Care Associates (Coventry) Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Care Associates on 24 January 2018. The inspection visit was announced. We gave the provider 24 hours' notice that we would be inspecting the service so we could be sure the registered manager and staff were available to speak with us.

Care Associates is a domiciliary care agency that provides personal care and support to people living in their own homes. Care staff call at people's homes to provide personal care and support at set times agreed with them. At the time of our inspection there were 80 people who received personal care through Care Associates.

There was an experienced registered manager in post. A requirement of the service's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. We refer to the registered manager as the manager in the body of this report.

Our last inspection took place in June 2016 when the provider was given a rating of Good overall, with the area of 'Well-led' being rated as Requires Improvement. This was because we found record keeping could have been more robust, and audits and monitoring procedures did not always highlight where areas required improvement.

At this inspection we found the service was rated Requires Improvement overall, as it continued to be rated as Requires Improvement in 'Well-led' and areas in 'Safe' also required improvement. We found the manager had delayed notifying CQC of a recent safeguarding incident that occurred at the service. The recording of mental capacity and decision making required improvement, and some paper care records were not always kept up to date. In addition medicine auditing procedures could have been more detailed to ensure people always received their medicines. Auditing procedures needed to be more robust to ensure areas for improvement were identified.

Since our previous inspection in June 2016 we have reviewed and refined our assessment framework, which was published in October 2017. Under the new framework certain key areas have moved, such as support for people when behaviour challenges, which has moved from Effective to Safe. Therefore, for this inspection, we have inspected all key questions under the new framework, and also reviewed the previous key questions to make sure all areas were inspected to validate the ratings.

At the time of our inspection visit we found the registered manager understood their responsibilities to notify us of important events as they should. However, the manager had not notified CQC in a timely way about a safeguarding concern that occurred at the service in June 2017. We found although the manager had notified us, this was around 4 weeks after the event in July 2017. We found this was a breach in

Regulation 18 Health and Social Care Act 2008 (Registration) Regulations 2009 (Part 4) Notification of incidents.

The registered manager and care staff understood the principles of the Mental Capacity Act (MCA) and how to put this into practice. Care staff told us they gained people's consent before giving care. However, records required improvement to record where people needed support to make decisions about their care.

The provider had processes to monitor the quality of the service and to understand the experiences of people who used the service. This included regular communication with people and staff and audit checks. However, we found audits could have been more robust to ensure the manager identified areas that required improvement, such as medicines audits and the completeness of paper records held in the office.

People felt safe when supported by care staff. There were processes to minimise risks to people's safety which included information about people's individual risks in their care plans which were kept in their home. All care staff had been provided with a staff handbook containing the policies of Care Associates to support them to provide safe and effective care to people.

Checks were carried out prior to care staff starting work to ensure their suitability to work with people who used the service. Staff were provided with up to date training on how to support people in their own homes safely. New care staff completed induction training and shadowed more experienced care staff to help develop their skills and knowledge before supporting people independently. This ensured, as far as possible, they were able to meet people's needs effectively.

Care staff received training on how to manage medicines so they could safely support people to take them.

People received a service based on their personal needs and care staff usually arrived to carry out their care and support within the timeframes agreed. People were positive about the care they received and were complimentary of the care staff that supported them.

People told us care staff always maintained their privacy and dignity. They commented that care staff were respectful, caring, and kind.

Changes in people's needs were identified and reported to the 'office' so that arrangements could be made to review the support people received and ensure people's needs continued to be met. People's nutritional needs were met by the service where appropriate.

People knew how to raise concerns if needed. Complaints received had been investigated and responded to in a timely manner.

You can see what action we have asked the provider to take in the full version of this 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?

Requires Improvement

The service was not consistently safe.

The registered manager reported and investigated accidents and incidents when these arose, and analysed these to learn from them. However, the manager had not notified CQC of such an incident in a timely way. People felt safe with the staff who had been recruited safely. People had up to date risk assessments, which provided staff with the information they needed to minimise risks to people. People told us staff used appropriate infection control equipment to protect them from infection. There were enough staff employed to ensure safe care for people. Medicines were administered to people safely, however, auditing procedures for medicines required improvement to ensure people always received their medicines. Overall people received support from a consistent staff team at the times they had agreed.

Is the service effective?

Good

The service was effective.

Staff completed an induction and training so they had the skills they needed to effectively meet people's needs. People made choices about their care. Where people could not make decisions for themselves, important decisions were made in their 'best interests' in consultation with health professionals and people that were important to them. People were supported to see healthcare professionals when needed. People who required support with their nutrition had this identified in their care plans, and staff supported them to maintain their nutrition.

Is the service caring?

Good

The service was caring.

People received care and support from care staff who understood their individual needs. People said care staff were caring, kind and respectful and always ensured their privacy, dignity and independence was maintained.

Is the service responsive?

Good

The service was responsive.

People had personalised records of their care needs and how these should be met. People were able to raise complaints and provide feedback about the service. Complaints were analysed to identify any trends and patterns, so action could be taken to make improvements. Where people wished, there was end of life care planning in place which took into account any special requirements or wishes people had.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Improvements were needed to record keeping to ensure the care and support people received was consistently documented. Quality assurance procedures could have been more detailed to ensure required improvements were always identified and acted upon. The manager had an open door policy and staff felt supported in their roles. People and staff were able to provide feedback about the quality of care they received.

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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.

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. Further information is being gathered about this and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk and staff training. This inspection examined those risks.

The office visit took place on 24 January 2018 and was announced. The provider was given 24 hours' notice that we would be coming. This was so we could be sure the manager was available to speak with us. The inspection was a fully comprehensive inspection and was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from the statutory notifications the provider had sent to us and commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Following our inspection visit we received feedback from seven people who used the service, one person's relative, and one person's advocate.

We received feedback from four members of care staff, the registered manager who was also the provider's nominated individual, the deputy manager, a trainer, a care co-ordinator/team leader, and a recruitment

manager.

We looked at a range of records about people's care including six care files. We also looked at other records relating to people's care such as medicine records and staff rotas. This was to assess whether the care people needed was being provided.

We reviewed records of the checks the registered manager and the provider made to assure themselves people received a quality service. We also looked at recruitment and supervision procedures for members of staff to check that safe recruitment procedures were in operation, and staff received appropriate support to continue their professional development.

Requires Improvement

Is the service safe?

Our findings

At this inspection, we found people continued to feel safe with staff and people were supported by enough staff who usually arrived on time. However, we found a recent safeguarding incident had not been reported to us without delay. We have therefore rated 'Safe' as Requires Improvement.

We reviewed how the provider and manager were managing risks associated with people's care, as, since our last inspection visit, a person had sustained a serious injury. The outcome of a safeguarding investigation in to this incident had been substantiated by the Local Authority, on the balance of probabilities.

Care staff told us they completed regular training in safeguarding people from abuse and neglect. Staff were knowledgeable about the procedures for identifying and reporting any abuse, or potential abuse. Staff told us they were comfortable with raising any concerns they had with the manager, and were confident any concerns would be investigated and responded to appropriately.

The provider had procedures in place to report safeguarding concerns to local authorities for investigation, and to CQC. We found safeguarding concerns had been referred and investigated previously to the local authority as soon as concerns were raised. However, a recent incident had not been notified to CQC without delay. We found the manager had notified us around four weeks after the event. Where incidents and accidents result in people requiring treatment from other healthcare professionals, or there is an allegation of abuse or neglect of service users, it is the registered manager and provider's legal responsibility to notify us without delay. We found the registered manager now understood their responsibilities to notify us of important events without delay.

We found this was a breach in Regulation 18 Health and Social Care Act 2008 (Registration) Regulations 2009 (Part 4) Notification of incidents.

Accidents and incidents were recorded and were monitored to show when and where accidents happened, and whether risks could be mitigated to reduce the number of accident or incidents happening in the future. Where incidents had been investigated, the provider had analysed any lessons that could be learnt. For example, following one incident they had updated manual handling training for staff, and also raised manual handling safety precautions in supervision and appraisal meetings with staff. The registered manager told us they were confident staff had the skills to transfer people safely following these updates because, "Where we support people with their mobility, we observe staff's practice in this area."

Everyone we spoke with told us they felt safe receiving support from the care staff that visited them. People had no worries or concerns about the arrangements to maintain the security of their home. Some people had a key safe which care staff could access to gain entry to their home if people were unable to open the door. Care staff were aware of the importance of keeping people's homes secure following their calls. They made sure doors were left locked and secure when they left people's home.

We found the risk assessments and care records we reviewed were up to date with people's health and care needs, which were kept electronically in the provider's offices and also in people's homes. For example, one person needed two staff to assist them to move around. There was a risk assessment and risk management plan which instructed staff on the type of equipment that was needed to support the person, and the number of care staff required to use the equipment safely. Risk management plans included information on when staff should use the equipment, to reduce any risk of harm to the person.

We found although some written risk management plans could have been more detailed, staff had specific training to meet the needs of the people they supported, which further assisted staff in protecting people from harm. One staff member told us, "When we had a person using a specialist splint, care staff were trained by the occupational therapist in how the splint should be used and attached, so that staff knew exactly how to support [Name]."

Risk assessments and risk management plans were also in place where people could display challenging behaviour or anxiety around staff. Risk management plans instructed staff to use their training and recognised distraction techniques to reduce the person's anxiety, according to each person's individual needs. The manager had risk assessments in place and risk mitigation plans for environmental risks staff should be aware of when in people's homes.

Care staff told us they regularly attended infection control training and were always provided with the correct personal protective equipment (PPE), such as gloves and aprons. Staff told us they always wore PPE when providing personal care to protect people from cross contamination and infection. People confirmed staff protected them from the risks of infection, by using gloves and sanitizers in their home when necessary.

All care staff had been provided with a staff handbook containing the policies of Care Associates to support them to provide safe and effective care to people.

Staff told us and records confirmed, people were protected from the risk of abuse because the provider checked the character and suitability of staff. All prospective staff members had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

There were sufficient staff employed to ensure people received their agreed calls at the time they should. In addition, the manager, deputy manager, recruitment manager and two care co-ordinators kept their training and skills up to date, so they could assist care staff and complete calls when needed. For example, when staff were unexpectedly absent due to illness or travel conditions were poor.

The manager told us some recent changes had taken place in the number of people they supported. Care Associates were not taking new clients from the local authority commissioning team which meant the majority of their clients were privately funded. As a result there had been a reduction in the number of people who received short 15 minute calls which meant staff had more time with people and did not have to rush. Fifteen minute calls to those people who were privately funded were only to check on their safety rather than to deliver care.

For those people who were still funded by the local authority, the manager used an electronic call monitoring system to monitor the arrival and departure of staff at people's homes. The manager used the information generated to highlight where staff had arrived late, or left calls early, and the reasons why this occurred. The information produced from the system reassured the manager that staff arrived on time, and

no calls were missed. For those people who privately funded their own care, care staff recorded when they arrived at people's homes and when they left in daily records and by telephone calls to the office. The manager explained these were checked against staff time sheets and rotas to ensure staff were arriving within half an hour of the agreed call time. The manager told us they had no recent missed calls, and people's feedback was positive about staff arrival times during their care reviews. A person told us, "Staff usually arrive on time, someone always comes, I have no concerns." One person's advocate told us, "The service has been outstanding, I was amazed to discover a carer still turning up during the heavy snow of some weeks ago."

One of the challenges of the service was to recruit and retain good quality care staff in the area. The recruitment manager told us there was an on-going recruitment process to employ more care staff to add flexibility to their care team. However, all call rotas were sufficiently covered with permanent staff at the time of our visit, to ensure no temporary or agency staff were needed.

Staff who administered medicines received specialised training in how to administer medicines safely. They completed this training before they were able to administer medicines and had regular checks to ensure they remained competent to do so.

Each person that was supported to take their medicines had a medication administration record (MAR) that documented the medicines they were prescribed. Some people received their medicine from pre-prepared packs that were dispensed by a pharmacist, by day and time of day. Where this was the case, information about each medicine was kept at the person's home, so staff were aware of any potential side effects. MARs were kept in the person's home so they could be completed each time a medicine was given.

Some people required medicines to be administered on an "as required" basis. There were protocols (plans) for the administration of these medicines to make sure safe dosages were not exceeded and people received their medicine consistently.

There were auditing and checking procedures in place to ensure people received their daily medicine. Where errors in medicine administration were identified, investigations usually took place to see what lessons needed to be learned. For example, staff received extra instruction to ensure they administered medicines safely in the future. However, we found one person's MAR records had gaps for one of the medicines the person was prescribed which had not been identified for investigation. Following our inspection visit the manager told us these gaps were investigated and staff had received supervision and observations to re-iterate the importance of accurately recording all medicines given. They had also instructed the 'lead care workers' who were assigned to each person's care package to monitor daily record books and medication records for any omissions.

The manager planned some further improvements regarding the administration of medicines. They explained that sometimes MAR records were not always collected at the end of each month for auditing. They had therefore instigated a new system where co-ordinators were responsible for collecting records at the end of the month from people's home and bringing them to the office for auditing. The manager had also introduced a new 'tick list' that staff completed when people were reminded to take their medicine. The manager explained that although staff were only reminding people to take their medicines they were recording this to confirm it had been done. They said the 'tick list' minimised the risk of confusion around the medicines procedure and prompted staff to remind people to take their medicines.

Good

Is the service effective?

Our findings

At our last inspection we rated effective as Good. At this inspection we found staff had developed their skills and continued to provide effective care to people. The rating continues to be Good.

Prior to using the service, people were assessed to ensure the service could meet their needs. We saw assessments involved people and their relatives, and included discussions on each person's individual needs such as their mobility, likes and dislikes. One person's advocate said, "The management and office staff at Care Associates were extremely helpful and very easy to get on with. When I initially contacted them, two managers came to visit [Name] and made a thorough assessment of the situation."

The manager was introducing improvements to the assessment procedure at the time of our inspection visit. The assessment procedure was being developed to include more information on people's advanced decisions, and their personal circumstances, so their care could be more tailored to their long term wishes. This would be revisited at regular reviews of their care to ensure care plans were always based on the values of the person and the outcomes they wished for their care.

New staff members were provided with training when they first started work at Care Associates. They completed an induction to the service and started working towards the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected. Staff told us during the induction period they spent time shadowing experienced colleagues to gain an understanding of how people liked their care to be provided.

Records showed a programme of regular training updates supported staff to keep their skills and knowledge up to date. A staff member told us, "I feel I have the skills and the support from the management to complete my job."

Training was delivered according to the needs of the people staff supported. The provider invested in staff training by providing an on-site training room, a designated trainer and opportunities for staff to complete nationally recognised qualifications. We spoke with the designated trainer who explained staff were supported with additional training if a need was identified. Training records reflected what the provider and the trainer told us.

Staff were supported in their roles by a system of meetings and yearly appraisals. Staff confirmed regular meetings with their manager provided an opportunity to discuss personal development and training requirements.

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. Where people lack mental capacity to make particular decisions, any decisions made must be in their best interests and in the least restrictive way possible. People can only be deprived of their liberty to receive care and treatment when this is in their

best interests and legally authorised under the MCA.

Staff understood the principles of the MCA and knew they could only provide care and support to people with their consent, unless they lacked the capacity to do so. Comments from staff included; "If people refuse care I always inform the office and respect their wishes" and, "I understand people can refuse care, I respect what people want, I can phone the office immediately if there are any problems at all."

The manager understood their responsibilities under the MCA. We saw some mental capacity assessments had been completed by health and social care professionals, for people where it had been identified they lacked the capacity to make all of their own decisions. However, some people did not have mental capacity assessments recorded where they lacked capacity to make all of their own decisions. Although paperwork was not always in place to record people's capacity to make decisions, we found people's relatives or advocates were involved along with health professionals where complex decisions were required. The manager told us they planned to introduce paperwork at Care Associates that could be used to assess and record people's capacity, including evidence of who had been involved in decision making. They also planned to ask relatives and advocates for evidence of their legal authority to be involved in care decisions

People had given their consent for their care packages where they had the capacity to do so. Consent forms had been completed for areas such as staff using people's key safes to access their homes and administering medicines.

People we spoke with managed their own healthcare appointments or relatives supported them with this. The manager told us the service was flexible and could support people to attend appointments if required. Care records instructed staff to seek advice from health professionals when people's health changed. Records confirmed care staff involved health professionals in people's care when required, including district nurses and GPs.

People and their relatives told us staff assisted with the preparation of meals, and supported people with their nutrition if this was agreed in their care package. Staff were aware of people's dietary needs, and if there were any special arrangements regarding their nutrition. For example, staff were informed in the care records whether people were on a restricted diet, had allergies to any foods, and if they were suffering with a condition such as diabetes.

Good

Is the service caring?

Our findings

At our previous inspection the service was rated Good in Caring. The service continues to be rated Good, because people told us staff were caring and friendly, which met their needs.

People and their relatives described how staff showed they cared and respected people. One person said, "I have found the standard of care to be excellent" and "I was particularly impressed by how friendly and cheerful staff were."

People told us that by having staff from Care Associates come into their home they remained independent and could stay living at home.

Staff told us they were proud of their work, and enjoyed their work. One staff member said, "I love caring for people and helping them live independently." Another staff member said, "I love my role and enjoy making a difference to people's day, I find my job very satisfying."

A manager gave us some examples about how care staff went the 'extra mile' for people. They said, "One member of staff who is a very competent and caring lady takes one of the people she supports out shopping and to a local community centre." Another staff member said they had recognised one person's 'special' birthday by buying gifts and cards.

Care records detailed what support people needed to help them communicate, For example, whether they had good eyesight and could see large print, or whether they needed glasses and when these should be worn. Also information was included on people's hearing and whether they had the cognitive skills to understand questions and respond. This provided guidance to staff about how they should approach people so they understood what was happening and could engage in conversation. The manager explained that English was not the first language of one person they supported, so care staff were assigned to assist the person in their own language.

Staff described how they respected people's privacy and dignity. For example, closing curtains and doors during personal care and covering people. They asked family or visitors to leave the room. One member of staff said, "We respect people's individual needs and dignity, ensuring they are covered when assisting with personal care."

Good

Is the service responsive?

Our findings

At our previous inspection we rated 'Responsive' as Good. At this inspection, we found staff continued to be responsive to people's requests and care records continued to be kept up to date. We continue to rate 'Responsive' as Good.

People told us staff responded to their requests for assistance in a timely way, and met their personal needs and wishes. Comments from people included, "When I had a power cut the carers helped me to get to bed, even in the dark."

Care plans contained sufficient detail to support staff to deliver person centred care in accordance with people's preferences and wishes. People were involved along with family members in care planning and regular reviews of their care. Care records were kept electronically in the office, and electronic care records were updated when people's needs changed. In addition to the electronic care records, a printed copy of the records were kept in people's homes. People and staff told us these were kept up to date.

An extra set of paper records were kept in the office (in locked cabinets). However, we found the copies of paper records in the office did not always match the records on the electronic system. The manager told us they were reviewing the need to hold paper records in the office, as these needed to be updated each time there was a change, which was a drain on resources and were not necessary.

People told us staff wrote information about all the care they had provided in the daily records that were kept in their home. This information acted as a handover of information, so other care staff always knew what care people had received. One member of staff told us, "Records are always kept up to date including any changes to daily tasks if people's needs have changed."

People told us communication between them and the care staff was good. One advocate told us, "At the beginning of the care package a 'care-needs' sheet was drawn up and kept in the house, and carers put a note in a record book at the end of each visit to say how [Name] was and what they had done. That was very useful for me as a way of finding out how things were going and I used the book myself as another way of communicating with the carers." We saw the electronic care records system was being used to record communication between people and office staff and the information on the system was regularly checked to ensure health referrals were made, and changes to people's health was recorded.

Where it was included in people's care packages, staff assisted people to access interests and hobbies, or go out in their local community.

We found some people had end of life care arrangements in place if they chose to involve Care Associates in their plans. The manager respected people's decisions to discuss these arrangements with their family, and only involve the service if the person was not supported by family members. The arrangements people had in place included decisions that had been made regarding whether they should be resuscitated following a cardiac arrest. The manager told us, "Where people have these types of decisions in place, we ask the

person or family members to tell us about this as part of our initial assessment. People can also be given the opportunity to discuss any arrangements with us at this point."

People confirmed they had been given the complaints policy which was included within the information guide which was located within their homes. There were systems in place to manage complaints about the service. Complaints were consistently recorded, and the manger analysed complaints to look at any patterns and trends, and areas which might indicate where lessons could be learned. A typical comment from people was they had never needed to make a complaint, or that they were completely satisfied with the service they now received.

Requires Improvement

Is the service well-led?

Our findings

We last inspected this service in June 2016, when we rated Well Led 'Requires Improvement'. This was because we found there needed to be improvements made in record keeping and auditing procedures. At this inspection we found the manager still needed to improve record keeping, for example, so that mental capacity assessments and best interests' decisions were recorded. The service continues to be rated 'Requires Improvement' in Well Led.

The manager understood their responsibilities under the MCA. However, not everyone had mental capacity assessments and records in place to show how complex decisions had been made on their behalf, if they lacked the capacity to make all of their own decisions. The manager planned improvements to the paperwork to show this. They planned to ask relatives and advocates for evidence of their legal authority to make decisions in people's best interests. We found although paperwork did not always record discussions, these had taken place with those closest to the person to ensure decisions made were in the person's best interests.

Monthly audits were undertaken by the manager and senior staff to check a range of information, which included staff timesheets, arrival times, daily records of people's care, and medicines records. However, we found such audits had not always identified the need to improve record keeping. For example, MAR records and daily records were brought back to the office every month to conduct a full audit. We reviewed the audits from the previous three months. One of the records we reviewed showed some gaps in the recording of medicines. It was unclear what action had been taken to look into the cause of the gaps. Follow up action was undertaken following our inspection visit to ascertain the reasons for the gaps, and to improve the current recording systems.

The paper records we reviewed in the office did not always match the information that was held in people's care records on the electronic system. These systems should have been kept up to date to ensure consistency of the information. The deputy manager told us they were reviewing whether paper records were required in the office in the future. They assured us that paperwork in people's homes matched electronic care records, and was kept up to date.

People told us the service was well led, and they felt the manager and staff were approachable if they had any concerns. Comments from people included; "There are no problems at all", "The care is excellent" and, "They [Care Associates] are brilliant."

We saw a clear management structure was in place to support people and staff. The manager was experienced and had been in post for several years. They were supported by a deputy manager, two care coordinators, a designated trainer and a recruitment manager.

Staff felt valued by the manager who was also the provider's representative. Staff told us they had regular meetings with their managers to discuss how things could be improved, and to discuss how auditing procedures were being developed. One staff member told us, "I receive regular supervisions, and team

meeting with other colleagues, I find them useful to discuss our clients and any issues."

Staff told us there was always management support available. Staff comments included; "There is always someone to talk to at the office if need be", "The manager is very approachable and I feel that Care Associates is very well led" and, "They [the management team] always listen to us."

Staff were able to visit the office and speak face to face with a manager if they needed to. The manager operated an open door policy, and staff were expected to call into the office to collect personal protective clothing (PPE) supplies regularly. An 'on-call' telephone number was also available for staff to call if they needed support outside of office hours.

Staff were monitored and supported using a range of techniques including regular meetings and observed practice, which the manager used to assure themselves people received a safe service from staff. The manager also asked staff for feedback in team meetings. One member of staff told us they were always able to add items to team meetings, and they felt the manager listened to their concerns.

People provided feedback about their care to the manager and office staff, which was recorded on the electronic records system. The manager regularly reviewed this feedback, and spoke to people when reviews of their care packages were undertaken. The manager said, "As most people privately fund their own care packages, they are happy to provide us with feedback directly." They added, "We want to get things right for people."

The manager told us how they worked in partnership with other agencies such as commissioners of services and health care organisations to support people, making sure their needs were fully assessed to get the right care in place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents (2e) The registered person did not always notify the Commission without delay of allegations of abuse in relation to service users.