

Nayland Care Agency Ltd

# Nayland Care Agency Limited

## Inspection report

Unit 1, Manor Farm Business Centre  
Manor Farm Lane  
Stutton  
Suffolk  
IP9 2TD

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Tel: 01473327925

Website: [www.naylandcare.com](http://www.naylandcare.com)

## 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

Nayland Care Agency Limited is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults. At the time of this announced inspection of 23 July 2018 there were 196 people who used the personal care service. We inspected the service on a Monday and announced our inspection on Friday 20 July 2018 to make sure that someone was available.

At our last inspection of 1 August 2017, the service was rated requires improvement overall. The key questions for effective and caring were rated good and the key questions safe, responsive and well-led were rated requires improvement. At this inspection we found improvements had been made and is now rated good overall.

There was no registered manager in post, the previous registered manager had left the service in March 2018. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Improvements had been made in how the service was led. This included improvements in their governance systems to assess and monitor the service provided to people. The service had a quality assurance system and shortfalls were identified and addressed. As a result, the quality of the service continued to improve.

Improvements had been made in how the service provided people with safe care. Risks to people were managed, including risks from abuse and in their daily lives. The service learned from incidents to improve the service. There were enough care workers to cover people's planned care visits. A new system was in place to support the service to monitor and address missed and late visits. Recruitment of care workers was done safely. Where people required support with their medicines, this was done safely. However, an issue had arisen when a person was not receiving their medicines as required, this was immediately addressed. The risks of cross infection were minimised.

Improvements had been made in how the service provided people with responsive care. People received care and support which was assessed, planned and delivered to meet their individual needs. There were systems in place to support and care for people at the end of their lives, where required. A complaints procedure was in place and complaints were investigated and responded to and used to drive improvement.

The service continued to provide people with an effective service. People were supported by care workers who were trained and supported to meet their needs. People were supported to have maximum choice and control of their lives and care workers cared for them in the least restrictive way possible; the policies and systems in the service supported this practice. Systems were in place to support people with their dietary needs, if required. People were supported to have access to health professionals where needed. The service

worked with other organisations involved in people's care to provide a consistent service.

The service continued to provide a caring service. People had positive relationships with their care workers. People's dignity, privacy and independence were respected and promoted. People's views were listened to and valued.

Further information is in the detailed findings below.

## 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.

Improvements had been made in missed and late visits to people. There were care workers available to cover planned visits.

There were systems in place to support people with their medicines, as required.

There were systems in place to reduce the risks to people from abuse and avoidable harm.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to meet the needs of the people who used the service.

The service understood the principles of the Mental Capacity Act 2005.

Where people requires support with their dietary needs, their nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and their privacy and independence was promoted and respected.

People's choices were respected and listened to.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed, planned for and met. People's end of life decisions were documented.

There was a system in place to manage people's complaints.

**Is the service well-led?**

The service was well-led.

Improvements had been made in how the service assessed and monitored the service provided to people. These quality assurance systems supported the managing director to identify and address shortfalls.

**Good** ●

# Nayland Care Agency Limited

## **Detailed findings**

### Background to this inspection

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

This announced comprehensive inspection was carried out by an inspector and an assistant inspector on 23 July 2018. We gave the service notice of the inspection visit because we needed to be sure that someone would be available.

The inspection activity started on 23 July 2018 and ended 27 July 2018. On the first day we visited the office location. We spoke with the managing director, deputy manager, administrator, a team leader and a care worker. We also met the acting manager. We reviewed 10 people's care records, records relating to the management of the service, training records, and the recruitment records of five care workers. Following our visit to the office we spoke with 23 people who used the service, five relatives and an assessor on the telephone. We also received electronic feedback from a care worker.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

## Is the service safe?

### Our findings

At a previous inspection in November and December 2016, we rated the key question for Safe as inadequate. At our last inspection of 1 August 2017, improvements had been made, but these had not been embedded in practice and the improvements made had not yet been recognised by the people who used the service. Therefore, the key question Safe was rated requires improvement. At this inspection we found further improvements had been made. This included a new system in place to monitor and reduce the risks of missed and later visits. The monitoring records we saw demonstrated that missed and late visits had significantly improved.

People's views about missed and late visits varied. Some people told us that, when their care workers were running later, they were not always told. One person's relative said this was a problem, because their family member was waiting for support with their personal care and when their care workers did not arrive on time, this affected them. We had also received a concern prior to our inspection about the lateness of visits, which meant that the person had not been supported with their continence needs in a timely way. The system for monitoring if care workers stayed for the planned length of time had improved and some people confirmed this. We had received concerns that care workers were not always staying for the agreed time. We had received a complaint following our inspection visit about this, which we referred to the service for investigation. We also received positive comments from people, which had improved from our last inspection. Some people said that there had never been any instances of missed and late visits. One person told us that there had been only once that the care workers did not undertake their visit, this was during the snow and the office staff had let them know. Another person said, "They are always within a few minutes of being on time and arrive between 6.45 to 7am each morning." Another person said there had never been a missed visit and if their care workers were running late it was only for five minutes.

There was a new system in place to support care workers to arrive at care visits at the planned time and stay for the required amount of time. This included providing travel time between visits. This time was decided by speaking with the care workers. A team leader we spoke with told us that the new system had made, "Everything so much better." The administrator showed us the computerised system for planning visits which confirmed what we had been told. The service used a system for management of staffing, this included how sickness could be assessed and addressed. We could see how late and missed visits had reduced since the new system had been introduced, for example in January 2018 there were 43 late visits in June 2018 there were seven. There were 17 missed visits in February 2018 and in June 2018 there were two. These were analysed with actions to reduce future risks. In two areas the service used a barcode system which flagged up any late and missed visits to the office staff. The managing director told us that this was positive and they were planning to roll this out to all of the areas covered in the next 10 days. There was a 30 minute window either side of a visit, if the care worker was late but within the 30 minute window the appointment was classed as late and if the care worker was outside of the 30 minute window it was classed as missed. This was then flagged to the office to allow them to investigate and provide another care worker if needed.

The managing director told us that there were enough staff to ensure all visits were completed, but

recruitment of care workers was ongoing. They said that retention of care workers had improved and the turnover of staff was improving. The managing director told us that when there were issues, such as unplanned absence and high annual leave including in school holidays. This was managed by merging visit runs. They told us that this was not popular and only used as a last resort. Therefore, they had set up a system to meet with care workers before this was authorised to consider the effect that this would have on people using the service and the care workers. Care workers and the team leader we spoke with told us that they felt that there were sufficient care worker numbers in the area they worked in.

The service continued to maintain recruitment procedures to check that prospective care workers were of good character and suitable to work in the service.

People told us that they were satisfied with how their care workers supported them with their medicines. One person told us that their care workers supported them to apply cream and eye drops, which they were happy with. One person told us that they received care from two services, one being Nayland Care Agency Limited. They said that there were times when the visits between the two were not always coordinated which resulted in them not being able to take their pain medicines, because their visits were too close together. Despite this person being reluctant to cause trouble for the services, we raised this concern with the organisation who contracted their care visits. Immediate action was taken and the managing director and the other agency worked together to ensure this person was supported appropriately.

People's care records included the support that they required with their medicines and the medicines administration records we reviewed were appropriately completed. Care workers had received training in medicines administration and their competency in this subject was assessed by the management team. There were checks and audits undertaken to identify shortfalls with medicines administration and management, such as missing signatures.

People told us that they felt safe with their care workers. One person said, "I am happy with them coming. If I was not I would soon say." Another person commented, "You feel you can trust them in every way. They don't let you down. You get that feeling, nice feeling." Another person told us that they felt safe with their care workers and they always ensured their door was locked when they left.

The service had systems in place designed to protect people from avoidable harm and abuse. People received support from care workers who were trained in safeguarding. Care workers and other staff we spoke with understood their roles and responsibilities relating to safeguarding. A team leader explained the actions they would take if they were concerned and said that they had raised safeguarding concerns with the local authority. This identified that they were aware of the appropriate action to take.

Risks to people's safety were managed. People's care records included risk assessments which identified how risks were minimised, this included risks associated with mobility, pressure ulcers and risks in their own homes.

Care workers were provided with training in infection control and food hygiene. The service had identified that improvements were needed in updated infection control training, this was being addressed. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment (PPE), such as disposable gloves and aprons. Care workers and a team leader we spoke with told us that there was always a good supply of PPE that they could collect from the office. However, we were told in a concern received about the service that the care workers had not used gloves or aprons when they were supporting a person with their personal care needs. One care worker told us, "I am always supplied with enough aprons and gloves and if I run out mid shift I can always grab a box from

another carer on shift in the area (usually that's my fault because I run out before realising) and [team leader] will always come find me to give me more."

The service had systems in place to learn from when things went wrong and reduce the risks of them happening in the future. Following our last inspection, we had received increased concerns from people who used the service, relatives and care workers. We asked the managing director and the former registered manager to look into the concerns and provide evidence of the service they provided. This was done promptly and we could see during this inspection that lessons had been learned and the concerns had been used to drive improvement in the service. In addition, the concerns we were receiving about the service had reduced.

## Is the service effective?

### Our findings

At our last inspection of 1 August 2017 the key question Effective was rated good. At this inspection we found Effective remained good.

People's care needs continued to be assessed holistically. This included their physical, mental and social needs and protected characteristics relating to equality. The managing director and other staff worked with other professionals, such as health professionals and occupational therapists, involved in people's care to ensure that their needs were met in a consistent and effective way. The managing director told us about an example of a person who was on a waiting list to receive mobility equipment which they needed to improve their quality of life. The managing director had written to an organisation to see if this could be provided quicker.

People's views about if the care workers were skilled and trained to meet their needs varied. One person said, "They come to do a job and do it right and have a chat, if they have time." The person added, "They seem to know what to do, no fault to find with the staff at all." Another person said that the service, "Always seem to have good staff." Another person said about the care workers, "In some cases very good, in some cases not worth knowing." However, they said about their regular care worker, "Very nice and very efficient. Very good and very thorough." About their care worker who visited them at weekends, the person said, "Is quite good as well." One person's relative told us that the knowledge and skills of care workers varied.

The service systems in place to provide care workers with the training they needed to meet people's needs effectively and to achieve qualifications in care had improved since our last inspection. One team leader told us how they had already achieved a qualification in health and social care, however, because they were a team leader they were being put on a higher level of qualification. All of the staff we spoke with told us that they felt they had received the training they needed to do their work. One care worker told us, "The office always inform me if my training is ever running out and needs updating and we try and have team meetings every month with [managing director] to talk about updates, changes, any concerns and if we want any training that isn't provided which me and another carer in our area called [name of care worker] did. We asked for grief management which was set up within days of us asking and I suggested our other carers do it as it really helped with dealing with grief."

Records showed that training provided included safeguarding, moving and handling, and medicines. Care workers were also provided with training in people's diverse needs and conditions to meet the needs of the people they supported, such as dementia. Where staff required updated training the new system in place, supported office staff to identify when this was required. The week after our inspection there was a dementia day, which care workers would be receiving training and undertaking a virtual dementia tour, which provided care workers with the experience of what it may be like for people living with dementia.

Since our last inspection a new trainer had been employed, they were trained in delivering moving and handling, had a background in care and had achieved a training qualification. They had rolled out a new induction system. New care workers were provided with an induction which provided them with the training

they needed to meet people's needs. Care workers were assessed on the Care Certificate, which is a set of induction standards that care workers should be working to. A care worker told us how they had received an induction and that this prepared them for their role. This included five training days and shadowing other more experienced care workers. We saw copies of the induction presentation which also covered the service's mission statement, organisational structure, roles and responsibilities, confidentiality, infection control, completing records, safeguarding and health and safety.

Staff records we reviewed held records of direct observations which had been signed to show that they were meeting the required standards of care. Care workers were provided with a staff handbook which had been updated in July 2018. This included information about the terms and conditions of their employment and also information about the expected standards of behaviour at work, valuing diversity and dignity at work and health and safety.

Records showed that care workers received one to one supervision and appraisal meetings. These provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. One of the records seen identified that they needed support with English language, which was provided. We spoke with a care worker who used English as a second language, they said that they had been guided and researched themselves dialect differences in language to ensure they could understand what people told them. They shared an example of spending a penny meaning that the person needed to use the toilet. In addition we saw that care workers were advised, in a newsletter, to ensure that their writing in records was legible, to use capital letters if needed. We had received a concern about care workers who used English as their second language. We spoke with people during our inspection, one person's relative said that they found that the work ethic of these care workers was very good and they had not problems at all.

People were supported to maintain good health and had access to health professionals where required. People's records, identified that where care workers were concerned about people's wellbeing, health professionals were contacted for guidance.

The service supported people to maintain a healthy diet, where required. Records demonstrated that people were provided with the support they needed in this area. Where concerns about people's nutrition were noted, such as weight loss or the risk of choking, referrals were made to the appropriate professionals. A care worker told us how they were encouraging people to drink more during the current hot weather. They understood why this was important and linked this to people's urine output to assess if they needed to drink more. A newsletter from July 2018 for care workers, informed them to encourage people to drink when they visited and leave drinks within people's reach when they left, particularly because the weather was so hot.

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 told us that the care workers asked for their consent before providing any care. People had signed their care records to show that they consented to the care they were being provided with. Care workers had been trained in the MCA. People's care records included information about if people had capacity to make their own decisions. One person's records stated, "I have full capacity and I am fully able to make informed choices. I am able to understand possible outcome to any choice I may make and potential risks my choices may pose. Although I appear sometimes to be confused if things are not going well."

# Is the service caring?

## Our findings

At our last inspection of 1 August 2017 the key question Caring was rated good. At this inspection we found Caring remained good.

People told us that their care workers treated them with kindness and respect. One person said that their care workers were, "Very nice." Another person said about their regular care worker that they used a pet name for them and they had a laugh and a joke. Another person said about their care workers, "Brilliant, absolutely brilliant, couldn't wish for better. They are polite and professional." Another person said, "They are good, lovely people. They are cheerful, gentle when they shower me." They also said that their pet was afraid of strangers and the care workers had taken time to get to know their pet, "Now she is a lot better." Another person described their care workers as, "Thoughtful." Another person said, "They are all very polite, hardworking and do anything you want." Another said about their usual care worker, "Beautiful, I really like [care worker], [they are] so good to me."

One person told us that a care worker had not been polite and they had reported this to the office saying they did not want them to visit again, and this care worker had not been sent to them. They described the other care workers as, "All great."

We saw cards which had been sent to the service thanking them for the care and support provided to their family members. One of the cards stated, "Thank you for the wonderful care you gave to [family member]. You all became part of the family." We received a written compliment, prior to our inspection, from a person's relative. They had also written to the service and the letter was displayed in the office. The information we received stated, "The team that attend to [family member], [names of care workers] have provided the most professional, personalised, friendly, kind and observant care consistently."

All of the staff we spoke with including care workers, the managing director, team leader and the office staff spoke about people in a compassionate manner. They clearly knew the people who used the service well. A team leader shared with us an example of how they were caring and compassionate. This included one person who asked the same questions at each visit and several times during the visit. The team leader said that they understood that this was a result of the person's condition, they said that each time the person asked the question, they always answered and never said you have just asked that.

Care workers were provided with guidance on how people's rights to privacy, dignity and respect were promoted in people's care plans. An example of this included, "I do not react good to new situations if a new carer comes I would like the carer to be introduced and to know what he/she is doing and that will make me calm."

People told us how they felt their privacy was respected by their care workers when they were provided with personal care. However, following our inspection we received a concern which identified that the care workers had not respected a person's privacy when they were present. We referred this to the managing director, who said they would look into it.

One person told us about the areas of their care that they needed assistance and this was provided by their care workers. Another person commented, "They help me with anything, even do small things, like open a bottle. They are very good."

People's care plans identified the areas of their care that they could attend to independently and how this should be promoted and respected. One person's care plan stated, "I am able to wash some of myself, my face, arms and hands but do require prompting to do so. I would then like carers to wash the harder to reach places like my back." This was an example of how people's independence was promoted.

People told us that the care workers continued to listen to them and act on what they said and they were consulted relating to their care provision. One relative said, "They do anything I ask them to do." People's care records identified that they had been involved in their care planning. This included their choices about how they wanted to be cared for and supported. The assessor told us how they undertook needs assessments with people and their relatives to ensure that their needs and preferences were included in their care plans. The care records included information such as what was important to them. One person's relative told us that the service had asked their family member if they were happy receiving care from a specific gender of care worker, which they were. People and/or their relatives had signed the care plans to show that they agreed with the contents.

## Is the service responsive?

### Our findings

At our last inspection of 1 August 2017 the key question Responsive was rated requires improvement. This was because improvements were needed in how the service responded to people's individual needs. At this inspection we found Responsive had improved to good.

People said that they were happy with the care and support provided. One person said that they were happy with the service and that the care they received had made a difference to their life. Another person said about the care they received from their regular care worker, "Excellent, really good. [Care worker] showers or strip washes me, dries me properly, creams me and puts my stockings on." They also said that their care workers were aware of their specific needs and ensured that their foot was kept dry when supporting them. Another person commented, "I could not do without them, I couldn't wish for better."

People's views varied about if they received care from the same group of care workers who knew them well. One person said about their care workers, "Basically I have two [names of care workers] who are very good." They told us how their care workers understood their needs and in one specific area the care workers were aware and careful. Another person said that they did not always have the same care workers but the ones who did visit them were, "Ever so good." Another person said they had three regular care workers and when any of them were on holiday the others covered. Another person commented that they had one regular care worker in the morning who was, "Very good, excellent," and for other times they had a consistent group of care workers who worked as a team, "They are all just as nice as each other." Another person said that they sometimes had different care workers but they were always informed who was attending. One person's relative said that their family member's usual care workers knew about their needs, but when they had newer care workers, "They do not appear to be aware of what they are doing." One person told us that if there were changes with their care workers they were always informed.

People told us that they received a flexible service. One person said, "If anything changes, like if I have to go to the doctors, I just have to ring [staff member's name] and they sort out another time."

We received concerns about care workers not staying for the amount of time that they should. We followed this up at our inspection when speaking with people. Their views varied about if their care workers stayed for the allotted amount of time. One person told us that they were, "Easy going. If they have finished then I say away you go. I don't want to natter to use their time up. If they have done their job I am happy they get on as they are so busy." Some people said that the care workers rushed their work and left when they had finished, whilst others, always asked if there was anything else that people required assistance with.

One person told us that they were not happy with the times of their visits, which was later in the morning that they had hoped. This resulted in their spouse helping them to get washed and dressed. They said their regular care workers came at a suitable time but when they were off, they were not sure who was visiting them and what time they would turn up. Another person said that their visit times suited them. There was a new system in place, which assisted the managing director to monitor visits and the times that care workers stayed with people.

Care records identified how the service assessed, planned and delivered person centred care. The records demonstrated that people received care and support which was tailor made to their needs and preferences. Reviews on the care provided was regularly undertaken to ensure people received care that reflected their current needs. People's daily records included information about the care and support provided to people each day and their wellbeing. The team leader told us how they regularly checked people's daily records against the care plans and if any issues were arising they arranged for a care review with the person and their relatives. One care worker told us about the care plans, "[Team leader] is very detailed with [their] care plans and if there are any changes or issues [team leader is] very quick at responding and dealing with the changes."

People told us they knew how to make a complaint and felt that they were addressed to their satisfaction. One person's relative said that they had recently raised concerns and they were having meetings with the managing director and another senior staff member. They felt that their concerns were being listened to and their family members were now receiving care from a consistent care worker. Another person's relative told us that they had raised concerns with the office staff relating to timekeeping, they felt that they were listened to and things were improving. One person told us that they had complained, their care worker had not supported them with their personal care needs properly, and that they did not stay for the time that they should, despite recording that they had. They told us that this care worker no longer worked for the service.

There was a complaints procedure in place, each person was provided a copy with their care plan documents. However, the managing director told us that recent feedback they had received from people identified that they were not all sure how to make a complaint. Therefore, they were sending this information to people. There was also a complaints leaflet available in easy read format, to make it accessible for people who may not be able to read the text format. The managing director told us that they had identified that there had been some complaints which had not previously been addressed appropriately. This was also confirmed in a concern we had received from a person's relative who told us that they did not feel that they were listened to and the response they received was not factual. When this had come to light, the managing director had visited the person in the home, apologised and addressed their concern.

We had received concerns from a person who used the service, who stated that their concerns had not been addressed. However, when we reviewed the service's records we could see that each concern was investigated and responded to. We also reviewed records of concerns we had received which had also been raised with the service. Records showed that complaints were investigated and responded to, where upheld the service had apologised and put systems into place to improve the service. This included changing people's times to accommodate them and improving late visits.

If people required end of life care, their choices were documented in their care records. Care workers were provided with end of life training, where required. We had received a notification of death from the service, the managing director told us that the care worker involved had stayed with the person and called an ambulance. A team leader told us how they had supported a person to reduce the risks of them going into hospital, which was in line with their wishes.

## Is the service well-led?

### Our findings

At our last inspection of 1 August 2017 the key question Well-led was rated requires improvement. This was because improvements were needed in how the management team assessed and monitored the service provided to people. At this inspection we found improvements had been made and is now rated good.

The registered manager had left the service in March 2018. The management of the service had been undertaken by the managing director, supported by the deputy manager, acting manager, trainer and administrator. The team were working together in a positive way and had a clear vision to provide people with a consistently good service. The managing director recognised that the improvements made needed to be embedded in practice and were ongoing. The feedback we had received from people about the service they were provided with had shown a significant improvement since our last two inspections. This showed that the improvements made were now filtering to people who used the service and they were able to see that things were getting better. The managing director told us about the plans for the management of the service, however, following our inspection they e-mailed us to tell us that they were in the process of applying to be registered manager of the service. The managing director told us that they had done their homework on what makes a service good and felt that they were making improvements. They were looking at different ways to improve the service.

One person told us that their overall impressions of Nayland Agency Limited was, "Very good." Another person said when they had the need to call the office the staff they spoke with were, "Efficient. They know who I am and they seem on the ball." Another person told us that they felt that the service was, "Run very very well indeed." One person's relative told us how they had raised concerns about the service and they were having meetings with the managing director and things were, "Slowly improving." This included concerns relating to care workers not completing all the tasks that they should, care workers not reading their family member's care plans and rushing their work then leaving, not always being informed of late visits. Another relative commented that the care workers were often late and they were not always informed. This often left their relative having to wait for their personal care needs to be met. People told us that they were seeing improvements with the care worker's timekeeping and receiving information if their care workers were running late.

There was a new system in place which aided timely correspondence with care workers. The managing director told us that care workers were provided with reading lists with timescales for completion, which they could access through their mobile telephones and the management team could track when these had been read. This included information on people's specific needs and conditions and changes in the care industry.

The culture of the service had improved and from speaking with people and relatives we could see that people felt that they were listened to and asked for their views. People completed satisfaction questionnaires to express their views of the service. Where comments from people were received the service addressed them.

The service had received feedback from people relating to issues they were having making contact with the out of hours on-call system. The managing director had listened to people's views and opened the service's office on weekends. They said that this was beneficial because people could contact staff during the weekends and productivity was increasing.

In May 2018 the managing director had introduced a new system for monitoring the quality of the service people received. These were done on a monthly basis, and included the key questions safe, effective, caring, responsive and well-led. Safe had been completed, which included speaking with people and care workers, and an action plan had been produced. Well-led had started but the managing director felt they needed more feedback to effectively assess if the service was well-led. The other key questions would follow.

The managing director was undertaking a plan of getting out into the field, including visiting people and attending care worker meetings. Consultation with care workers had improved, this included discussions about the merging of visit runs to cover for any care worker shortages. A care worker and team leader confirmed that these meetings happened and that they could raise concerns to the managing director and actions would be taken.

There were newsletters for people who used the service and for care workers. These provided updates in any changes in the service. The managing director told us that they had suggested that people could form a user forum to encourage more involvement from people, which was confirmed in a newsletter seen.

The management team carried out a programme of audits to assess the quality of the service and identify issues. These included audits on medicines management and the care provided to people. Records showed that actions were taken when shortfalls had been identified from the auditing process.

Care workers were observed in their usual work practice in 'spot checks'. These were to check that the care workers were working to the required standards. We saw that these checks supported the managing director in identifying shortfalls and take action to address them.

Care workers told us that they felt supported by the service's management team. They said that the service was well-led, there was a positive culture and the team worked well together. One care worker told us, "I am very happy with the company I work for and the support I get not just from my team leader [name] but also the rest of the carers I work with and the office if I ever have an issue." A team leader spoke about the team work with their team, which they valued.

The managing director and the management team worked with other organisations to ensure people received a consistent service. This included those who commissioned the service and other professionals involved in people's care. The service had received feedback from Healthwatch who had undertaken surveys of people using the service in March 2018. As a result of the feedback received, the service had used these to drive improvement. There was an action plan in place which identified that they had improved the on call system, and improved their management systems.

The service's management team had kept up to date with changes in the care industry, including changes in the law about how they managed records. A team leader confirmed that the staff team had been updated on the requirements of their role.

The managing director told us how they had researched new initiatives in the care industry. This included one which, in the country where it had been used, has shown benefit to people living with dementia and their relatives. They were looking into providing this service. The managing director had included an article

on meditation in a recent newsletter. Because they felt they had built a stable foundation to continually improve the service, they were able to look at innovation to further improve the service.

The records of training care workers had received were now kept on a spreadsheet, which assisted the managing director to identify where there were gaps and areas for improvement.

The administrator showed us the new computerised system for planning care visits. Care workers could access their rota from the system, for which they had an electronic application on their mobile telephones. The rotas were provided two weeks in advance. The system allowed preferred carers to be identified for people, and what training and skills the care workers needed to have and then the system only allowed care workers to be allocated that fitted the requirements. Care workers worked in teams, which minimised the risks of people being supported by care workers they did not know. The system could be used if a care worker went on unplanned leave and the visits that needed covering was easily accessible, so reducing the risks of missed visits.

A newsletter from July 2018 for care workers, informed them that there were hand held fans available in the office for them to use in the hot weather. They were also reminded to ensure they and people who used the service had enough to drink.