Avidity Living Ltd

Clarriots Care Surrey North

Inspection report

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Date of inspection visit:
08 June 2018

Date of publication:
21 June 2018

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

The inspection took place on 8 June 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults, including people living with dementia. There were 14 people using the service at the time of this inspection, two of whom were receiving live-in care.

There was no registered manager in post at the time of our inspection. The previous registered manager had left on 2 February 2018. The current manager started work on 21 May 2018 and had applied for registration with the Care Quality Commission (CQC). Like registered providers, registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People felt safe when staff provided their care. Staff understood any risks involved in people's care and managed these well.

The agency had missed some care calls in the period before our inspection, which meant people had not received a safe and reliable service. The provider had taken action to reduce the risk of further missed calls and to ensure sufficient staff were available to carry out all scheduled calls. We made a recommendation that the provider implement a call monitoring system which would alert the office if a care worker failed to arrive for a scheduled visit.

There were procedures for staff to follow if they were unable to contact a person when they arrived to provide their care. Staff had access to management support and advice when they needed it, including out-of-hours.

There were plans in place to ensure people's care would not be interrupted in an emergency. Incidents and accidents were recorded and reviewed to identify what action could be taken to prevent a recurrence.

The provider had appropriate recruitment procedures to help ensure they employed only suitable staff. Staff attended safeguarding training and understood their responsibilities in terms of recognising and reporting abuse.

Medicines were managed safely. Some shortfalls in medicines recording had been identified in a recent audit but the manager had taken action to ensure these were addressed.

Staff maintained appropriate standards of infection control. Staff helped people keep their homes clean and hygienic and wore personal protective equipment when providing care.

People's needs were assessed before they used the service to ensure staff could provide their care. People

were encouraged to contribute to their assessment to ensure they agency understood their needs and preferences.

Staff had access to the training and support they needed to do their jobs. Staff attended an induction which included all elements of mandatory training and had access to additional training relevant to the needs of the people they cared for. Staff had opportunities to meet with their managers to discuss their performance and training and development needs.

People's care was provided in accordance with the Mental Capacity Act 2005. Staff understood the importance of consent and respected people's choices about their care. If people lacked the capacity to make decisions, relevant people had been consulted to ensure any decisions were made in the person's best interests.

People's nutritional needs were assessed when they began to use the service. A care plan was developed to meet any identified dietary needs and specialist professional input obtained where necessary.

Staff monitored people's healthcare needs and responded appropriately if their health deteriorated. Staff accompanied some people to healthcare appointments and communicated with healthcare professionals where people wished them to do so.

Staff were kind and caring. People had developed positive relationships with their care workers and enjoyed their company. Relatives said staff treated their family members with respect and maintained their dignity when providing care. Staff supported people to maintain their independence wherever possible.

People received a service that was responsive to their individual needs. Each person had an individual care plan, to which they were encouraged to contribute. Care plans provided detailed guidance for staff about how to provide the support people needed in the way they preferred.

Professionals told us staff provided people's care according to the guidelines contained in their care plans, which ensured people's needs were met. Relatives and professionals said the agency responded effectively if people's needs changed or if they suggested changes that could improve people's experience of care.

The agency had a written procedure which set out how complaints would be managed. No complaints had been received but people knew how to complain if necessary and were confident any concerns they raised would be taken seriously.

There had been challenges to the effective management of the service following the resignation of the previous registered manager. However the provider had taken action since then to establish an effective management team. A new manager and a care co-ordinator had started work in May 2018. The manager had improved the monitoring of the service and included any areas for improvement in the agency's development plan.

People and their relatives had opportunities to give their views about the care the agency provided. People told us their views were listened to and their feedback acted upon. Staff felt well-supported by the management team and said they had access to support and advice when they needed it. The agency had established effective working relationships with other professionals involved in people's care, including GPs, district nurses and occupational therapists.

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.

Staff provided people's care in a safe way.

There were enough staff employed to provide people's care.

Staff knew their responsibilities should they suspect abuse was taking place.

People were protected by the provider's recruitment procedures.

There were plans in place to ensure people's care would not be interrupted in the event of an emergency.

People's medicines were managed safely.

Staff maintained appropriate standards of infection control.

Is the service effective?

Good

The service was effective.

People's needs were assessed before they began to receive care.

Staff had access to the induction, training and support they needed.

People's care was provided in accordance with the Mental Capacity Act 2005.

People's nutritional needs were assessed and care plans developed to meet any needs identified.

Staff monitored people's well-being and responded appropriately if their health deteriorated.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and had positive relationships with the people they supported.

People received their care from regular staff who understood their needs.

Staff treated people with respect and maintained their dignity when providing care.

Staff supported people to maintain their independence.

Is the service responsive?

Good

The service was responsive to people's needs.

People were involved in the development of their individual care plans.

Staff supported people to take part in activities and to pursue their interests.

The agency responded effectively if people's needs changed.

People knew how to complain and felt comfortable raising concerns.

Is the service well-led?

Good

The service was well-led.

Challenges to the effective management of the service had been addressed by the recent recruitment of a manager and care co-ordinator.

People and their relatives had opportunities to give their views about the care the agency provided.

The manager had improved the agency's quality monitoring systems and included areas identified for improvement in the service development plan.

Staff felt well-supported by the management team and felt able to speak up or raise any concerns they had.

The agency had established effective working relationships with other professionals involved in people's care.

Clarriots Care Surrey North

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 June 2018. The provider was given three days notice of our visit because we wanted to ensure the provider was available to support the inspection. One inspector carried out the inspection.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We also reviewed the Provider Information Return (PIR) submitted by the provider on 11 May 2018. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we visited the agency's office and spoke with the provider, the manager and the care co-ordinator. We checked care records for two people, including their assessments, care plans and risk assessments and three staff recruitment files. After the inspection the provider sent us further information including staff training records, quality monitoring audits, the service action plan and the agency's policies and procedures.

Following the inspection we spoke with two people who used the service and six relatives by telephone to hear their views about the care the agency provided. We received feedback via email from four staff about the training and support they received to do their jobs. We also received feedback from four health and social care professionals who worked with the agency.

This was the first inspection of the service since its registration with CQC on 2 June 2017.

Good

Is the service safe?

Our findings

People were confident that staff kept them safe. We asked people whether they felt safe when staff provided their care. One person responded, "Absolutely." Another person said, "Very much so." Professionals told us that none of the people whose interests they represented had raised concerns about the care they received. A professional reported, "I have never had any service users or families contact me to say that a client is receiving poor care."

The agency had missed some care calls in the period before our inspection, which meant people had not received a safe and reliable service. The PIR submission on 11 May 2018 stated that the agency's staff had carried out 1000 visits in the 28 days prior to this date and that two visits had been missed. No-one had suffered harm as a result of these missed calls but failure to carry out all scheduled calls potentially put people at risk of harm.

The provider was able to demonstrate that action had been taken to reduce the risk of missed calls and ensure that sufficient staff were available to meet the agency's care commitments. The provider said all three members of the office team had completed the training they needed to provide people's care in an emergency, such as a care worker being unwell. The provider told us that one missed call occurred as result of poor communication. An additional call was added to a care worker's rota and communicated to them via text message. The call was missed because the care worker did not receive the text. The provider told us that any changes to staff rotas were now followed up with a telephone call from the office to check that staff were aware of the changes. Although the provider had taken action to reduce the risk of missed calls, there was no electronic call monitoring system to alert the office if a care worker failed to arrive at call, which meant it was not possible to eradicate this risk completely.

We recommend that the provider implement an effective call monitoring system which would alert the office should a care worker fail to arrive at a scheduled visit.

The agency had a procedure for staff to follow if they were unable to get a response from a person when they arrived to provide their care. The provider said staff were instructed to try all available means to contact the person or their relatives and not to leave the person's property until the agency knew the person was safe. Staff told us they had access to on-call management support when they needed it, including out-of-hours. There were plans in place to ensure people would continue to receive their support in the event of an emergency. The provider's business contingency plan set out how care would be delivered in the event of staff shortage or the agency's office being unavailable. We heard an example of a member of staff acting promptly to safeguard one person in an emergency. Having arrived to find a person had suffered a fall, the member of staff called emergency services and waited with the person until paramedics arrived. The member of staff then informed the office about the event and accompanied the person in the ambulance when paramedics decided they required transfer to hospital.

People and relatives told us care workers usually arrived on time unless they were delayed by traffic or by their previous care call. One person said, "They are good time-keepers." Another person told us, "There's no

problem with time-keeping, on the whole they are pretty good." A relative said, "When they were visiting daily they were always there on time." One relative told us their family member's calls were sometimes late and that they had raised this with the provider. The relative said there had been some improvements since their discussion with the provider, reporting, "It has got better; I can see they are trying." Staff told us they had enough time at each visit to provide the care people needed. They said travelling time was built into their rotas and that this was usually sufficient unless they encountered heavy traffic.

Staff understood their responsibilities in terms of recognising and reporting abuse. All staff received safeguarding training in their induction and were given information about whistle-blowing. The provider had completed advanced safeguarding training for managers to ensure they understood their own responsibilities. Staff who returned feedback told us they knew how to report abuse and would feel confident to do so if necessary. They understood how to raise concerns about abuse or poor practice outside the agency if necessary, such as with the local safeguarding authority or CQC.

The provider operated appropriate recruitment procedures. Prospective staff were required to submit an application form and to attend a face-to-face interview. The provider carried out checks before staff were employed to ensure they were suitable for their roles. These checks included obtaining references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Risks to people's safety were assessed and measures put in place to reduce any risks identified. Risk assessments addressed the environment in which care was to be provided and fire safety arrangements. People's needs in relation to moving and handling were recorded and appropriate equipment had been obtained to maintain their safety, such as walking frames and recliners. Accidents and incidents were recorded and reviewed to prevent similar incidents occurring again.

People's medicines were managed safely. People who received support with taking their medicines told us staff helped them do this safely. Staff attended medicines management training in their induction and their competency was observed and assessed before they were authorised to support people with medicines. Risk assessments had considered any risks related to medicines and people's support needs recorded in their care plans.

Some shortfalls in medicines recording had been identified in a recent audit but the manager had taken action to ensure these were addressed. The manager told us the audit had identified that staff had applied a prescribed topical medicine (cream) but had not added this to the person's medication administration record. The audit also identified some discrepancies between medication administration records and stocks of medicines. The manager told us that when they investigated these discrepancies they found the errors were related to recording rather than administration. The manager had spoken to the individual members of staff involved and told us they planned to speak to all staff at the next team meeting on 22 June 2018.

Staff maintained appropriate standards of infection control. People told us staff helped keep their homes clean and hygienic and that staff wore personal protective equipment, such as gloves and aprons, when providing their care. Staff attended infection control training in their induction and told us sufficient personal protective equipment was provided to them. An infection control risk assessment was carried out when people began to use the service and a support plan put in place if risks were identified.

Good

Is the service effective?

Our findings

People told us staff knew how to provide the care they needed in the way they preferred. Relatives said they were confident in the skills of the staff who cared for their family members. One person told us, "They know just how I like things done." A relative said of staff, "They have all been very competent. I think we've been very fortunate to get them." Professionals told us that they had observed staff to be competent and appropriately skilled to provide people's care. One professional said, "I am very impressed with the quality of the staff overall."

Staff had access to the training and support they needed to do their jobs. All staff attended an induction when they started work which included mandatory training such as health and safety, moving and handling, food hygiene and fire safety. Staff told us the induction process had been useful and that they had been given enough information about people's needs before they began to support them. One member of staff told us, "The induction was very good and I met my client beforehand which really helped."

The provider told us that refresher training in mandatory areas would be provided to staff on a regular basis and that all staff who had not yet achieved it would be expected to complete the Care Certificate. The Care Certificate is a set of nationally-agreed standards that health and care workers should demonstrate in their everyday working lives. The PIR reported that the provider was exploring ways to support staff to achieve further relevant qualifications. The PIR stated, 'We are currently looking at working with a provider to access QCF [Quality Care Framework] level 2 and level 3 to offer to all of our care staff.'

Staff received further training where necessary to meet the needs of the people they cared for, such as dementia and enteral feeding (the delivery of nutrition directly into the stomach). The provider had established links with health and care professionals to ensure that this training was available when needed. Professionals told us that staff were receptive to learning new skills to ensure they could provide the care people needed. One professional said, "I have given training to the staff and found them all very responsive, full of good ideas." Another professional told us, "I have worked with Clarriots regarding a patient who required assistance with [specialised feeding]. We had difficulty in finding an agency who would take on this task. Clarriots had one carer who was competent in this skill and other staff who were willing to become competent. I did joint visits with the staff to provide a good handover of care and ensure the patient received safe care. They were willing to learn new skills and to take advice from our care plans."

Staff met with their managers for supervision, which provided opportunities to discuss their performance and training and development needs. Staff told us supervision was useful and that they felt able to raise any concerns they had with their managers. The provider's supervision records indicated that staff had last received supervision in February 2018. The manager told us that they would be supporting the care co-ordinator to provide each member of staff with a one-to-one supervision session within the next month. There were arrangements in place to ensure that staff providing live-in care were adequately supported. Staff who provided live-in care told us they had regular contact from the management team to check they had the support they needed. Relatives of people who received live-in care told us that a member of the management team maintained regular contact with them and carried out visits to monitor the placement.

People's needs were assessed before they used the service to ensure the agency could provide the care they needed. People and their relatives told us they had been encouraged to contribute to the assessment to ensure it reflected their needs and preferences. People's care was provided in accordance with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training on the principles of the Act and how these principles applied in their work. People were asked to record their consent to their care and we saw signed consent forms in people's care records. If people lacked the capacity to make decisions, relevant people had been consulted to ensure any decisions were made in the person's best interests.

People's nutritional needs were assessed during their initial assessment and any dietary needs recorded in their care plans. The agency supported two people who had specific dietary needs. Staff had received training from healthcare professionals to enable them to manage these needs safely and effectively. The support people needed to manage their nutritional needs, including guidance from professionals, was recorded in their care plans.

Staff monitored people's healthcare needs and responded appropriately if their health deteriorated. The provider told us staff were quick to notify the office if they observed any changes in people's health. The provider said the office team then contacted the person's family where necessary and supported the person to obtain any treatment they needed, including contacting their GP if they wished. The PIR stated, 'The office team have been known to make calls to get appointments for some of our more vulnerable clients then follow these up with the GP. We have also requested home visits where necessary, as well as requesting blister packs for medication on occasion.'

The PIR stated, 'Clarriots Care Surrey North regularly works in partnership with external agencies such as district nurses, dieticians, GPs etc. We aim to ensure that all clients have assistance whenever needed to ensure they are able to access healthcare service at appropriate times.' The agency had communicated effectively with healthcare professionals to safeguard the health of one person who was reluctant to receive care. Due to the concerns of staff about the person's health, the agency reported their concerns to the district nursing service. A district nurse then assessed the person's needs and provided the treatment they needed to recover. The agency worked effectively with other professionals when people moved between services. For example the provider had communicated with local hospitals regarding planned discharges to ensure people's transition from hospital to home was well managed.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. People told us they had established positive relationships with their care workers and enjoyed their company. One person said, "I look forward to their visits." Relatives told us the staff who cared for their family members were kind and considerate of their family member's wishes. One relative said of the staff the agency had supplied, "I have been very happy with them. He has had three or four, I couldn't fault any of them; they have all been very good." Another relative told us their family member had responded well to the kindness shown by their regular care worker. The relative said of the care worker, "She is a good woman. She is good at what she does. She exudes warmth and kindness, which [family member] responds to. She has got the right way of communicating with [family member]."

Professionals told us the staff they had met were caring and made sure people received the care they needed. One professional said, "The staff I met were kind and caring and interested in the patient's needs. I was always able to contact the staff to arrange joint visits and discuss care plans." Another professional told us, "The staff are all kind caring and compassionate and know how to treat service users with dignity and respect." A third professional said, "I have had feedback from service users and families to say that they get on with most care workers who come into to support the client." The professional told us the provider demonstrated a caring approach in their own work, reporting that "[Provider] has been very kind and caring and you can see that she just wants to give the best service possible and make sure the person has everything that they need."

People and their relatives told us staff that staff were respectful towards the people they cared for. They said treated people and their property with respect. One person told us, "I have been very impressed with them. They are very polite." A relative said that staff "Absolutely" treated their family member with respect. Professionals reported that staff ensured people's dignity was maintained when providing their care. One professional told us, "A lot of clients receive personal care support from Clarriots Care and they ensure that the individual is treated with the utmost respect. I have no reports from service users to say that a care worker has made them feel undignified in any way. No concerns raised to me by any service users/families about staff being disrespectful to them or their homes." Another professional said, "The staff I met were respectful when in the patient's home."

The provider had set out in the PIR how staff ensured that people's privacy and dignity was maintained during personal care. The PIR stated, 'Staff always carry out personal care tasks in a way which privacy and dignity is upheld, closing doors, curtains and blinds. Taking clients into a specific room so they can dress in private. Clients being covered up and kept warm after bathing/showering whilst getting dressed, maintaining their dignity. All care plans are written with privacy and dignity in mind.'

People received their care from regular staff who understood their needs. People told us their care was provided by a small team of staff, all of whom were known to them. They said this aspect of their support was important to them. People were supported to be as independent as they wished. One of the agency's stated aims was, 'To ensure our clients remain independent.'
People were asked during their assessment which aspects of their care they could manage themselves and

how they wished to be supported to maintain these skills. Some people had been supported to regain their independence. For example one person had stressed their wish to regain their independence following a medical intervention and was being supported by staff to manage their own personal care.

The provider told us that the agency aimed to offer support to people of different faiths and cultures and to value diversity in recruitment and in the provision of care. The PIR stated, 'We do not discriminate in our recruitment process and all applicants complete an equal opportunities form as part of the application process so we know equal opportunities are always adhered to.' The provider said they sought to recruit staff who spoke other languages in addition to English in order that care could be provided to people who spoke these languages. One person who received live-in care had been matched with a care worker who shared their first language. The person's relative told us this had benefited their family member as they found it easier to communicate their needs.

People had access to information about their care and the provider had produced information about the service. The provider's PIR stated, 'Clarriots Care Surry North prides itself on providing clients with all information they require about the service provided in a form they are able to read, digest and understand.' People were issued with a statement of terms and conditions when they began to use the service which set out their rights and the service to which they were entitled. The provider had a confidentiality statement, which set out how people's confidential and private information would be managed. Staff were briefed on the statement and the importance of managing confidential information during their induction.

Good

Is the service responsive?

Our findings

The service was responsive to people's individual needs. Each person had an individual care plan drawn up from their initial assessment. People told us they had been encouraged to contribute to their care plans to ensure they reflected their preferences about the support they received. This was set out in the agency's Statement of Purpose which stated, 'We provide our service in accordance with client's wishes and we construct a tailored care plan for each client which is agreed by all parties.'

The care plans we checked provided detailed guidance for staff about how to provide the care and support people needed. They also contained a section entitled, 'What's important to me' which recorded details of people's personal histories, such as their family, employment, interests and hobbies. This information enabled staff to engage with people about their individual lives and experiences. Care plans also contained information about people's individual communication methods and the support they needed to make and communicate decisions about their care.

Professionals told us staff provided people's care according to the guidelines contained in their care plans, which ensured people's needs were met. One professional said, "From looking at the paperwork and the daily care records of my clients I can see that the care workers are adhering to the support plan that I have put in place and are therefore meeting the needs of that person."

Relatives and professionals told us the agency responded effectively if people's needs changed. A relative said they had contacted the provider to discuss changes in their family member's needs and how the agency could meet these. The relative told us the provider had responded well to ensure the agency could continue to meet their family member's needs. The relative said, "I was very pleased with the way they responded."

Professionals said the provider responded positively if they suggested changes that could improve the care people received. They told us the reviews they had carried out demonstrated that people were happy with the care and support they received from the agency. A professional said, "I have had many conversations with [provider] and have met her at clients' houses several times to conduct reviews. If there is something that I suggest or something that I ask of [provider] then she is quick to try and put this in place if she feels like this will benefit the servicer user."

There were appropriate procedures for managing complaints. The agency had a written complaints procedure which was given to people when they started to use the service. The agency's Statement of Purpose said the provider aimed 'To ensure all complaints are investigated and any problems are rectified, solved and recorded to the satisfaction of our clients.' The PIR stated that no complaints had been made about the agency since it opened. The provider confirmed this at our inspection. No complaints had been made about the agency to CQC.

None of the people or relatives we spoke with had needed to complain but all told us they would feel comfortable doing so and were confident the agency would take seriously any concerns they had. One person said, "I would certainly let them know if something wasn't right." A relative told us they had

contacted the provider to discuss some concerns they had at the beginning of their family member's care package. The relative said the provider had worked with them to resolve the issues they had raised. The relative told us, "There were some teething problems initially but those have been ironed out."

The agency was not providing any end of life at the time of our inspection. The provider told us that the agency could provide support to people who wished to spend their final days at home rather than in hospital as long as their care needs could be met. The provider said the agency would work with healthcare professionals to provide the care people needed and that end of life care plans would be developed to record people's wishes about the support they received.

Good

Is the service well-led?

Our findings

The agency was well-managed. There had been challenges to the effective management of the service since the beginning of 2018. The previous registered manager had left on 2 February 2018, which had left the provider in sole charge of running all aspects of the agency. This coincided with a period during which the number of care packages commissioned by the local authority and the Clinical Commissioning Group (CCG) increased.

Some of the feedback we received indicated that the service people received was not sufficiently reliable during this period. One professional told us that some care calls had been missed during this period. However the provider had taken action to establish a management team that was equipped to run the agency effectively and to maintain an oversight of the agency's performance. A new manager had been recruited and had started work on 21 May 2018, three weeks before our inspection. The manager had previous experience in a similar role and had applied for registration with CQC. The manager understood the responsibilities of the registered manager's role, including the submission of statutory notifications about specific events. A care co-ordinator had been appointed and had taken up their post on 22 May 2018. Together with the provider, the manager and care co-ordinator formed the agency's management team.

The manager had made improvements to a number of operational areas in the short time they had been employed, the most valuable of which was the implementation of an effective quality monitoring system. The manager had carried out audits to check standards and identify any areas in which the agency needed to improve. These audits included medication administration records, daily care records and staff files. Where areas for improvement were identified, the action needed to address them had been recorded in an action plan. For example the manager's audit of daily care records found that staff had not always included sufficient detail on their care they provided, such as recording how much water they had used when flushing an enteral feeding tube. Another audit found that a person's prescribed medicines had changed but it was not clear whether this had been communicated to the office. The service action plan set out how these areas would be addressed, by whom and by when. Actions included speaking to staff at supervisions and team meetings to make clear the improvements that were required. The manager had spoken with all staff individually since taking up their post and had scheduled a team meeting for 22 June 2018.

The agency had effective working relationships with other professionals involved in people's care, including commissioners, care managers and district nurses. Professionals told us the agency communicated well with them. One professional said, "I have developed a very good relationship with [provider]. From speaking to colleagues here in the office they have also said that [provider] is very positive and will try to do all she can to support the service user and make sure they receive the best possible service." Another professional told us, "They seem very engaged and have attended our local Home-based Care forums and are submitting their Key Performance Indicator information on time." The professional said the provider submitted performance monitoring information about call completion, staffing and quality monitoring, such as any complaints or compliments received.

People and their relatives told us that they could contact the agency's office when they needed to. They said

they had always been able to obtain any information they needed. One relative told us, "I have never had a problem getting hold of someone when I've needed to." People said the agency contacted them to ask for their views about the care they received. Relatives told us a member of the management team had visited their family members to check they were happy with the care staff provided. They said the management team had also carried out spot checks on staff to monitor their practice. One person told us, "They do pop in to see how things are going." A relative said, "They have been in touch to check we're happy with things are going. [Provider] comes herself. I've always found her excellent." Another relative told us, "They ring me and they have visited. They have done spot checks on the carer as well."

Staff told us they were well-supported by the management team. They said their managers were approachable and available for advice when they needed it. One member of staff told us, "When I have problems with my work my managers are always there for me." Another member of staff said management support was "Only a call away." A third member of staff told us, "I have had tremendous support from this agency. I feel the agency is well managed as there is a good co-ordination between the three. All three are very approachable." Staff said they felt able to speak up if you had suggestions or needed to raise concerns. One member of staff told us, "I can speak with my boss and she has respect for my opinions."

The agency's Statement of Purpose said, 'We provide support to our team members through management support, training and development and through encouraging participation in key decisions that will affect them.' The manager told us they aimed to improve the support provided to staff by implementing quarterly team meetings and ensuring that staff were always up to date with their one-to-one supervision. The manager said spot checks would continue to be used to assess staff practice and competency. The manager provided an example of how a staff member had been supported to improve following a recent spot check. The member of staff was observed to provide care safely and correctly but their communication with the person they were supporting required improvement. The manager said the member of staff had been given feedback about how to improve their communication when providing care to ensure people were comfortable, confident and reassured throughout the process.