciliary care agency. These included five staff training, support and employment records, minutes of meetings with staff, policies and procedures and

We last carried out an inspection of Catto Homecare on 23 January 2014 and found no concerns.

Good

Is the service safe?

Our findings

People said that they felt safe in the hands of Catto Homecare and the care workers who supported them. One person told us, "Yes I feel safe. They wear ID so I recognise them."

A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Care workers that we spoke with confirmed they had received training and were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One care worker said, "In the first instance I would contact the office and log everything. I would speak to X (registered manager) and if I felt the company was not dealing with things appropriately I would contact social services."

Care workers also were aware of the agency's whistleblowing procedure and how this offered further protection to people. The registered manager understood her responsibilities in relation to safeguarding people from harm. They informed us that any concerns regarding the safety of a person would be discussed with the local authority Safeguarding Adults board and referrals made when necessary.

People were happy with the support they received with their medicines. One person told us, "X (registered manager) helped sort my meds out. The carers help me take them as I need to take them on a regular basis." A social care professional wrote and informed us, 'I have had contact with Catto Homecare through a mutual client who had issues with their medication. The person has memory problems, does not have a formal diagnosis and prior to Catto's involvement the issues with them not taking or over taking their prescribed medication had not been highlighted. Catto alerted both social care and the GP about this situation and have resolved the problem. The care agency talked to the chemist so that the person did not run out of their medication when a whole tray was found to be missing. Catto spent a lot of time sorting out this issue and ensuring this persons safety.'

Care workers were able to describe how they safely supported people with their medicines. One care worker explained, "We have drugs charts that give full descriptions of items. When we administer we do this into pots and witness them being taken and then record this. We have codes for certain things that we record such as if a relative has already administered tablets. Records and discussions with care workers evidenced that care workers had been trained in the administration of medicines and their competency assessed.

There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. These were not being followed in full in all instances. For example, people's assessments did not always include their levels of capacity and whether they were able to administer their medicines independently or needed support. We did not find any evidence that this had impacted on the support that people received with their medicines. However, there was a potential risk that care workers might undertake a task that a person was able to do for themselves.

It is recommended that the registered provider reviews medicines processes and follows their own medicine procedures in full.

Incidents were managed and actions taken to ensure people were free from the risk of harm. Care workers that we spoke with were able to explain the procedures that should be followed in the event of an emergency or if a person was to have an accident. One care worker said, "Yesterday I had to deal with an emergency. I calmly reassured the client and their son. I notified the on call and they contacted the district nurse. I elevated the person leg. It's amazing how your first aid training comes back to you. I completed a record and did a follow up call to the office to update before I left."

Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. These included environmental risks and any risks due to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring to the person. We did note that for two people assessments had not been completed in full. However, we found no evidence that this had placed them at risk or that their needs had not been met.

The relative of one person told us how the support provided by the agency had changed due to the registered manager assessing risks to their family member. They explained, "One day they found mum on the floor so they called the ambulance. X (registered manager) came and made suggestions such as having the bed moved downstairs as mum was not safe using the stairs so we did that and there have been no more accidents." A second relative told us about the support their family member received to mobilise. They explained, "Two carers always provided as they have to use the hoist. When X (family member) first started to receive care a couple of staff totally messed up. X (registered manager) went straight out and purchased the same hoist as what we have and wouldn't let them hoist again until they had further training using the hoist 20 times. She was straight on it."

Emergency contingency plans were in place to ensure people continued to receive a service in the event of staff shortages, equipment failure and other events. People told us that information was provided when they first received a service that included emergency contact details. One person told us, "Contact numbers are in my folder. Also information about rules regarding gifts, money and presents."

People said that care workers arrived on time and if they were delayed for a significant amount of time, they were contacted to inform them of the reason. One person said, "I find them to be very good. They almost always turn up on time." A second person told us, "They are very reliable. I get given a schedule of when they are coming and they always do. Occasionally they maybe late because of traffic but this is understandable." People said that they knew the care workers well and received a service from a group of known workers. They also said that if their care workers felt that it was necessary to stay for longer than their allotted time, then they did so to ensure that people were safe and all tasks completed to their satisfaction.

There were sufficient numbers of care workers available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. These could be adjusted according to the needs of people using the service and we saw that the number of care workers supporting a person was increased if required. The agency used an electronic software system for planning care workers rotas. Travel time was planned between visits. Care workers that we spoke with said that travel time helped ensure that people received all of the allocated visit time they were entitled to.

Everyone apart from one person that we spoke with said that they had never had missed visits and that on the rare occasion when a care worker had been more than five or ten minutes late someone had telephoned them beforehand to keep them informed. One relative told us, "They accidently missed one call a while ago. I rang X (registered manager) and she apologised profusely and came immediately. It has never happened again." A second relative said, "We have never had a missed call. Occasionally late if held up at previous visit,

for example if they have to wait for an ambulance but they always apologise."

Recruitment checks were completed to ensure care workers were safe to support people. These included checks having been undertaken with the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Other checks completed by the agency included proof of the person's identity, references, proof of identification and a recent photograph. Records were also in place that confirmed care workers vehicles were safe to use when traveling to visit people in their own homes. We did note that the agency application form did not ask for a full employment history. As a result of feedback the registered manager included this as an action point on the agency development plan.

Good

Is the service effective?

Our findings

Everyone that we spoke with said that care workers appeared well trained and were competent in their work. One person told us, "I get the impression that all the carers are experienced."

People were supported by care workers who had the knowledge and skills required to meet their needs. All new care workers completed an induction programme at the start of their employment. Care workers confirmed that they had completed an induction that helped equip them with the knowledge required to support people in their own homes. One care worker told us, "Before starting work with the clients I had training and read care plans and procedures. Then I was taken to visit and introduced to each client before going in on my own. This helped my confidence." A second care worker told us, "I was introduced to every client with X (registered manager) and observed the care she provided. The next visit she came and supported me when I provided the care. It was a really thorough induction. We had video and on line training."

A training programme was in place that included courses that were relevant to the needs of people who received a service from the agency. Care workers had received training in areas that included dementia care, death and dying, challenging behaviours, skin integrity and nutrition. In addition staff had either completed a National Vocational Qualification or were completing training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs. One care worker said, "Training is provided and if I ask for more it happens. As well, if you come across a situation you are not sure about you can contact the office and they give advice." A second care worker told us, "We have in-depth dementia one to one training provided by X (registered manager). She is really knowledgeable and has a degree in dementia."

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one sessions and group staff meetings. Supervision did not include formal spot checks of care workers when supporting people in their own homes. The registered manager had recognised this was an area for development and had made arrangements for this to be introduced. All staff that we spoke with said that they were fully supported by the manager.

People were happy with the support they received to eat and drink. One relative told us, "They ensure X (family member) has a cup of tea and breakfast. They often leave a plate of little nibbles to encourage her to eat." A second relative told us, "They sit with mum. She needs prompting now. She likes to have people eat with her so they bring their own lunch which is lovely and have a cup of tea with her."

People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people's individual circumstances. Some people lived with family members who prepared meals. Care workers reheated and ensured meals were accessible to people who received a service from the agency. Other people required greater support which included care workers preparing and serving cooked meals, snacks and drinks. Care workers confirmed that before they left their visit they ensured people were comfortable and had access to food and drink.

Care workers were available to support people to access healthcare appointments if needed. They also liaised with health and social care professionals involved in their care if their health or support needs changed. One relative told us, "X (registered manager) arranged a chiropodist for mum." Information was included in people's care plans of healthcare professionals involved in their lives. This included details of their GP and district nurses. Care workers confirmed that they and the registered manager liaised with the relevant healthcare professionals where necessary to ensure people received a consistent service. One healthcare professional wrote and informed us, 'Absolute delight to work with this agency. The manager is very thorough with her assessments and will always call me if she needs further advice on a patient that I am dealing with. Whenever I have rang I have been able to talk to X (registered manager) to discuss the patient. She immediately responds and actions any of my concern's. In my experience they take their time with each patient to ensure the care needs are met.'

People confirmed that they had consented to the care they received. They told us that care workers checked with them that they were happy with support being provided on a regular basis.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the agency was working within the principles of the MCA. Staff received Mental Capacity Act training and were able to explain what consent to care meant in practice. One care worker said, "If I go into a client, some say no and that they don't want my support. I explain why my help could benefit them and the risks if they don't have it. If they still decline I log this. I can't breach their human rights. Clients have to agree and consent." A second care worker said, "You must never presume someone hasn't got the capacity to make decisions."

People's records included consent to care workers administering their medicines. People's ability to consent was considered at the initial assessment stage of their care package. We did note that this had not been completed for two people despite records indicating they may not have the capacity to consent to receiving care due to living with dementia. We also noted that some people's relatives had signed records on their behalf without the agency having obtained evidence that they had the legal right and authority to do this. Although we found no evidence of impact on people this is an area we have identified a need for improvement. The registered manager acknowledged this was an area for development.

It is recommended that the registered provider reviews records and practices to ensure consent is gained in line with the Mental Capacity Act.

Good

Is the service caring?

Our findings

Everyone that we spoke with, without exception told us they were treated with kindness and respect by the care workers who supported them. One person told us, "They are very careful about dignity and those sort of things. They are very respectful. "One relative told us, "They are extremely friendly and caring. They are very kind. Everyone treats with respect and kindness." A healthcare professional wrote and informed us, 'This agency has a very caring attitude to their patients and will go the extra mile to ensure the patient is cared for in the way the patient wants!'

Positive, caring relationships had been developed with people. One relative told us, "They (care workers) are very friendly and warm towards X (family member). She tells me she likes them." A second relative told us, "They are always nice and friendly." Care workers understood the importance of building relationships with people who received a service. One care worker told us, "The minimum visit time is 45 minutes. I do think this is really good as I feel it allows us time to sit and talk and build relationships based on trust. Some people are very lonely and want and need us to spend time talking to them. Also if they have issues they have the time to talk about these and to feel comfortable to raise." A second care worker said, "Always treat clients I would want to be treated or how I would want my parents to be treated."

A healthcare professional wrote and told us of an example when they had witnessed the registered manager treating a person with kindness. They stated, 'During my home visit X (registered manager) interacted with care and compassion whilst helping me with the patient. She ensured the patient felt at ease and was kind and considerate when helping the patient to get into bed for my examination. We asked the patient whether she would like X (registered manager) to be present during the examination or whether she would like her to leave and the patient opted for X (registered manager) to be present as she obviously felt comfortable with her there by her side.'

The registered manager was motivated and clearly passionate about making a difference to people's lives. She told us how she would not provide 15 minute visits as this would not allow care workers to provide a good quality service, including having enough time to talk to people. The minimum visit time offered to people was 45 minutes to facilitate this. This enthusiasm was also shared with care workers we spoke with.

Care workers were respectful of people's privacy and maintained their dignity. They told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. With regard to personal care, one care worker explained, "If doing personal care make sure doors and curtains are closed from family members who are in the house unless the client wants them to remain open. I always cover bottom half of clients bodies when doing the top half so they keep their dignity and are not exposed." A second care worker said, "It is important to maintain people's dignity. I try and put myself in their shoes and think how I would feel. It's important to explain what you are going to do before doing any personal care."

People said that care workers helped them to maintain their independence. Dignity and independence were reinforced as two of the main values of the agency within its brochure. Care workers received guidance

during their induction in relation to dignity and respect. Information about the values of the agency which included respect was displayed in the training room of the agency for care workers to refer to if needed.

Care workers understood the importance of promoting independence and this was reinforced in people's care plans. One care worker explained, "When cooking I ask if they want to help and involve in choices, show options. Encourage clients to do what they are able to even if it's just putting a sock on."

People were supported to express their views and to be involved in making decisions about their care and support. One relative told us, "Recently a new care plan has been put in place. I'm happy with the way things are going. If changes are needed we talk and alter the package."

Care workers were able to explain how they supported people to express their views and to make decisions about their day to day care. One care worker said, "We always give choices such as meals, clothing's and shopping. Some people can tell you what they want or don't want verbally. Others can if you show them items. We must never take away their choices."

The registered manager held a post graduate certificate in dementia care and had provided training to care workers about person centred dementia care. The registered manager had also developed care plans that looked at the person as a whole. These included information about the person before they were living with dementia, their journey through life and their wishes and aspirations for the future. They also included information about the person's cultural identity, beliefs and how care workers were to support people with these.

Good

Is the service responsive?

Our findings

People's care and support was always planned in partnership with them. Everyone that we spoke with said that when their care was being planned at the start of the service the registered manager spent time with them finding out about their preferences, what care they wanted/needed and how they wanted this care to be delivered. The relationship between the agency and each person was interactive. The agency operated on an 'open door' policy which encouraged people to contact them to discuss any changes to their care or support needs. One relative told us, "With X (registered manager) I can say help, what should I do? She has the experience to help me. Staff leave me notes and I can ask them to do other things and they do them." A second relative told us, "They are good at sharing information."

People received personalised care that was responsive to their individual needs and preferences. People told us that the agency was responsive in changing the times of their visits and the support provided. One person told us, "They have liaised with my GP about symptoms and conditions and occasionally X (registered manager) has got the GP out." One relative told us, "When X (family member) was in hospital, X (registered manager) got in touch with us on a regular basis to know how they were progressing and to plan for when they were coming home and any changes in needs." A second relative told us, "The carers are great; they work really well, flexible. Mostly I deal with X (registered manager. She is very responsive if I need to change visit times." A third relative told us, "They are excellent at noticing changes."

A healthcare professional wrote and informed us of the support one person had received from the agency to meet changes in their needs. They stated, 'I have been exceptionally impressed during multiple interactions with X (registered manager) and the home care service they offer. Following my investigation I suggested a management plan including x-rays and blood tests with a follow up plan. This plan was followed out precisely without any prompting and a review appointment was booked. When the patient's condition deteriorated the review appointment was brought forward by the carers and they were responsive to this change.'

Care workers were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service. Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. These were reviewed on a regular basis in accordance to people's changing needs. For example, one person's visits had recently increased in order that they received additional support due to a decline in their health. Their medicines had also been reviewed and additional support was provided.

Care workers confirmed they were kept fully informed about the changes in visits and the support people required. They said that they received telephone calls, text messages and emails from the registered manager and care plans were updated which they were required to read.

People were encouraged to give their views and raise concerns or complaints. People using the service and their relatives told us they were aware of the formal complaint procedure and that they were confident that

the registered manager would address concerns if they had any. One person told us, "If I was unhappy with anything I would contact X (registered manager). I am confident she would sort." A second person told us, "I could easily raise concerns with X (registered manager) or any of the girls but I am happy with the service."

The agency viewed concerns and complaints as part of driving improvement. We saw that the agency's complaints process was included in information given to people when they started receiving care. The agency had not received any formal complaints in the twelve months prior to our inspection. The registered manager said that she felt this was due to the good communication systems in place that ensured people felt comfortable to raise issues before they escalated into complaints. People that we spoke with confirmed this and that issues were resolved quickly without the need to raise formal complaints. A relative told us, "I know if something upsets me I advise them and its complied with." A second relative told us, "I have the managers mobile number so if can't get her at the office I can call that. One thing I like it's a small company and local. Its makes it better if you have a concern. You tell X (registered manager) and she sends a text to all the girls so things get sorted quickly and efficiently."

Requires Improvement

Is the service well-led?

Our findings

Without exception, people using the service and their relatives said that the agency was well-led and provided a good service. One person told us, "I am very happy with the service. I would recommend them." One relative said, "When she (registered manager) first came to meet us I thought she was very sweet and nice. She's very on the ball, stands in and covers visits if needed and cares. She is very thorough. I am really impressed with her. She runs the agency very well." A health care professional wrote and informed us, 'During my dealings I have seen good leadership from X (registered manager) and clear communication between the care staff, the family, the patient and X (registered manager) herself.'

There was a positive culture at the agency that was open, inclusive and empowering. Care workers all spoke highly of the registered manager and the company. One care worker said, "X (registered manager) is absolutely lovely. I couldn't ask for a better manager. She just brilliant in her job, so approachable. Her approach to clients and her way with staff, she leads by example. She wouldn't put you in a situation she wouldn't be prepared to put herself in." A second care worker said, "I really think Catto is the best domiciliary care agency I've worked for." Care workers told us that they received vouchers at Christmas time as a thank you in recognition of the work they had undertaken.

Care workers were motivated and told us that they felt fully supported by the registered manager and that they received regular support and advice via phone calls, text messages, emails and face to face meetings. They said that the registered manager was approachable and kept them informed of any changes to the service and that communication was very good. One care worker said, "We have team meetings every so often which is good as we get things off our chest and get to discuss thoughts and ideas." A second care worker said, "We get weekly updates and we can always give feedback. Also if we have a problem the managers door is always open." A third care worker said, "They are so on the ball. If you report anything or want more information they get back to you straight away."

Despite everyone expressing satisfaction with the service we found that there were no formal processes being used to monitor and audit the service or for obtaining the views of people. A quality assurance policy and procedure was in place that detailed the audits and actions that should be taken to measure service provision. This was not being followed at the time of our inspection. However, there was no evidence that this had impacted on the quality and service that people received.

The registered manager had recognised that this was an area that required improvement and had started to take steps to address this. A care co-ordinator had recently been employed who was going help implement formal monitoring systems. The registered manager also informed us that plans were being put in place for formal spot checks of care workers to be undertaken where their practice would be assessed in people's homes. We were supplied with documentary evidence after our inspection that spot checks had been completed for two care workers in June 2016 and that a development plan for the agency had been implemented. The development plan included timescales for actions in areas that included sending questionnaires to people who received a service, improving records and staff development.

It is recommended that the registered provider ensures formal quality monitoring systems are used to continue to drive improvements at the agency.

Catto Homecare had clear vision and values that were person-centred and that ensured people were at the heart of the service. They were developed by the registered manager when she set up the agency. These were owned by people and staff and underpinned practice. They included ensuring people were the main focus and central to the processes of care planning, assessment and delivery of care. The aims and objectives were included in the agency brochure which was given to people when they first started to receive a service. This was confirmed one person who informed us, "My folder has a comprehensive leaflet that includes the values of the agency."