Hartwig Care Limited

Hartwig Care Ltd - 5 Ella Mews

Inspection report

5 Ella Mews
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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

During the previous inspection in September 2017, we identified a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It was related to the safe management of medicines. At this inspection we found that this had been addressed and the requirements of the Regulation had been met. The agency had introduced new medicines management systems to ensure medicines were managed and administered safely. Staff had received additional medicines training and their competencies to administer medicines safely had been checked. The management team had carried out regular medicines audits to ensure new medicines management procedures had been followed.

Risks to people's health and wellbeing had been assessed and reflected in peoples' care files. We found that some risk assessment documentation would benefit from more detailed information on risk management strategies for identified risks. We saw that the agency had already identified this and action had been taken to improve the quality and detail of information about risks to people.

There were other arrangements in place to help to provide safe care. Safeguarding procedures were established and staff knew what to do if they thought somebody was at risk from others. Recruitment procedures were appropriate and people were protected from unsuitable staff. There were procedures in in place for recording, monitoring and reducing of accidents and incidents. Infection control measures were used by staff when supporting people. There were sufficient staffing deployed to support people and to ensure scheduled calls took place as planned.

People were supported by staff who were trained in a range of mandatory and specialist subjects. The training was regularly updated. New staff had undergone an induction to the agency and their care role. They also received a series of four support meetings with a care worker liaison officer to ensure they were comfortable and competent to support people.

Staff told us they had received regular supervision and appraisal of their skills. They felt supported by their managers who were accessible when staff needed them. We found that the monitoring and recording systems around staff supervision and the spot checks of staff's direct work with people could be improved to reflect all formal support provided. During our visit the senior management commenced making improvements to these records.

People's needs and preferences had been assessed and the information gathered had been then used to formulate individual care plans. People were involved in the planning and reviewing of their care. Staff were provided with sufficient information on how to meet people's needs. Some care plans would benefit from more detailed information on people's background and how exactly they would like to receive support. We found that the agency had already commenced improvement work on person centred care planning. This included the provision of additional training for staff in person centred care and introduction of a new online care planning system, which helped reflect people's changing needs as the changes happened.

People were supported to lead a healthy life and have access to health professionals. Staff helped people have enough food and drink and have a balanced diet that met people's personal preferences and dietary requirements. Staff supported people to have access to appropriate health services for health checks, when their needs changed or if people's health suddenly deteriorated.

The agency had worked within the principles of the Mental Capacity Act 2005. People were asked for their consent before receiving support and they were encouraged to make decisions about their everyday care. Where people did not have capacity to make a decision, the agency had liaised with their legally appointed representatives and respective external professionals to ensure care was provided in people's best interest.

People said staff who supported them were kind and caring. Staff we spoke with understood their role in ensuring people received dignified care and that people's unique characteristics, for example cultural and religious needs, were recognised and valued. Staff respected people's dignity and privacy when providing care.

There was an effective system in place to deal with people's complaints and we saw complaints had been dealt with promptly and action had been taken to address issues.

Staff spoke positively about their managers. There was a clear management structure in place. Individual job roles had been clearly defined across the agency therefore staff knew what they were responsible and accountable for.

The senior management team was proactive in addressing issues and carrying out ongoing development of the service provision. Monitoring systems were effective in identifying shortfalls in the service delivery. Where shortfalls were identified by the inspection team, the management team was responsive to the feedback received and introduced improvements as a result of it. There was a clear vision for development of the service. New systems, tools and technologies were being introduced to improve the care provided and its monitoring.

People, staff and external health professionals had been encouraged to give feedback about the service provided by the agency. This was done through a range of feedback mechanisms, such us, care reviews, surveys, staff team meetings and forums, the complaints system and through ongoing partnership work with respective external services.

More information is in the full report

Rating at last inspection: Requires Improvement (22 December 2017)

About the service: Hartwig Care Limited is a domiciliary care agency that provides personal care to people in their own homes. The people who used the service had a variety of care needs and included elderly and frail people, as well as those with learning disabilities. At the time of the inspection, the agency provided around 11000 hours of care a week to approximately 470 people across three London boroughs.

Why we inspected: It was a scheduled inspection based on previous rating.

Follow up: We will continue to monitor the service and we will revisit it in the future to check if they continue to provide good quality of care to people who use it.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	Good
Is the service effective? The service was effective Details are in our Effective findings below.	Good
Is the service caring? The service was caring Details are in our Caring findings below.	Good
Is the service responsive? The service was responsive Details are in our Responsive findings below.	Good
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	Good

Hartwig Care Ltd - 5 Ella Mews

Detailed findings

Background to this inspection

The 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.

Inspection team: This inspection was carried out by three Adult Social Care inspectors, one pharmacy inspector and six Experts by Experience (ExE's). An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Hartwig Care Ltd - 5 Ella Mews is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

There were two registered managers in place at the time of the inspection. 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.

Notice of inspection: This inspection was announced. We gave the service over 48 hours' notice of the inspection because the location provides a domiciliary care service and we wanted to make sure someone was available to talk to us.

What we did when preparing for and carrying out this inspection:
Before the inspection, we 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. We reviewed the completed PIR and previous inspection reports before

the inspection. We reviewed other information we had about the provider, including notifications of any safeguarding concerns or other incidents affecting the safety and wellbeing of people.

Prior to our visit our ExE's carried out telephone interviews with 48 people who used the service and 13 relatives who gave us their feedback on the service provided by the agency.

What we did during the inspection: Inspection site visit activity started on 18 December and ended on 20 December 2018. It included speaking to both registered managers, the operations director, the recruitment manager, three care managers and one calls monitoring officer. During the inspection we reviewed 32 people's care records, which included care plans, risk assessments and Medicines Administration Records (MARs). We also looked at 36 staff files, complaints and quality monitoring and audit information.

Prior and during our visit, we emailed and telephoned care staff employed by the agency. We received feedback from 31 of them.

What we did after the inspection:
Following our visit, we contacted a number of health and social care professionals who worked regularly with the agency. We received feedback from two of them.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely
• At the previous inspection in September 2017, we found the agency had not always managed medicines safely and effectively. At this inspection we found the provider had taken appropriate action to make necessary improvements.
• At this inspection, we found that management of people's medicines and any risks associated with this had been discussed with people before they started receiving the service. The results of this assessment were clearly recorded and acted on. This included information such as allergies and up to date medicines lists to ensure care staff knew what medicines people had been prescribed.
• We looked at medicine administration records (MAR) and we saw these were completed correctly. When people were prescribed medicines on a when required basis (PRN) there was guidance in place to advise staff when and how to give these medicines and this was kept with the MARs. When people received medicines that required additional monitoring and frequent changes in doses, this was managed by one senior member of staff to reduce the possibility of an error. We saw there were policies and procedures in place for the senior member of staff to ensure information related to medicines was transferred correctly across care plans and MARs.
• There was a process in place to report and investigate medicine errors. These were recorded and followed up appropriately with staff to ensure errors were not repeated. Additional medicines training was given to staff to prevent future errors.
• Staff records showed they had all received annual medicines training and competency assessment.
• There was a medicines policy in place and medicines systems were regularly audited for service improvement. We found that not all senior staff were up to date with their auditing of medicines. We discussed this with the senior management team who assured us this would be addressed.

Supporting people to stay safe from harm and abuse
• People using the service told us, "I have one carer and I always feel absolutely safe with her. She is now a part of the family, everyone accepts her", "The weekend carers are variable, I feel safe with different carers, I never feel unsafe". One person said they did not always feel safe with all staff, they explained this was related to the level of staff training around aspects of care and not to staff inappropriate conduct towards them.
• There were effective safeguarding systems in place and all staff spoken with had a good understanding of how to protect people from harm or abuse. A staff member told us, "If abuse is suspected then the carer has a duty of care to notify the manager on duty or the manager who is looking after the client so that appropriate action can be taken to safeguard the client and remove them from any potential harm."
• Staff had received safeguarding training and the agency had worked alongside respective local authorities and other professionals to ensure any raised safeguarding concerns had been investigated and responded to.

Assessing risk, safety monitoring and management
• Risks to health and wellbeing of people had been assessed and the information had been recorded in people's files. Staff we spoke with had a good understanding around risks to people they supported. We found that some risk assessment documents could benefit from more information on risk management strategies to ensure staff knew how to minimise these risks. We saw that this issue had already been identified by the agency's senior management team and action had been taken to address it. This included regular auditing of risk assessments documentation as well as additional training on specific subject matters to increase staff knowledge and improve the quality of written risk assessments.
• There were effective systems to record and report any accident and incidents. Following receipt of staff written reports, accidents and incidents had been analysed by a member of the management team. We saw that action had been taken to ensure people and staff were safe, and to minimise the risk of such accidents and incidents reoccurring.

Learning lessons when things go wrong
• We saw that lessons learnt from safeguarding cases and accidents and incidents had been recorded. Staff had been informed about them though one to one meetings, staff newsletter, team meetings and staff forums.

Recruitment and Staffing levels
• The service had safe recruitment procedures in place. We reviewed files for 10 staff who had been employed by the agency since our last inspection in September 2017. We saw that all recruitment checks had been carried out as required, including appropriate criminal records checks and employment history. We saw that the agency's recruitment officer had checked and verified references received for all new staff.
• There were sufficient staff deployed to support people. The majority of people we spoke with told us that they were supported by the same staff who were mostly on time, and they were informed if staff were running late. They said, "I have regular carers, so there is consistency of care, which is wonderful" and "They come 5 days a week for 1 hour, they are normally on time depending on the traffic and they will let me know if they are late." A small number of people stated that carers were at times late and they were not always informed about this by the agency. We spoke about this with the agency's operations director. They informed us the agency had been preparing for introduction of a new online calls scheduling system. The system would help to further improve calls scheduling so when possible, the same staff would visit people and they would have enough time to travel between visits.
• Reports from the agency's online monitoring system showed that most of the calls took place as planned. We found there was a system in place to ensure there were no missed calls and everyone had received expected support. We saw that between August and November 2018 there were on average 11 low risk missed calls a month because the agency did not manage to secure a replacement staff at the short notice. This constituted less than 1% of all care delivered by the agency each month.
• Some people using the service and their families raised concerns around communication about staff lateness and changes to staff. We saw that this had been recognised by the agency's senior managers. They told us that they planned to start work in early 2019, to look at work to improve the communication system around changes to calls allocation and staff punctuality.
• Staff told us they received their rotas in good time, they had enough time to travel between calls and they had enough time to conduct their care tasks as scheduled.

Preventing and controlling infection
• Staff had received infection control and hand hygiene training to ensure they followed appropriate infection control measures when supporting people. We saw, and staff confirmed, PPE (Personal Protective Equipment), such as disposable gloves and aprons were available for staff to use.
• People confirmed staff at the agency followed appropriate infection practice. They said, "Staff wear gloves

and an apron and wash hands before too" and "When they put cream on me after bathing they wear gloves and do this."

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience
• People told us, "It would be very unusual for them [staff] to not know what they are doing. They properly train them" and "They are definitely well trained they know what they are doing. They know how to use the hoist. They wear plastic aprons, and gloves. They make breakfast they are OK at that." A family member told us, "Staff are very well trained to deal with all my relative's needs, for example, the hoist, wheelchair, bed, peg feed tube, changing incontinent pads etc."
• New staff had received induction before they started supporting people. This included mandatory training and shadowing by a more experienced colleague. New staff also received a series of four supportive meetings and telephone conversations with a training support officer to ensure they were comfortable and competent to support people. All staff we spoke with confirmed they had received an induction and they said that it was helpful.
• Staff had received yearly mandatory refresher training. This included a mixture of a classroom and online courses around manual handling, safeguarding people, managing challenging behaviour, health and safety, medicines awareness and the Mental Capacity Act 2005 (MCA). Records showed that approximately 78% of staff had also completed or were in the process of completing the Care Certificate or equivalent. The Care Certificate is a set of standards which aim to give confidence that workers have the introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. All staff we spoke with confirmed that they were provided with opportunities for refresher and new training.
• All staff we spoke with said they had received regular supervision, appraisal of their skills and SPOT checks from senior staff of their direct care of people using the service. We saw in staff files that these activities had not always been recorded to show that they had taken place and what was discussed/agreed. We spoke about this this with the agency's operations director who was responsive to our feedback. They immediately commenced improvement work on the respective monitoring system to ensure all staffs' supervision, appraisals and spot checks took place as planned and were recorded to reflect this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs and preferences had been assessed before they started receiving support from the agency. All the people we spoke with confirmed that the agency's representative had visited them to discuss their care and to determine whether people's needs could be met by the agency. People also said that their needs had been regularly re-assessed to ensure they received the care they needed. Some of people's comments included, "They did a pre-admission assessment on me and assess me regularly every 6 months" and "Yes, a manager came around. We went through an assessment and support I needed." A family member told us, "My relative has regular visits from the manager, to see how things are going."
• We saw that information gathered during the assessment and review meetings was then used to inform people's care plans and develop their risk assessments.

Supporting people to eat and drink enough with choice in a balanced diet
• Where required staff supported people to have balanced diet which was in line with people's dietary needs and personal preferences. People's care plans provided staff with sufficient information on how to support people with food and drink effectively.
• Where people had special dietary requirements, for example, they received food via Percutaneous endoscopic gastrostomy (PEG) tube or had swallowing difficulties, these had been assessed and planned for accordingly. PEG is a medical procedure in which a people receive food or medicines via a tube into their stomach when due to their medical needs they were unable to eat and drink by mouth. Risk assessment included a 'Nutritional Assessment', which covered risks such as swallowing, chewing and choking.
• We saw that staff had received training around diabetes, nutrition, food hygiene and when required PEG feeding. Appropriate risk assessments had been in place to ensure that staff supported people's safety.

Healthcare support
• All the people we spoke with told us that staff supported them to lead a healthier life and have access to health professionals when required. They told us, "They have called a doctor for me before" and "I'd more likely call the surgery myself but they are more than capable and they would if I couldn't." A relative told us, "Yes, the carer will always tell me if she thinks he is unwell."
• Where people required specific skin care, pressure ulcer and incontinence management this were sufficiently documented in care plans. This documentation included body maps and a Waterlow score. A Waterlow score is a risk assessment tool which aims to assess the risk of a person developing a pressure ulcer.
• Staff we spoke with confirmed they would take action if people's health deteriorated suddenly. One staff member told us, "I will call the ambulance depending on the situation. I will not leave the client without making sure that he/she is ok."

Ensuring consent to care and treatment in line with law and guidance
• 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 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 service was working within the principles of the MCA.
• All care files we viewed showed that consent had been sought from people before providing support to them. Records showed that people had been informed about guidelines related to data protection and information sharing.
• The majority of people whose care files we looked at were able to give consent to care. Where people lacked mental capacity to give their consent the information about who had the legal right to do it on their behalf had been recorded in people's files. We noted that one person had consent given by their next of kin without evidence to support that this had been appropriate and in their best interests. However, we discussed this with the respective care coordinator who explained to us specific circumstances around this person's care. They were able to evidence that the person was cared for with respect to their human rights and with involvement of appropriate health professionals.
• When people did not have capacity to make decisions this had been recorded in their care files with a short explanation of what the difficulty was. The registered manager informed us, "In case of any concerns about people's capacity a referral is made to the local authority for a mental capacity assessment to be undertaken by a qualified assessor.

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported
• People spoke positively about staff who supported them. They told us that they felt staff treated them with care and compassion. Some of their comments included, "Carers are always talking to me asking me how I'm feeling and what I have been up to since the last visit, she [a staff member] takes genuine interest in me", "She [a staff member] is like a general hand to me, I couldn't do without her" and "Yes, I think they are very caring, really, really nice." A family member told us, "They all love [my relative] and definitely respect us. They respect our culture. They laugh and joke with my relative."
• Staff received training in equality and diversity and they understood their role in ensuring people's unique characteristics were respected. One staff member told us, "Equality and diversity is to respect everyone who comes from [a] different back ground, and to respect their views."

Supporting people to express their views and be involved in making decisions about their care
• Staff supported people to make decisions about their care and to be as independent as they could. A staff member explained, "[I] Listen to people first and ask what they want. Speak to them clearly about what choice they have. Another staff said, "Yes, people get choices. For example, for food some clients will have food stocked up in their fridge. She will ask them what they want to eat."
• The majority of people we spoke with confirmed that they were consulted daily on how they would like their care to be provided. They said, "My carer is very good at listening to me", "Sometimes I tell them what to do but sometimes they do things by themselves and use their own initiative. I've never been left in the dark", "They do everything I ask them to do and [know] how I like things done" and "The carer is like one of the family. I trust her. She does anything I need. We don't stop chatting we have a good laugh." A small number of people told us that staff had not always consulted them about daily care tasks, however they also said staff had always followed their agreed care plan and therefore their needs were met.

Respecting and promoting people's privacy, dignity and independence
• People and their family members told us that they felt staff respected people's dignity when providing personal care. One person told us, "Carers are very respectable, they always ask for my permission before they do anything for me." Family members told us, "Well, they do as they are trained to do so. They will put a towel over my relative and cover [person] for bed washes" and "If staff need to strip wash [my relative] or change [person's] clothes they close the bedroom door."
• People's right to privacy and confidentiality were respected. Two persons said, "I feel respected, yes they knock on door before entering the room" and "If I need some space on the phone they will move somewhere in the vicinity."
• Staff we spoke with understood the importance of protecting people privacy and dignity. Some of their comments included, "We are not allowed to talk about clients outside. Privacy is most important. When they

train us, they tell us not to discuss clients outside the door, if anything is to be discussed it has to be with the manager" and "[When providing personal care] you make sure that the windows are closed and treat people with dignity. Help them to feel good about themselves rather than make them feel bad. Reassure them that you're there to help them and take care of them as best you can."

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care
• People using the service and their relatives told us they were involved in the care planning and reviewing process and they felt involved in making decisions on what type of care people received. People's comments indicated they were satisfied with the care provided. They told us, "Yes I was involved in the care plan and I saw it a while ago. I am happy with my care plan" and "We talk about things and if I have difficulties I explain them and the staff understand my needs. I was involved with [staff] to discuss my needs and I have seen my care plan." A family member told us, "My relative has always been involved in decisions about her care and [person] would not hesitate to say it as she is very vocal."
• Each person had a care plan describing their care needs and personal preferences. Staff were provided with sufficient information on how to meet people's needs. We noted that some care plans could benefit from more detailed information on people's background and about how exactly they would like to receive support. We found this had been already identified by the senior management team and action had been taken to improve person centred care planning. In November 2018, the agency had provided staff with training in person centred care planning. We reviewed examples of two care plans formulated following that training and we saw the improvements in the level of details about people's life history, background, life experiences. The care plans included information about the person, what was important to them (hobbies and daily routines) as well as what their care needs and preferences were and how they would like to receive support.
• At the time of our inspection, the agency was also in the process of introducing an online care planning platform. The system aimed to improve person centred care planning and create immediate care plan updates if specific aspects of people's care had changed. At the time of our visit there were 12 staff members piloting the new system. The operations director informed us that the new care planning platform would be fully introduced to all staff and people using the service by the end of March 2019.
• People's cultural and religious needs had been respected and taken into consideration when providing care. For example, one person told us how staff had learned about a specific cultural personal hygiene practice and had followed it when providing personal care to the person. Another person told us that they only had female care staff as this was in line with their religious beliefs and the agency respected this. Staff we spoke with had good understanding of people's needs and preferences. They were able to tell us about people's specific cultural, religious and personal requirements and how these would affect the care provided to people.

Improving care quality in response to complaints or concerns
• The agency had a complaints policy and procedure, which was available to people in their homes. The majority of people we spoke with told us that they were happy with the service they received and they had never had to make a complaint. Several people told us they had made a complaint in the past and all but one person told us that the agency had dealt with their concerns to their satisfaction.

• There was a complaints central register in place. We saw all complaints had been reviewed regularly. Prompt action had been taken by the management team to address people's concerns and to reduce the possibility of the situation from happening again.

End of life care and support
• At the time of our inspection the service had not provided end of life care.
• End of Life Care Awareness training was available through the provider and staff were required to complete it.

Good

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management
• Staff spoke positively about their managers. Some of their comments included, "I can call them [the managers] when I want their support", "Yes, they [managers] are always available whenever I call them they always pick up the phone and try to solve any problems" and "This is the main reason I'm working for Hartwig they [managers] are approachable and happy to answer questions."
• There was a clear management structure in place consisting of the operations director, two registered managers and a team of care managers, care coordinators, field supervisors as well as a recruitment department and training and development team. We found that that the roles within the agency had been clearly defined and each member of staff across the agency had a good understanding of their responsibilities and what they were accountable for.
• The agency senior management team was proactive in addressing any identified issues. We found that shortfalls around medicines management highlighted by us during our previous inspection had been addressed. During this inspection, we found a small number of shortfalls related to the level of information about people in their care plans, and risk management strategies. We found this had already been identified by the senior management team and action had been taken to address it. This included specialised audits as well as additional training for staff.
• We also saw that other areas of improvement had been identified by the management team prior to our visit. This included issues around communication with people about changes to scheduled calls and staff running late for the visit. The operations director informed us that improvement work on these areas of care provision would commence shortly.
• During this inspection we found some issues around monitoring or staff supervision, spot checks and appraisals. We discussed this with the operations director who was responsive to our feedback. They took immediate action to implement a new system to help middle management to monitor formal staff support and the care and support staff provided to people.

Engaging and involving people using the service, the public and staff
• People said that the agency asked them about what they thought about the service received. They said, "Yes, manager comes around I think once every three months with a survey" and "[care managers name] calls in from time to time to check on the service."
• Feedback from people had been gathered via monitoring visits by members of the management team, care reviews, a package spot checks as well as through a formal complaints procedure. We saw that when possible, prompt action had been taken by the members of the management to address any issues that arose. The agency had also carried out an Annual Quality Assurance Survey, which 136 people had participated in, in 2018. We saw that the outcomes of the latest survey had been analysed and people were

informed via letter on what action had been taken to respond to their feedback.
• The agency promoted staff professional development and career progression within the organisation. We spoke with several staff who had started at the service as care workers and then progressively worked toward various managerial and leadership roles in the organisation. We also saw that efforts had been made to value the care staff team. Letters to staff showed that when staff exceeded their regular scheduled duties (for example received positive feedback from people or covered calls during sudden staff absence) this had been acknowledged and rewarded. Staff who consistently exceeded in their roles were nominated for care worker of the year. The agency had also taken part in the European Union (EU) settlement scheme for staff employed by the agency. EU Settlement Scheme is a pilot scheme run by the UK government to enable EU citizens resident in the UK and their family members to continue living in the UK permanently after the UK leaves the EU. To further increase staff participation in the scheme the agency had covered costs of individual applications.
• When possible, staff were encouraged to have their say and to take part in service development. For example, staff feedback was listened to and acted on when introducing reviewed medicines administration records (MARs), specific email address to use for staff and people using the service had been introduced to allow to contact specific teams within the agency with any questions and comments.

Continuous learning and improving care
• Records showed that safeguarding cases, accidents and incidents and complaints had been monitored and analysed. Lessons had been learnt to reduce the possibility of such occurrences from happening again. Staff were informed about any learning from these via the agency's periodic newsletter, update emails, staff meetings and forums as well as during individual one to one meetings where required.
• The senior management team had a clear vision for service development. This included introduction of new systems, tools and technologies to improve the service delivery and its monitoring. At the time of our visit the service was in the process of implementing a new online care planning system, new staff rota planning and calls monitoring platform, and new online accidents and incident monitoring tool. The operations director stated that the agency aimed to fully imbed these improvements in the first part of 2019.
• The agency had a number of quality assurance systems in place to ensure monitoring of the service delivery. These included, quarterly quality assurance reports, improved medicines audits, care plans audits and staff files audits. We saw that these audits had been effective in identifying issues and that action had been taken to address identified shortfalls.
• We noted that a small number of monitoring systems related to supervision, appraisal and spot checks trackers had been less effective. We also found that monitoring systems around staff training mostly included manual checks and cross-referencing of staff training records. This was time consuming and could cause monitoring errors. We saw that the agency was in the process of improving these checks.

Working in partnership with others
• External health and social care professionals gave positive feedback about their partnership work with the agency and of the service they provided. Some of their comments included, "They [the agency] are working closely with [our service] to develop their service in line with the contract specification which requires a well-trained and responsive workforce" and "Yes they [follow guidance and/or recommendations], for instance staff will arrange a joint visit with us to carry out [a] risk/needs assessment, follow up and updates on any issue of concerns."
• Evidence gathered during this inspection indicated that the management team had a good understanding of their regulatory responsibilities. This included appropriate display of the latest inspection rating on the agency's website and in their office. The CQC has also been informed about notifiable events promptly.