Apex Prime Care Ltd

# Apex Prime Care - Hastings

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This inspection took place between 11 and 25 September 2018. The inspection involved visits to the agency's office, to people's own homes, conversations with people, their relatives, staff and professionals. The agency provided approximately 90 people with a domiciliary service. Not everyone using the agency received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The agency provided support to people in the age range of 22 to 94 years. Some people were older people, some lived with long-term medical conditions, some lived with substance abuse needs, some with a learning disability or mental health needs. People received a range of different support, according to their individual needs. Some people received occasional visits, for example weekly support to enable them to have a bath. Other people needed more frequent visits, including visits several times a day to support them. This could include two care workers and the use of equipment to support their mobility. Some people needed support with medicines and meal preparation. Services were provided to people who lived in Hastings and surrounding areas.

The service had a registered manager in post. 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. The provider for the agency is Apex Primecare Limited, a national provider of care.

This was the agency's first inspection as Apex Primecare Limited. The agency itself had been providing a service to people for a period of time under a different provider. Many of the people and staff had continued with the agency when it started to be provided by Apex Primecare Limited.

Improvements were needed in record keeping. This was because although staff acted to reduce people's risk and meet their needs, some matters were not documented, to ensure all staff could be made aware of them. The area manager did not provide the registered manager with a copy of monitoring reports and own reviews of the quality of care provided by the agency.

Where people had risks, care workers took action to ensure people's risk was reduced. Where staff or the agency's managers identified issues relating to people's safety, they took appropriate action, including contacting relevant external professionals. There were safe systems to reduce people's risk of infection.

Enough staff were employed to provide people with a responsive, flexible service. The agency had effective systems for the recruitment of staff, which ensured that people were supported by staff who had been assessed as safe to work with people in their own homes.

Staff and managers were aware of how to ensure people were safeguarded and worked within the local authority's safeguarding procedures. Care workers were confident if they reported issues, including out of office hours, that appropriate action would be taken to safeguard people.

The provider had ensured that people's consent to care was sought in line with the principles of the Mental Capacity Act (MCA) 2005. All of the staff had a clear understanding of their responsibilities under the MCA. They followed them in practice when they were with people.

Staff received training to ensure they remained up to date with best practice. People told us they felt staff were trained in their roles. This was confirmed by staff, who commented favourably on the training and supervision they were given. This was also shown by the agency's records.

People who needed assistance with their meals and drinks received the support they needed, in the way they wanted.

The agency worked with other professionals to ensure people were supported in the way they needed. Staff told us about their close working relationships with external professionals. This was supported by people's records.

People's independence, dignity and privacy was respected. People commented on the kindness and support they received from care workers. They also told us that care workers supported their independence and treated them as individuals. We saw care workers were very polite to people, showing empathy when supporting them.

People received a responsive service. People commented on the good continuity of care they received from the same group of care workers. This was confirmed by staff and the agency's records. People were involved in drawing up their own care plans so care workers knew how to meet their individual needs. Care workers followed people's care plans when they gave them care.

Any complaints and concerns were handled appropriately and people were confident the provider would take action if they raised issues. This was supported by the agency's records.

The agency's own auditing systems identified areas for improvement and that action was taken when needed. Recent actions had included a review of time given to care workers doe journeys between visits and developments in record-keeping in relation to certain aspects of medicines.

Both people and staff told us the agency's management systems were person-centred. Staff said they felt consulted by the management, this included the regular staff meetings. The registered manager was open to different ideas and keen to foster developments in service provision.

## 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's safety was ensured across a range of areas, including supporting people with their medicines, risk assessments and systems for the prevention of infection.

People were supported by staff who knew how to safeguard them from the risk of abuse.

There were enough staff, who had been safely recruited, to support people.

### Is the service effective?

Good

The service was effective.

Staff were supported through both training and supervision.

Full assessments of people's individual needs were completed.

There were established links with external providers so people's health care and other needs were met.

People were supported to consent to care in accordance with the Mental Capacity Act (MCA) 2005.

People were supported to eat and drink in the way they wanted and needed

### Is the service caring?

Good

The service was caring.

People were supported by kindly, caring staff, their independence was encouraged and their dignity ensured.

People's individuality was supported both through staff knowledge and the agency's records.

People's records, both paper and electronic, were stored confidentially.

## Is the service responsive?

Good

The service was responsive.

People had clear care plans which set out how their individual needs were to be met. People were fully involved in development and review of their own care plans.

People received continuity of care from the same group of staff who knew people's individual needs.

People felt their concerns and complaints were responded to. Records of issues raised by people were fully maintained.

## Is the service well-led?

Requires Improvement

The service was not always well-led.

Some people's records did not include assessments and plans relating to specific areas. The registered manager had not received reports of the area managers' visits.

There were regular audits of service provision by the registered manager to ensure people received a quality service. Where issues were identified during audit, action was taken to address areas identified.

People and staff commented positively on the agency's culture, they were pleased with the service and staff said they felt fully supported by management.

# Apex Prime Care - Hastings

**Detailed findings**

## Background to this inspection

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

This comprehensive inspection took place between 11 and 25 September 2018. It involved visits to the agency's office, visits to people in their own homes, telephone interviews with people and/or their relatives and conversations with staff. The service was given a couple of hours' notice of the inspection because it provides a domiciliary care service and we needed to ensure staff were available in the office to be able to conduct the inspection. The inspection was undertaken by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the agency, including the previous inspection report. This enabled us to ensure we were addressing any potential areas of concern. The provider had sent us an information return (PIR) in which they outlined how they ensured they were meeting people's needs and their plans for the next 12 months. As part of the inspection, we reviewed the PIR. We also reviewed other information about the service, including safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority before and after the inspection, to receive their comments.

We met with five people who received a service in their own homes. We received comments on the telephone from five people, five people's relatives and one professional. We spoke with nine staff, all four of the office staff and the registered manager. We reviewed eight people's records, including the five people we met with.

During the inspection we reviewed other records. These included six staff recruitment records, training and supervision records, medicines records, the rota of visits to people, risk assessments, quality audits and policies and procedures.

Good

# Is the service safe?

## Our findings

People told us they felt safe with the care provided by the agency. One person told us, "We're definitely safe with them, there's no worries on that score." When we discussed scenarios of where a person might be at risk of abuse with staff, all of them were aware of their responsibilities for safeguarding people in such situations. Care workers told us they were confident office staff would take appropriate action if they raised concerns about a person being at risk of abuse.

One care worker told us about a situation where staff had identified concerns that a person might be at risk of abuse. They told us this was under discussion with social services and the situation was being closely monitored by management and all the care workers who visited the person. Another care worker told us they were very aware some of the people they visited had no family or other supports. They told us such people could potentially be vulnerable to abuse because they had no-one, other than their care workers, to reduce their risk. One of the office staff told us, "Even if we've only got suspicions, we always flag it with social services." Another of the office staff told us, "Everybody has the right to be believed," if they raised concerns.

People's safety from other risk was ensured. Each person had risk assessments completed when they started using the service. These were reviewed regularly. The service was changing to a computerised documentation system and at the time of the inspection. As part of this process, all people's risk assessments were being further reviewed, as they moved on to this computerised system.

One person told us staff were, "Very aware of safety." We observed staff with the people they cared for. One of the people preferred their house to be in the way they wanted it to be. The care worker was aware of potential risk from trailing wires and the items the person liked to have around them, which could have presented a tripping injury. The care worker made sure the person's access to parts of their dwelling like the bathroom and bedroom was free from items they could trip over. One person used a particular type of hoist to support them with moving. Both of care workers we met with were aware of how to safely use this hoist. The person had a clear risk assessment and care plan which set out how staff were to safely use the hoist. Where people had allergies which could affect their safety, there were clear records about this. For example, one of the people we met with had clear records about their allergy to sticking plasters.

Some of the people were supported with taking their medicines. People told us this was done in a safe way. One person told us, "They do my tablets in the right way," and another, "They always set up our tablets properly." One person told us they knew they could forget to take tablets and they appreciated their care workers, "Always remind me, just to make sure."

Staff told us they had full information about how people needed supporting with their medicines. One care worker told us, "It's all on the system, which tells you everything you need to know." We observed a care worker supporting three different people with their medicines. They read each person's information carefully, double checking on themselves as they dispensed the peoples' medicines into a cup or a pot. They did not complete the medicines administration record until the person had finished taking their medicine.

People's records about medicines were clear. For example, one person's records documented where they liked to keep their medicines and the type of pot they wanted their medicines to be placed in. One of the people we met with was prescribed a painkiller 'as required.' The care worker discussed with the person if they wanted their painkiller and listened empathetically to what they said about their pain. Another person was prescribed different skin creams. They had clear records to direct staff on which skin cream was to be applied to which part of their body.

Where matters had not gone right, the provider learnt from this, to ensure people's risk was reduced. One person's records indicated they may have missed having a pain patch applied. On investigation it appeared that the new computerised system was not yet able to provide a clear record of when a person was prescribed a medicine to be taken more frequently than weekly but less frequently than daily. Until the computer system had been adjusted to reflect such people's requirements, the service had returned to using a paper-based system for when people were prescribed pain patches, to ensure clear recording systems were available to support care workers.

All of the people we spoke with confirmed staff were attentive to matters relating to hygiene and always used gloves and aprons when supporting them with care. All of the staff we spoke with confirmed there was a good supply of disposable gloves and aprons available to them. They told us they could collect such items as and when they needed. We saw staff using disposable gloves and aprons, as appropriate when providing people with care and disposing of them safely.

We observed one care worker microwaving a meal for a person. They carefully read the instructions of the label of the container, and followed them to ensure they were supporting the person with the temperature and cooking of their meal in a safe way. One care worker noticed a person's bread showed slight signs of mould and asked their permission to dispose of it, so they were not put at risk of infection.

All of the people we spoke with told us they had never experienced a visit being missed, including due to staff shortages. People also told us there appeared to be enough staff to ensure they received continuity of care form the same group of care workers. Care workers also said there were enough staff employed to meet people's needs. The registered manager confirmed they did not start providing care to people if they did not have sufficient staff available to meet their needs. The agency's records showed there was a low turnover in staff and many of the staff currently working at the agency had worked at the same agency when it was owned by the previous employer.

The agency had safe systems for the recruitment of staff. We looked at records of six staff, some of whom had been recently been employed. These showed prospective staff were assessed for their suitability. All staff files included key documents such as a full employment history, at least two references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service. Where matters were identified, these were followed up. For example, the dates documented on one prospective member of staff's past working history did not agree with what was documented on their reference. This had been followed up and the prospective member of staff's application had not been progressed until matters had been satisfactorily clarified.

Good

# Is the service effective?

## Our findings

People told us staff were trained to do their role. One person told us, "They're definitely trained and know what to do." One person's relative old us, "All staff are trained to do their job." Staff also gave us positive comments about their training and support. One member of staff told us, "They're very strict about training, which is good." Another care worker said, "I like the training," and a third care worker told us, "You get all the training you need here."

We spoke with two newly employed staff. One of them told us they had worked in care before and, "The induction was good, they're really knowledgeable." Another told us they had not worked in care before. They told us they had, "Enjoyed" their induction and their shadowing of experienced staff had been, "Absolutely useful." Staff told us they were supported by one to one meetings, spot checks and annual appraisals. One member of staff told us about their one to one that, "It was nice, I brought things up and it was all sorted." Another member of staff told us about their 1:1 meetings, "It's helpful – it gives you a chance to air your grievances and ask for support." Staff also commented on unannounced spot checks. One member of staff told us about spot checks, "It's always nice to feel someone's keeping an eye on me" and another, "It's nice to know you're doing what you should be."

Staff also reported on more specialist training. One care worker described their training in supporting people who were living with Multiple Sclerosis and told us it meant "I have the information I need." Two of the staff we spoke with described how they supported people who were living with dementia. What they told us showed their training had ensured they had embedded key principals about supporting people who lived with such conditions. Some of the people the agency provided a service to people who lived with epilepsy. Records showed all staff who provided care to people who lived with epilepsy had received training in the area.

The registered manager maintained training, one to one, spot checks and appraisal records. These showed which members of staff had received support and who was due. The records showed all staff employed were up-to-date with all relevant training and support. The registered manager told us she delegated one to one supervision meetings and spot checks to senior staff, however she always reviewed records of such meetings to identify any factors which she would need to consider for future training plans.

People told us they received regular assessments of their needs. The relative of one person who had recently been provided with a service told us, "We've got a whole folder of information, about their needs, which is very useful." Another person's relative told us the agency's assessment before they had offered a service had been, "Done right." Care coordinators said they always assessed a person's needs before offering them a service, telling us, "We're insistent of that, it's not worth the risk" of not performing a full assessment. Another care coordinator told us, "We take our own view, not others," when assessing people's needs.

Care coordinators told us a person's first visit in their own home was always by a senior, experienced care worker. They told us this was important because if the first meeting with the person had been in hospital, they knew this assessment could differ from how the person was, now they were at home.  Care workers told

us due to the agency's assessment process, when they started providing care to people, they could meet their needs. One care worker told us, "They've never sent me to someone I couldn't cope with.

Care coordinators told us part of the assessment process was their good working relationship with other professionals. One care coordinator told us they had a "Good rapport" with GP surgeries, district nurses and the mental health workers. They told us where issues were identified, they would do joint visits with district nurses or community psychiatric nurses. The registered manager described her work with hospitals to ensure people were discharged in a safe and effective way. They described the importance of planning ahead and working with other professionals, so a person was not provided with a service without the right information or at the wrong time of day or day of the week.

One of the care coordinators was responsible for supporting all the people who had additional needs, including people who were living with substance abuse needs, mental health needs or complex conditions such as motor neurone disease or who were fed via a Percutaneous Endoscopic Gastrostomy (PEG). They told us this meant they had established close working links with relevant specialists, so they could ensure they provided people with the care they needed and as advised by relevant professionals. We looked at a care plan for a person who was living with epilepsy. They had a clear care plan about meeting their epileptic care needs. We looked at the records of a person who was supported using a PEG, they were clear and followed national guidelines.

People told us staff knew what to do if they became unwell. One person told us, "If I phoned them up because I didn't feel well, they'd get me help. I'm confident they'd do something." One person's relative described when their relative had been taken ill, they told us, "It went quite well" because their care worker had known what to do to support their relative at that time. One care worker told us they had supported a person who had become very ill. What they told us showed they had acted appropriately, including phoning emergency services, staying with the person until the emergency services came and completing relevant records. The care worker told us the office staff had been, "Very supportive," to them when it happened.

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 service was working within the principles of the MCA.

Staff showed a good understanding of the principals of the MCA and told us they received regular training in the area. Care worker ensured they supported people appropriately to make decisions. Two care workers we met people with consistently asked people's permission before providing them with care and listened to people's responses before they started to offer them help. One care worker saw a person's main light was still on although it was bright in their sitting room. They asked the person's permission to switch it off. The care worker discussed with one person what they would like for lunch today and prepared the meal the person asked for, in the way they wanted. People had assessments of capacity and there were clear records where they had been assessed not having the capacity to manage some areas, such as finances, but could other areas, such as what they ate and drank.

Care workers supported some people with their meals and drinks. When this happened, people gave us positive comments. One person told us, "They make sure I have a jug of water left to hand, just like I want" and another, "They always help me with my dinner and also check I've got food." One care worker told us about the importance of making sure people had fresh water and other drinks they wanted before they left the person's home. Another care worker told us, "I always change their water and other drinks when I visit."

When we visited people, their care worker always asked people about the type of squash they wanted as well as asking if they wanted to have a cup of tea or coffee.  Where care workers supported people with their meals, they made sure they considered details about how the person wanted their meal. For example, a care worker checked with one person about how they wanted their salad cream putting on their lunch-time meal. Care workers also made sure people were given meals in the way they wanted, whether at their table or on a tray.

Good

# Is the service caring?

## Our findings

People gave us positive comments about the caring nature of the staff, such as, "They are lovely, lovely people," "They're like a family to me," and, "They're brilliant, they do everything we want and more."

People told us care workers were respectful and supported their dignity. One person told us, "They've a lovely attitude, including when they do intimate things." Another person told us, "I like the way carers respect how I like my house". Another person told us when they had started receiving a service, they had asked for a male care worker, "And I have always got one."

When we visited people, care workers were uniformly polite to them and performed personal care behind closed doors. One of the people, often needed support with personal care. The care worker asked them if they needed personal care when they visited in a sensitive, polite way. Care workers respected people's individual wishes. For example, one person's care plan documented they wanted care workers to wear over-shoes in their home. The care worker respected this and put on a pair of over-shoes, after they had announced themselves to the person.

People told us care workers supported their independence. One person told us, "I wouldn't be able to live alone and be independent," if it was not for the care they received. Another person told us, "The carers fill in the blanks I can't do." One person liked to continue to cook their meals. When we visited with a care worker, they had started cooking the meal, which the care worker then finished off for them. They told us they appreciated the way they were supported in doing this and being able to at least part-cook their meals.

Staff supported people in the way they wanted. One person told us about how, "Helpful" care workers were. Another told us they liked the way, "They always give me the time." Care workers started each visit by asking how the person had been since they last visited and always asked the person if they wanted anything else doing, before they left. Care workers were gentle and friendly in approach to people and we saw much easy, relaxed, talk between care workers and the people they visited. Care workers responded quickly when a person asked for help with something.  For example, one person could not open a chocolate biscuit rapper and asked for help. The care worker, smiled at the person, saying "Of course," as they unwrapped the chocolate bar.

People told us they liked the way staff treated them as individuals. One person told us, "I very much enjoy having their company. They don't just come to do my physical care, they help me as a person." Another person told us, "The carers are so adaptable and they learn from us too." When we visited people, the care worker showed a detailed knowledge of the people they were seeing, including the person's past working life, their current lives and family support. This meant they could readily engage with people in the way they wanted, discussing the person's garden with one, a family member with another and a television programme they both liked with another.

People told us they liked the way care workers supported them and their families. One person's relative told us, "They come I & just fit in," another told us they liked the way care workers were, "Very polite to me as well

as [name of spouse]."

Care workers were aware of the importance of confidentiality and people's security. One person told us they liked the way care workers, "Wear a badge and always introduce themselves," another, "I like the way they always carry ID." Care workers were aware of the importance of confidentiality. One of the care workers told us they were aware of risks of to people's confidentiality. They told us about the importance of giving polite, general answers to people who asked questions. This was particularly in warden-type accommodation or small local communities where people might ask intrusive questions. All people's records were kept confidentially, using password protected systems for electronic records.

Care workers showed a warmth when they spoke about people, telling us how much they liked working with the people they visited. What they told us also showed they understood the importance of individualised care. One care worker told us, "I work with a very diverse group of people and we must respect their differences," and another, "I like the variety and diversity of the work."

Good

# Is the service responsive?

## Our findings

People told us the service responded to their individual needs. One person told us when they started to receive a service, "We agreed a care plan and have changed it slightly since we started." Other comments from people included, "We have a review every six months and update it needed," "They meet with me and listen to what I say about changes in my care plan," and "They always ask me if I have any suggestions about my care plan." One of the care coordinators told us, "Of course we tailor visits to what the client wants and needs." Care workers told us people's care plans informed them of how people wanted their needs met. One care worker told us, "We've enough information" about meeting people's needs and another told us the new app system on their phone, "Tells me absolutely everything and you then highlight what you've done."

We looked at people's care plans. They documented the types of care people needed and how each person wanted to be supported. Care plans included relevant details relating to people's care. For example, one person's care plan described how, due to their disability, they had difficulties in raising their arms and how they were to be supported with their personal care in the light of this. Another person had their religious preferences documented and how staff were to support them with this.

People told us staff followed their care plans. One person told us, "Staff always follow what I've told them to do," another, "My personal care is done right." One person's relative told us, "They always follow the care plan." People told us because they received continuity of care from the same group of care workers they were able to build up a relationship with them, so their individual needs were met. One person told us, "I've nearly always the same carer," and another, "They keep to their list," about which care workers visited them. One person told us that, due to their condition, they were unable to cope with change and needed a care worker who was familiar to them. They told us the agency were aware of this need, and always phoned them to advise them about changes if, for example their care worker was off sick that day, and also phoned them if their care worker was going to be more than 15 minutes late.

People also told us the agency and the care workers were flexible in approach if changes were needed. One person told us, "Once I wasn't very well and they changed what they did that day to suit me." Another person told us, "They've changed things when I want things changing." One person's relative told us, "They're good at noticing how he is," another told us, "If changes are needed, I get on to the office and they adjust and tweak the care plan." One of the care coordinators told us care workers were "Very good" at coming back to them when people's needs had changed. Care workers told us the new app on their phone meant they found out about changes in people's needs via the app promptly, rather than waiting to be told by others, or once they arrived at the person's house, as had been the case before the app was introduced. One care worker described the app as, "Very informative" and another told us, "it's brilliant."

One of the people we visited had been unwell recently and so had not been able to do as much as they usually could. The care worker with the person told us how they responded flexibly to the person's changing needs, depending on how they were feeling each day. One person's records documented about their potential challenging behaviours which could be related to substance misuse. Their records showed the person's condition was judged at every visit and relevant feed-back was promptly provided by care workers.

This meant other persons involved with the person's care could be advised and actions taken to adjust the person's care plan when necessary.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. We reviewed the records of a person who was registered blind. These outlined how they were to be safely supported by care workers in relation to their visual difficulties. The care coordinator told us the app, which included the person's care plan, had been downloaded to the persons' own speaker system so they had been fully involved with drawing up and adjusting their own care plans.

People told us they felt confident if they raised concerns or complaints, action would be taken. One person told us, "They'd definitely do something if I complained" and another, "The manager sorts things out." One person told us they would not be worried about raising an issue because care workers and office staff were open in their approach so, "I can he honest with them." One person told us on one occasion they had told the office they did not like a particular care worker. They said the office staff had, "Dealt with it as I wanted." One person's relative told us they had made a complaint. They told us, "The response was good, they got straight on the case and sorted it out at once."

We looked at complaints records. They showed the registered manager followed the agency's complaints policy, including fully investigating issues raised and responding to people in an approachable manner. Most of the recent complaints had related to issues about communication between people's different service providers and many of the concerns raised did not relate to the agency's service provision.

When we visited, the agency were not providing any people with end of life care. The agency had provided people with end of life care in the past. One care worker described this type of care as a key area because it, "Enables people to stay in their own homes to the end." Care workers told us when they had provided end of life care in the past, they felt supported and able to respond to people because, "You're never left on your own by managers. One of the care coordinators described the importance of working together with other professionals when they provided end of life care. They told us, "The hospice have done a fantastic job at supporting us in the past."

Requires Improvement

# Is the service well-led?

## Our findings

People gave us positive feedback about the service they received. One person told us, "I'm exceedingly happy with the service," and another, "It's absolutely brilliant." This was echoed by people's relatives. One person's relative told us, "From my point of view they're excellent" and another, "I would say it's good and recommend it to anyone." People commented favourably on the support they received from the office staff. One person told us, "I'm quite satisfied with the office," and one person's relative told us, "I'm happy, really happy with them," about the office staff. People also gave us positive comments about the registered manager. One person told us, "I get on like a house on fire with the manager."

Staff also gave us positive comments about management of the service. One care worker told us, "I'm very happy with this company," another described management as, "On the ball," and another, I've had lots of support from management." One care worker told us, "I'd recommend them to work for."

Although we received these positive comments, we identified some areas which needed improvement. These related to ensuring all people had accurate records. For example, one person told us they had developed a pressure sore in the past. They told us staff were very good about checking their skin, so they could be alerted about any further issues. The care worker we visited the person with clearly supported the person in the way they needed. The person did not have a written risk assessment, care plan or records about the checks for pressure sores the care workers did when they were with them. Another person's records documented they used a tripod walking aid, but we saw they now used a frame to walk about safely. This did not currently present a risk to people because care workers who provided their care knew about their needs. However, we discussed with the registered manager that there could be risk of people not receiving the care they needed if care workers who were unfamiliar with them provided them with care. This was because key areas of support were not documented. By the end of the inspection the registered manager had started reviewing and up-dating care plans together with care workers and the care coordinators.

The registered manager, care coordinators and care workers told us the new care planning system on the phone app meant they could ensure assessments and care plans were more accurately completed. The registered manager told us the app meant communication systems were much improved so they could review matters as they happened, for example if a person was prescribed antibiotics, their medicines records and care plan could be up-dated at once. We observed one care worker who supported people in their own homes. The care worker routinely updated people's records as they provided them with care. This ensured up-to-date information was available to other care workers and the office, in real time. Care coordinators told us care workers were very good at coming back to them about changes in people's needs. They said this meant they could change people's care plans at the time changes were notified to them. People still had paper files in their own homes. These all showed evidence of regular care reviews for people.

The registered manager was supported by four care coordinators, who all had their own areas of responsibility. The registered manager was supported by an area manager from the provider. The registered manager told us the service was regularly audited by an area manager. We asked for copies of the recent

audits by the area manager. The registered manager told us they did not receive reports of audits by the area manager. This is an area which requires improvement from the provider, to ensure the registered manager has full access to relevant reports about the service. The provider had recently sent out questionnaires to people. Not all responses had yet been received by the time of the inspection. Those which had been received were all positive.

The registered manager performed her own audits of quality of care provision. She was open to different ideas and was keen to make improvements to develop service provision. Where she identified issues, she took action. For example, some people and care workers told us there could be issues because not enough time was given for care workers to get from one visit to another. The registered manager told us they were aware this had been an issue. They had fully reviewed allocated times between visits with the care coordinator responsible. They had introduced changes in the timings between visits. One care worker told us about these recent changes, they said, "It's much better now," and they hoped it continued.

One care coordinator told us the service's allocation system meant they could more appropriately tailor matching people with care workers. They told us if a person had requested a particular care worker not to support them, this could be ensured by the allocation system. It also included taking into account if a person smoked or kept pets. This meant care workers who did not wish to provide care to people who smoked or who were allergic to certain pets were not allocated to support such people.

Staff told us the care coordinators supported them in their roles. One care worker told us, "I've got no qualms about going to the office," and another, "The office staff help you out." One care worker told us they had felt uncomfortable visiting a particular person, they had spoken to their care coordinator. Their care coordinator had listened to them and dealt with the matter, so they were no longer allocated to them. Care workers told us they received support when they worked out of hours. One care worker told us, "On call are at the end of the phone if you need them" and another, "If I ring on-call, they'd absolutely do something." The care coordinators and registered manager also showed a positive attitude about their staff. The registered manager told us, "I think they've done amazingly well with the introduction of the new phone app."

Staff told us they received regular support through staff meetings. One care worker told us the staff meetings were, "Very useful, it's nice to meet others and get their point of view on something" and another, "I definitely have my say at staff meetings." The registered manager told us they organised four staff meeting sessions close together in time, so all staff could attend one of them. All staff meetings were minuted and made available for staff to review.

The agency's culture was to focus on the people who received a service. People told us one of the key areas in this was their receiving continuity of care. One person told us, "It's so nice to have someone regular who knows you and knows what to do." People also told us they appreciated the flexibility of the service. One person told us the service was, "Flexible, any change I ask for they do it," giving the example of a recent doctor's appointment where they had needed to change their visit timing. People also commented on the responsiveness of the service. One person told us, "The office answer the phone more or less immediately." People told us staff knew them as individuals. One person's relative told us, "They're good at noticing how he is." Staff were aware of the importance of regular contact with other persons and professionals involved in people's care. One care worker told us about the importance of, "Keeping in touch with relatives." One person's relative confirmed this and told us, "They definitely tell me about anything."