Kamino Homecare LTD

Kamino Homecare Ltd

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was a comprehensive inspection that took place on 16 October 2018. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection.

The service was last inspected on 12 May 2016, where we found the provider to be in breach of the regulations in relation to safe care and treatment, staffing and good governance. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective and well-led to at least Good. At the focused inspection on 31 October 2017, we found that the provider had made improvements and were no longer in breach of the regulations.

Kamino Homecare Limited is a domiciliary care service registered to provide personal care to people in their own homes. At the time of this inspection, the service was providing personal care to over 43 people living with dementia, a mental health condition, physical disabilities, older people and younger adults.

The service had a registered manager who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and staff were trustworthy. Staff were knowledgeable about how to safeguard people against avoidable harm and abuse. People's risk assessments gave information on how to mitigate risks to provide safe care.

People told us staff were reliable and arrived on time. The provider had systems in place to monitor staff's timekeeping and punctuality. Staff told us care visits were well organised and they had enough travel time.

The provider followed safe recruitment procedures and there were enough staff to meet people's needs safely.

People's medicines were managed safely. Staff were trained in infection control and followed safe infection control practices to prevent the spread of infection. There were systems in place to report, record, investigate incidents and learn lessons from them.

People's needs were assessed before they started receiving care. They told us their dietary needs were met and they were supported where requested to access healthcare services.

Staff received regular training and supervision to provide effective care. The provider delivered care in line with the Mental Capacity Act 2005 principles.

People told us staff were caring and treated them with dignity and respect. Their cultural needs were recorded and met by staff. Staff supported people to remain as independent as possible. Staff were trained in equality and diversity. The provider encouraged lesbian, gay, bisexual and transgender people to use the service.

People's care plans were individualised and regularly reviewed. People and relatives told us they were involved in the care planning process. People on palliative and end of life were supported with their needs.

People and relatives knew how to make a complaint and were satisfied with the process.

People and relatives spoke highly of the management. Staff told us they felt well supported. The provider had effective monitoring and auditing checks and systems to ensure the safety and quality of the service. People, relatives and staff's feedback was sought to continuously improve the service.

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 told us they felt safe with staff.

Staff knew how to safeguard people against harm and abuse. People's risk assessments gave staff information on how to provide safe care.

People's medicines were managed safely by staff who were appropriately trained.

There were enough and suitable staff to meet people's needs safely.

Staff knew how to prevent the spread of infection.

The provider had processes in place to learn and share lessons from accidents and incidents.

Is the service effective?

Good

The service was effective.

People told us their needs were assessed and met by staff who knew how to support them.

Staff received regular training and supervision to do their jobs effectively. They told us they worked well as a team and with healthcare professionals where requested to meet people's individual needs.

People were satisfied with their dietary support.

The provider supported people in line with the Mental Capacity Act 2005 principles. Staff asked people before supporting them and gave them choices.

Is the service caring?

Good

The service was caring.

People and relatives told us staff were caring and kind.

Staff were trained in dignity and privacy. People told us staff respected their privacy and treated them with dignity.

People told us staff listened to them and they felt involved in their care.

Staff encouraged people to remain as independent as possible.

Is the service responsive?

Good

The service was responsive.

People told us their personalised needs were met and staff knew their likes and dislikes.

People's care plans were detailed, regularly reviewed and gave staff sufficient information to provide person-centred care.

Staff were trained in equality and diversity. The provider encouraged lesbian, gay, bisexual and transgender people to use the service.

People and relatives were satisfied with the way complaints were addressed.

People's end of life care needs were discussed, recorded and met.

Is the service well-led?

Good

The service was well-led.

People and relatives told us the service was well managed and would recommend the service.

Staff told us the management was approachable and they felt well supported.

The provider had effective monitoring and auditing checks in place to ensure the quality and safety of the service.

Kamino Homecare Ltd

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 inspection took place on 16 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit to ensure there was somebody at the location to facilitate our inspection.

The inspection was carried out by one inspector who visited the provider's office.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We looked at the information sent to us by the provider in the Provider Information Return, this is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This inspection was informed by the feedback from the funding local authority.

During the inspection visit, we spoke to the registered manager, a field supervisor, a human resources officer, an administrator, a senior care staff member and five care staff. We reviewed five people's care plans and risk assessments, five staff files including recruitment and training, and records related to the management of the service.

Following the inspection, we spoke to four people who used the service and three relatives. We reviewed documents provided to us after the inspection including updated care plans and risk assessments, complaints logs, missed call logs, and policies and procedures.

Good

Is the service safe?

Our findings

People told us staff were trustworthy and they felt safe with them. One person said, "Yes, definitely feel safe with [staff member]." Another person told us, "I trust [staff member] and yes, I feel safe with her." Relatives comments included, "Oh very much so safe with [staff]", "[Person who used the service] is safe with them [staff] and trusts them" and "Of course, no qualms about [person who used the service] safety."

Staff were trained in safeguarding procedures. They were knowledgeable about the types, signs of abuse and the actions they needed to take if they noticed any signs of abuse, neglect and poor care. Their comments included, "It is protecting individual people from harm or abuse" and "To keep people safe from harm. Some types of abuse are neglect, financial, physical, mental and sexual. Signs I would look out for are if client [person who used the service] is looking unkempt, clothes not clean, looking starved, lack of food and toiletries, bruises, fearful. I would alert my supervisor and report it to the office."

Staff knew the role of external agencies in ensuring people's safety and how to escalate concerns if the management failed to act appropriately. One staff member said, "The manager would report it to the social services. I would blow the whistle by reporting it to the social services as it is about the person's safety." The management kept clear records of safeguarding concerns, referrals to the local safeguarding team, internal investigation notes and the outcomes.

The provider identified, assessed and mitigated risks associated with people's healthcare and mobility needs. People's risk assessments gave information on the risks to people and the measures staff should to take to minimise the risks. Risk assessments were individualised and regularly reviewed. Records confirmed this. They were for areas such as environment, moving and handling, personal care, falls, medicines and mental health. For example, a person who was being supported by two staff and at risk of falls had detailed safe handling and falls risk assessments in place. Their safe handling risk assessment gave instructions to staff on how to safely support the person to mobilise such as assisting them with getting in and out of bed, and turn in bed. People's care files also detailed information on how to manage risks in relation to their health conditions such as diabetes, Alzheimer's and pressure sores.

Staff demonstrated a good understanding of risks to people, how to provide safe care, and the actions they were required to take in case of emergencies and concerns. For example, we asked staff what would they do if the person was unwell during the care visit. They told us they would report it to the office and take their advice to call the paramedics, and contact the person's next of kin where appropriate. This meant the provider had systems in place to ensure people were safeguarded against avoidable harm and abuse.

People told us staff were reliable and generally arrived on time and stayed throughout the duration of care visit. One person said, "Generally, they [staff] come on time." Another person told us, "Yes, 100% on time. Always careful with timing." Relatives comments included, "Staff arrives on time", "For the most part, [staff] arrive on time" and "[Staff member] is always punctual."

People's daily care records and electronic care visit monitoring system showed staff generally arrived on

time. Staff we spoke to told us they had sufficient travel time and did not feel rushed. Their comments included, "We have enough staffing. Yes, we have enough travel time also", "Care calls are scheduled well. Travel time is taken into consideration" and "We have [electronic system] that we can access to know rotas. We work with the same clients unless someone is sick then we are given an additional client." Staff told us if they were running late they would contact the office so that they could inform people. The provider used an electronic care visit monitoring system to monitor staff's punctuality and timekeeping.

The provider maintained records of late and missed visits, their discussion notes with staff, apologies sent to people, and actions taken to minimise the reoccurrence. Following the inspection, the provider sent us missed and late visit logs detailing reasons and actions taken to prevent missed and late care visits. This log enabled the registered manager to identify any trends in staff who missed care visits. The log showed staff who had missed care visits more than once and due to not checking their rota had been through disciplinary procedure and given verbal and written warnings. This meant the provider had systems in place to ensure people received care visits as agreed in their care plan.

Staff recruitment records had application forms, interview notes, identity, right to work in this country, reference and criminal records checks. This showed the provider followed safe recruitment practices to ensure staff were skilled, of good character and safe to work with people who were vulnerable as a result of their circumstances.

Most people were either able to self-administer medicines or their relatives supported them. However, those who required support with medicines administration told us they were satisfied with the support. Their care files had medication risk assessment and instructions for staff on how to safely manage their medicines. Staff were trained in medicines administration and their competency assessed before they started supporting people with medicines. People's medicines administration records (MAR) were appropriately completed. The provider sent us reasons where there were some gaps in people's MAR. These gaps were mainly due to people cancelling care visits. The registered manager told us moving forward they would record the reasons for gaps at the back of MAR for clarity.

Staff told us they were trained in medicines administration. Records confirmed this. One staff member said, "Yes, [I] have received training. Some people able to take their medicines, some people need help and we administer and complete MAR" and "If [person who used the service] refuses you cannot force her to take medicines, ask her after some time and if says no record that on the MAR and explain at the back that it was refused."

People told us staff used gloves and aprons when supporting them. Staff were trained in infection control and told us were provided with sufficient protection equipment including gloves, shoe covers and aprons.

The provider had systems in place to record, report, and investigate accidents and incidents, and learn and share lessons from them to minimise reoccurrence. However, there had not been any incidents since the last inspection.

Good

Is the service effective?

Our findings

People and relatives told us their needs were being met. One person said, "[Care] is effective. [Staff] know what they are doing and do it well." Relatives comments included, "Yes, [staff] does everything [person who used the service] needs", "Absolutely, [person who used the service] needs are met. [Staff member] supports him with [personal care]. When [staff member] has finished with [person who used the service] [personal care] is well groomed. [Staff member] would tell me if notice a scratch" and "Staff are excellent, professional and knows about dementia."

People's needs were assessed before they started receiving care. Following receiving the referral, the field supervisor would arrange a needs assessment meeting where they would meet with the person, and where necessary their relatives and other professionals involved in the person's care to establish the person's needs, abilities, health conditions and the support they required. This information was then used to develop their care and support plans, and the staffing needs, and whether the person required one or two staff members to support them. Records confirmed this.

Staff told us training was very good and helped them to do their job effectively. Their comments included, "It is very good. Every three months we have training", "We get to see other carers at the training", "Sometimes we have online training. Last refresher training was six weeks ago in dementia, moving and handling, and safeguarding." The field supervisor said, "I have done a lot of training including 'train the trainer' course. I am constantly researching too, to improve."

Staff training records showed staff were provided with all the necessary and refresher training required to meet people's needs effectively. Training was in areas including safeguarding, moving and handling, health and safety, Mental Capacity Act, Deprivation of Liberty Safeguards and medication administration. Staff were also provided with additional training in relation to people's health needs such as dementia, catheter care and diabetes.

All new staff were provided with induction training to help them integrate well into their roles. Staff who did not have National Vocational Qualification level two in health and social care, were provided with the Care Certificate training. The Care Certificate is a set of standards that social care and health workers use in their daily working life. A newly recruited staff member told us, "I started six months ago. They [management] gave me induction and [I] feel confident in my job." This showed staff were provided with sufficient training to enable them to meet people's individual needs.

Staff told us they received regular supervision and found them useful. A staff member said, "Six months get one to one supervision. If an urgent one needed they call us before six months. Another staff member commented, "Yes, it [supervision] is very helpful. We can talk about anything, about whatever you want." Staff were provided with regular one to one and group supervision sessions and a yearly appraisal. Records confirmed this.

Where requested, people were supported with dietary needs. Their dietary needs and risks associated with

those needs were clearly recorded in their care and support plans. People told us they were happy with the support. A person said, "[Staff member] makes me breakfast as per my wishes. Heats up my meals and serves them beautifully." Staff we spoke with had a good understanding of people's dietary needs, and their likes and dislikes.

Both care and office staff told us they worked well as a team to provide effective care to people. Their comments included, "We have good teamwork", "We are a fantastic team. I am really happy with the team" and "Really good team, we have a family bonding." This showed staff were given regular support and supervision and worked well as a team to meet people's needs effectively.

People were generally supported by their relatives to attend healthcare appointments. However, where requested the provider had systems in place to support people to access ongoing healthcare services. The provider liaised with people's pharmacists, worked well with healthcare professionals such as physiotherapist, district nurses and maintained records of the relevant correspondence. Records confirmed this.

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.

People and relatives told us staff asked their permission before providing care and gave them choices. One person said, "She [staff member] asks me before supporting me." Relatives comments included, "Yes, they [staff] always make sure it is okay with [person who used the service] before supporting her" and "[Staff] always give choices and asks before helping [person who used the service]."

Staff we spoke to demonstrated a good understanding of MCA principles and told us they gave people choices and encouraged them to make decisions. Their comments included, "Encourage clients [people who used the service] to make their own decisions", "Ask before helping. Get their permission" and "We are going to ask what they [people who used the service] want for breakfast, giving choices is important."

People's care files had their capacity assessments that described whether they were able to make decisions and instructions for staff on how to support people to make decisions. People had signed consent to care and treatment forms agreeing with the care, and signed consent forms to share information. Where people did not have capacity to make decisions regarding their care and treatment their files had details of their legal representatives.

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring and helpful. One person said, "Yes, they [staff] are alright. They are caring." A second person commented, "[Staff member] is helpful. [Staff] are nice people." A third person said, "Yes, staff are caring. Everything is OK." A fourth person told us, "My present carer is more like a friend than a carer. [Staff member] is extremely caring, pleasant and [I] can ask her for anything. I missed her when she went on leave. We have laughs, too. [Office staff] are polite."

Relatives comments included, "I cannot commend [staff member] enough, she is so caring. Right now, having a conversation with [person who used the service]. She is now like my family member. Nothing but praise for [staff]" and "[Staff] are very good. Staff care for [person who used the service]."

The registered manager told us at the time of people's assessment they asked them whether they had any specific requests in terms of staff and they tried their best to match them accordingly as that enabled healthy relationships. For example, staff were matched with people as per their cultural and language similarities. People were asked if they preferred gender specific care and had their requests recorded and met.

People told us they were generally supported by the same team of staff. One person said, "I have had the current carer since 2016. We have a good relationship, we share our stories and have conversations. I appreciate the continuity, very important for trust." The registered manager told us continuity of care was important as that helped develop trust and positive relationships. Staff rotas and daily care records confirmed people were supported by the same staff team.

People told us they were asked for their views in relation to their care and support. A person said, "Yes, I feel involved in my care. They ask me how I want to be supported." One relative commented, "Yes, I am involved in the care planning process." The registered manager told us staff encouraged people to ask their views about their care and how they liked to be supported.

People and relatives told us staff listened to them and treated them with dignity and respected their privacy. One person said, "Yes, they [staff] all treat me with dignity and respect." Another person told us, "[Staff member] treats me with dignity and respect, it is very important to me." A relative said, "[Staff] are very nice and good. Yeah, they are caring. Yes, they do listen to [person who used the service] and care for [person who used the service] in a dignified way." Another relative commented, "Of course, [staff member] does treat him with dignity and respect."

Staff were trained in dignity and privacy and told us they treated people with dignity and respected their privacy. They gave us examples of how they provided care in a dignified way. Their comments included, "Allow [person who used the service] to do whatever she can at her pace" "By providing emotional support by engaging her in a conversation and uplifts her mood. When I dance with her she laughs as she is unwell and can be quite sad", "I tell her to take your time. I don't rush them" and "I have a chat with her, talk about her stories."

People told us staff promoted their independence and assisted them in being as independent as possible. One person said, "I am very independent and like to do things myself and [staff member] fits in beautifully." Staff told us they encouraged people to remain as independent as possible. One staff member said, "I ask if they [people who used the service] would like to brush their teeth. I assist them in changing their clothes, encourage them in choosing their clothes." Another staff member commented, "[Person who used the service] asks me to oil her hair. I oil her hair and encouraged her to brush her hair. And now she says ['staff member] oil my hair and I would brush my hair'."

The provider maintained people's sensitive and confidential data securely in locked drawers and these were only accessed by relevant staff. Staff were aware of the importance of confidentiality and when it was necessary to break it.

Good

Is the service responsive?

Our findings

People told us staff knew their likes and dislikes and they received personalised care. One person said, "[Staff member] knows me and what I like and don't like." Another person told us, "I have had so much support that I am far more independent than before. They [staff] are flexible."

The provider developed care and support plans using the information from the needs assessment process. People's care and support plans were comprehensive and gave details on people's background history, likes and dislikes, medical, personal care and dietary needs and abilities. They also included what people had agreed as their overall care outcome. For example, one person's care and support plan stated staff to help them remain as independent as possible, due to their health condition they would like their brain and memory stimulated and hence, interaction was important to them. Their care and support plan detailed their care visit days, timings and how they would like to be supported. The support plan instructed staff to assist the person with their personal care needs, heat and serve the food their relative had made, keep them company, interact and play board games.

Staff we spoke to told us care plans were useful and enabled them to understand people's support needs. One staff member said, "We have care plans, when you go to support you look at them before supporting the person." This showed staff were provided with sufficient information to deliver personalised care.

People and their relatives told us they were involved in developing their care plans and the care plans were reviewed regularly so that their changed needs were taken into consideration. One person said, "They came the other day to review my care. They give me information and that helps to make me feel better, health wise." Relatives comments included, "Yes, [person who used the service] does have a care plan", "I liked to be kept informed and indeed they [staff] keep me informed" and "Oh yes, of course she has been around to review his care. I am always part of [person who used the service] care review, feel part of it." People's care plans were reviewed and updated yearly, and as and when people's needs changed. Records confirmed this.

Staff had access to people's care and support plans and this information was available to them in the office and in people's homes in their care files. Staff could also now access people's care and support plans on their phones via a newly installed application. This meant staff were kept informed on people's care needs and support plans in a timely manner.

We reviewed people's daily care records and saw staff recorded care visit times, how people were supported, what they had consumed and their wellbeing. Some quotes from the daily care records, "Had a protein shake, went for massage, did some exercises. [Person who used the service] was left comfortable." and "Mouthcare provided, had omelette, beans and sausage with a cup of tea." The registered manager told us they had also installed a system on staff's phone that they could use to record the support they had provided at each care visit. This meant office staff were able to access and monitor the time staff had arrived and left, and whether the care was provided as per the agreed care plan and if there were any concerns.

Staff were trained in equality and diversity and told us they treated people equally. The provider told us they

encouraged people from various backgrounds and lesbian, gay, bisexual and transgender (LGBT) people to use the service. Staff comments included, "We are doing our job, we are here to provide care, we would provide care the way we do to someone who is not LGBT" and "Of course, treat people equally."

The provider's complaint policy was in date and detailed their procedures in addressing complaints. The policy also included contact details of the CQC and of the local ombudsman service for people to use in case they were not satisfied with the outcome of their complaint.

People told us they knew how to raise concerns but they never had to make complaints. One person said, "No never had to make a complaint. I would speak to the [registered] manager if not happy." Relatives told us they were happy with how their complaints were addressed and felt comfortable in raising concerns. Their comments included, "One particular [staff member] not keen on and they [registered manager] changed [staff member] promptly", "No, no complaints yet. Got their [service] number, would call them if not happy" and "Not at all, no complaints. If I am not happy, I am forthright. I would speak to the manager."

The provider maintained detailed records of complaints, investigation notes and the outcomes. Following the inspection, the provider sent us their complaints logs that gave details on when the complaint was made, the complainant's name, nature of the complaint, and the actions taken to resolve the complaint. This showed the provider followed appropriate complaint procedures to ensure people's complaint was addressed in a timely manner.

The provider had an end of life care policy, processes and systems in place to support people on palliative and end of life care. People's care and support plans recorded their health condition and care outcome in relation to their end of life care needs. For example, one person's care plan stated that they had short prognosis with their illness and would like staff to assist them with their wellbeing whilst making them comfortable in their own home and respecting their needs. People's care files had correspondence from palliative care nurses.

Staff we spoke to demonstrated a good understanding of how to support people who were near the end of their life. Their comments included, "Provide emotional support, we listen", "Talk to them and listen to them if they wish to discuss their health condition and illness", "Be sensitive towards their needs", "I used to sit next to [person who used the service] and make them feel comfortable, I aware of [person who used the service] end of life care needs" and "[Person who used the service] used to ask me to sing to her and I would, she liked it." The registered manager told us they had booked a dying, death and bereavement training for staff. They further said this would provide them with necessary skills to support people and their relatives effectively. This showed the provider had systems in place to support people with their end of life care wishes and preferences.

Good

Is the service well-led?

Our findings

People told us they were happy with the service and would recommend the service. One person said, "I am very happy with the care, the carers and this service. It is well managed." Another person commented, "[Registered manager] is a lovely person. She is capable." A third person told us, "I have only had positive experiences with Kamino. I find [registered manager] extremely pleasant, wonderful and approachable. I can only praise [staff]. Yes, I would definitely recommend it [service] to others."

Relatives told us the management was approachable. Their comments included, "[Office staff] are quite helpful. They always answer my calls and get back to me. I am very happy with the agency [service]", "The management is fine. As the care agency goes, I am happy with them. Yes, I would recommend the service" and "It is well managed and all office staff are helpful. I have met [field supervisor], she is very good. The manager is very courteous, professional and the service is well managed. All the girls [staff] in the office are helpful and very professional and very understanding. Yes, I would be happy to recommend them [service] and have done so. I trust the agency. I am very happy with the service and so is [person who used the service]."

At the time of our inspection, the provider had undergone some changes in the management. The previous registered manager had to end their employment contract due to personal reasons and the owner of the service had registered with the CQC as the manager. Office staff told us as a team they had made several improvements since the last inspection. They further said that the previous registered manager had played a big role in bringing about positive changes. The current registered manager told us they were proud of the team and the improvements they had achieved.

Staff we spoke with told us they liked working with the provider and they felt well supported. Their comments included, "I have been here for over a year, working with [the service] has been mind-blowing, they [management] have good standards. Yes, I feel supported", "[Registered manager] is the manager and took over when [previous registered manager] left. There is a consistency in the support we receive", "They [management] all are very supportive. They maintain an open-door policy", "They manage the carers [staff] really well and are flexible in staff rota" and "Yes, the service is well managed. If you cannot attend care calls, they respond quickly and positively and arrange alternative carers quickly."

The registered manager organised monthly office staff meetings and two monthly care staff meetings. Records confirmed this. At the meeting they discussed timekeeping, recordkeeping, training, supervision, people's care plans and improvement plans. The registered manager also sent staff text messages, emails and newsletter to keep them informed on any updates or changes. Staff we spoke to confirmed this. One staff member said, "We have just had a carers [staff] meeting. We have it every two months, it is fun, lots of discussions, find solution. Also get to see other carers."

Staff told us the management asked their views and took their suggestions on board. An office staff member said, "Asks for our opinions and views. We are blunt with each other as it helps us to improve our service." Another office staff member commented, "As a team we are realistic. If we could not do something we would

tell [registered manager] and she listens."

The registered manager told us they were ready to grow their service and take on new care packages. They further said they intend to do this gradually as they wanted to sustain the improvements and ensure their standards of care were maintained.

The provider had effective monitoring and auditing checks and systems in place to ensure people's safety and the quality of care. There were records of internal audits and checks of people's care plans, risk assessments and staff files including recruitment, training and supervision. The provider audited people's daily care records and medicines administration record (MAR) charts. Following the inspection, the registered manager sent us MAR chart audit logs detailing gaps and reasons behind the gaps.

People told us office staff called and visited them regularly to find out if they were happy with the care and staff. One person said, "Yes, [staff] do come to check if carers [staff] are doing the job well."

The provider carried out quarterly spot checks, six monthly telephone monitoring calls and yearly annual surveys to identify whether people were happy with their care and received it as per the agreed care plan. A spot check is where an office staff member visits a person's home with their prior consent but without care staff's knowledge. These spot checks were carried out to ensure staff arrived on time and to check whether they provided care as per the agreed care plan, followed safe infection control procedures and engaged with people. Records confirmed spot checks were carried out regularly and any concerns addressed in a timely manner.

Staff told us the management carried out regular spot checks. One staff member said, "They [management] spot check us. We arrive at people's home and find [field supervisor] standing there, the checks are also unannounced." A senior care staff member said, "Following spot checks, if I find any areas that staff require training or any training gaps, I suggest that to the office staff and they sort it out quickly."

People's six-monthly telephone monitoring records showed they were happy with the staff and the care. People were also asked for their feedback at the time of their yearly care reviews and any issues were addressed promptly and actions recorded. For example, one person's care review for the last year recorded their relative was not happy with a staff member's punctuality. The provider had spoken to the staff member and this year's care review showed the relative was happy with staff punctuality and there were no concerns in that area.

The provider was in the process of carrying out an annual survey. We reviewed some returned people and relatives' survey forms that showed they were all happy with the service and care. The registered manager told us once they had received all people's completed survey forms they would analyse the results and draft a report and where necessary develop an improvement plan.

The provider worked with the local authority and an independent auditor to improve the management of the service and the safety and quality of the care delivery.