AS Hillingdon Homecare Limited

Caremark (Hillingdon)

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 18 July 2018 and was unannounced. The last comprehensive inspection of this service took place on 7 August 2017 when we identified two breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to fit and
proper persons employed and good governance. On 4 October 2017, we carried out a focused inspection to check if the provider had made the necessary improvements and found that they had met the requirements.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to a range of people, including older adults, some of whom were living with the experience of dementia, younger adults with a learning disability and children. At the time of the inspection the service was supporting 28 people, including one child who were all receiving personal care support. Not everyone using Caremark (Hillingdon) received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene, support with medicines and eating. Where they do we also take into account any wider social care provided.

The previous registered manager left their role in May 2018 and the provider was currently managing the day to day running of the service. They had recruited to the post of manager and this person was applying to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risk assessments for people's home environment and individual risks had generally been carried out and plans put in place to minimise the risks occurring. However, risk assessments had not always been updated in a timely manner and we identified one occasion where a risk assessment had not been completed about one person's particular needs. This was addressed by the provider both during and shortly after this inspection.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). The provider was aware of what to do and who to contact if they had concerns that people lacked capacity to make certain decisions. The provider needed to be sure if a person had a deprivation of liberty order placed on them so that they were satisfied people were not being restricted unlawfully.

There were quality assurance systems in place to monitor the quality of the service provided. This included understanding the experiences of people who used the service and identifying any concerns. The audits did not always identify when records were incomplete or out of date.

People and relatives said people were being cared for safely by the care workers. Policies and procedures were in place for safeguarding people from the risk of abuse.

The care workers told us they felt supported. They took part in individual and group meetings to discuss their roles, the service and good practice was praised and rewarded. The provider had not been providing an annual appraisal of the care worker's performance and confirmed they would introduce this.

There were sufficient numbers of care workers employed to meet people's needs.

Care records provided staff with information about the care and support each person required. At the time of our inspection there was no-one receiving end of life care support.

People were supported to manage their medicines in a safe way. Staff responded quickly to changes in people's health and worked with other health and social care professionals to meet their needs.

The provider had arrangements to help protect people from the risk of the spread of infection as the care workers wore protective equipment, such as gloves and aprons, when providing care.

The complaints procedure was made available to people using the service and they and relatives said they would raise any issues, if they had any, so that they could be addressed.

Policies and procedures were in place and the provider was a member of several organisations which they used to keep up to date with current legislation and good practice.

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.

The provider mostly had suitable arrangements to assess risks so risks were identified, recorded and mitigated. We however found some cases where the risk assessments were not up to date or identified a potential risk to a person. The provider took action to address this promptly.

Policies and procedures were in place for safeguarding people from the risk of abuse and staff knew the processes to follow to report any concerns.

There were sufficient numbers of suitably qualified staff deployed to care for people.

People received their medicines in a safe way and as prescribed.

There were systems to help learning and make improvements when things went wrong.

People were protected from the risks associated with the spread of infection because the provider had appropriate systems for the prevention and control of infection.

Is the service effective?

Good

The service was effective.

Staff respected people's right to make decisions about their care and treatment and knew to report any deterioration in a person's ability to do so. The provider had not ensured that they had accurate information, if people had any agreed and lawful restrictions on their liberty.

People were cared for by care workers who had the skills, knowledge and support to deliver effective care.

People were helped to access healthcare services as and when needed.

People received support to maintain a balanced diet and care

workers ensured people had enough to drink so they stayed hydrated.

Is the service caring?

Good

The service was caring.

Care workers ensured that people received care in a person centred way.

Care workers were compassionate, thoughtful and built up trusting relationships with people.

People were able to express their views and these were respected and valued.

Care workers respected people's privacy and dignity and ensured people were happy with the care and support they needed.

Is the service responsive?

Good

The service was responsive.

Care records provided staff with information about the care and support each person required.

Care workers provided stimulation and occupation for those people who benefited and enjoyed engaging in activities.

The complaints procedure was made available to people and people and relatives said they would raise any issues they might have so they could be addressed.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had systems for monitoring and improving the quality of the service, however these did not always identify when records were incomplete or out of date.

People and their relatives said it was easy to contact the office staff and that they were approachable and supportive. Their views were sought through review meetings, phone calls and satisfaction surveys.

Policies and procedures were in place and the provider was a member of several organisations which they used to keep up to date with current legislation and good practice.

Caremark (Hillingdon)

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

The inspection took place on 18 July 2018 and was announced. The provider was given 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection.

The inspection was carried out by one inspector. It also included an expert by experience who was responsible for contacting people prior to the inspection to find out about their experiences of using the service. They spoke on the telephone with six people who use the service and three relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. Prior to the inspection we also received feedback on the service from two health and social care professionals.

Before the inspection we reviewed the information the CQC held about the service. This included notifications of significant incidents reported to the CQC and the previous inspection report. In addition to this we reviewed the Provider Information Return (PIR). 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.

We received feedback on the service, via email, from five relatives and 10 care workers. At the visit to the agency's office we met with the provider, field care supervisor, a trainer and a care co- ordinator. We looked at four people's care plans, three staff recruitment files, staff training files, staff supervision records and audits and records related to the management of the service.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe receiving care and support from Caremark (Hillingdon) care workers. People's comments included, "I feel very, very safe. they [care workers] are always careful. They always make sure I am safe coming down the stairs, I feel totally safe" and "I feel perfectly safe with them [care workers]." A relative also confirmed, "I know [person using the service] is safe and they enjoy seeing the carers." A second relative said, "We feel that they [care workers] are very trustworthy and we are very confident about leaving my [relative] in their care."

Health and social care professionals spoke highly about the service. They said, "Caremark has been very good at accommodating the family's needs by making care call changes as well as arranging for additional care calls in exceptional circumstances." A social care professional told us, "I found that the management at Caremark are consistent and focused on delivering the required care" in order to keep people safe.

There were some procedures in place to identify and manage risks associated with people's care. Before people started using the service an initial assessment was carried out with information about medical and health conditions which identified any potential risks associated with providing their care and support. Some of the risks that were assessed related to people's mobility, leaving their home unsupervised, medicines, support required with personal care. They also looked at the person's internal and external home environment.

We noted that some information in one person's risk assessment dated August 2017 was not updated when there had been a change in the person's needs. This particular risk was no longer a concern for this person. The field care supervisor updated the risk assessment during the inspection to reflect this change. For a second person who had a Percutaneous Endoscopic Gastrotomynomy (PEG) tube (a tube inserted surgically into the stomach through the abdominal wall to help with feeding and hydration because a person cannot take food or drinks orally) we saw no risk assessment associated with this. There was information stating the staff member needed to be trained to support someone with a PEG, which we told the care worker had received training on this but there were no details about the potential risk in caring for someone with a PEG. Two days after the inspection, the provider emailed to confirm there was now a risk assessment in place for this person.

Care workers understood their role in protecting people from avoidable harm. They had received training on the safeguarding of adults and children and were able to explain how they would respond to any incident of suspected abuse. They said they would immediately report any concerns to their manager and some also confirmed they would record their concerns with dates and times to assist with any investigation. There had been no safeguarding concerns reported by or to the provider since the last comprehensive inspection.

The provider strived to make sure people received a consistent service. The team operated an on-call system outside of office hours so that any concerns for people using the service or care workers could be dealt with promptly. An electronic system had been introduced in May 2018 which enabled the office staff to check that visits were occurring on time. Care workers had to sign in and out of a visit using their mobile

phones to confirm they had completed all the agreed tasks. This system helped the provider to make sure that people received the care and support at the right time. Feedback we received indicated that care workers arrived on time when carrying out visits. Where there was a delay people and their relatives told us that they were informed of a slight change in the visit time. The provider confirmed there had been no missed visits and no-one told us that any visits had been forgotten or missed when they provided their views on the service. One relative confirmed, "The care staff provide excellent care for [person using the service]. Always arriving promptly, diligently filling out the call log and raising any concerns with their managers."

The majority of care workers said they supported the same people in order to provide familiar care. One relative said, "We are lucky to have had one very lovely lady [care worker] for over a year. The other two came on board a few months ago. I feel we are very lucky to have had such consistency." People confirmed that when there was a new care worker about to visit them they were first introduced to them so that they had a chance to see them. This helped reassure some people about new care workers coming to their home.

Some people and their relatives had requested a rota so that they were aware of which care worker was undertaking the visits. One care worker told us that they knew of some people who seemed apprehensive about who was visiting them as they did not receive a rota. We fed this back to the provider who confirmed the care co-ordinator would check with people to ensure those who wanted one had this sent to them each week.

The three staff files that we looked at were consistent and showed that the provider had recruitment procedures in place to help safeguard people. Applicants filled in the application form at the office, so the staff could check on their writing and reading skills. All Disclosure and Barring Service (DBS) checks for staff were in place and the provider reviewed them every three years. The DBS check helps employers make safer recruitment decisions and minimise the recruitment of unsuitable people. All the care workers, except for one, said they had a new DBS check carried out on them. We informed the provider that one care worker denied this had occurred and we were informed that no-one started working until this was checked. We saw evidence of proof of identity, proof of address and a minimum of two references had been received before people could start work.

There were arrangements in place to support people with their medicines. Some people required reminding to take them, whilst others required care workers to give them their medicines. The information on care plans was clear regarding the agreed medicine tasks and the care workers we received feedback from, understood the different ways they could support a person with their medicines. If a person was on a particular medicine where the dose could change, there were new systems in place to ensure care workers were clear on the exact dose to give to the person. Medicine administration Records (MARS) were checked when visits were carried out by senior staff to the person's home. Completed MARS were also checked once they were returned to the office. The sample we viewed showed care workers had signed the MARS to document when they had given people their medicines.

The care workers received training on medicines management and we were assessed after the training to ensure they were competent to carry out this role appropriately. The medicines policy and procedure had been reviewed in May 2018 and had considered information and guidance from relevant professional bodies, such as the National Institute for Health and Care Excellence (NICE) 'Guidelines for Managing medicines for adults receiving social care in the community'.

The provider had arrangements to help protect people from the risk of the spread of infection. The care workers received protective equipment, such as gloves, shoe covers, uniforms and aprons. Care workers

received training on infection control to help ensure they followed guidelines and minimise any risks to people.

Where accidents and incidents had occurred, these had been reported to the manager. Accidents and incidents had been investigated and checked to reduce the likelihood of a similar incident reoccurring.

Good

Is the service effective?

Our findings

People and their relatives confirmed they felt a part of the planning of the support the person needed. One person said, "The supervisor comes around every four to six weeks to make sure I'm involved in my care." A relative told us, "The communication between myself and the company are excellent."

People had been assessed to identify the care and support they required so the provider could plan for this accordingly. Senior staff members met with people and where agreed their relatives so that everyone was aware of the level of care and support needed to meet the person's needs. The assessments provided information about the person, their needs and wishes and some background information, to provide care workers with some knowledge of the person and their lives.

People said they felt the care workers who visited them were well trained. Comments included, "They are all very well trained, they have all good qualifications" and "I think they have training, I am quite happy with them." A social care professional spoke favourably about the support the person they worked with received. They told us, "I found the carers were helpful and adequately trained."

Care workers told us they completed an induction training, which covered each aspect of care and support and shadowed experienced staff to gain the practical skills and knowledge they required.

Since the last focused inspection, a part time trainer had joined the staff team and told us they had various qualifications and experience in providing training for care workers, including 'Preparing to Teach in the Lifelong Learning Sector'. They were offering training for new care workers to help them obtain the Care Certificate, which is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Care workers completed work books to test their knowledge.

The provider showed us evidence that the trainer was also looking at long distance learning courses for care workers. We did not see evidence on the day of the inspection that the care worker, who supported a person who had a (PEG), had received the necessary training. Two days following the inspection, we were sent a copy of the care worker's training certificate, however, this was dated from 2011. The provider confirmed that they would be looking to offer refresher training on this subject either via the trainer they employed or from another qualified professional.

The trainer told us they would be providing training on various additional subjects, such as the Mental Capacity Act 2005 (MCA) and dementia awareness, as we saw limited evidence from the staff files and training matrix we viewed that care workers had the opportunity to complete training on additional subjects. However, several care workers confirmed they had received training on a range of subjects, such as Handling Information and Confidentiality, Basic Catheter Care and Equality & Diversity. One care worker told me, "I carried out a health and well-being course which covered everything I needed to know before starting my job." Following on from the inspection, the provider sent us an email outlining where some care workers had completed training on a range of subjects. This included, Level 3 Award in Paediatric First Aid, Supporting Children & Young People with Autism & Aspergers Syndrome, mental health awareness and MCA

training.

Care workers also received support through phone calls, attending staff meetings and one to one supervision meetings. Feedback from care workers on the support they received was positive. Comments included, "I have regular supervision where your views are valued" and "We have meetings where we speak about our problems, try to solve them and look at how we can improve our work in behalf of our clients." The spot checks carried out on care workers help senior staff know if there are any problems and support them if this is required. One care workers told us, "They [senior staff] want to know when we get to the customers. To ensure we get there on time and if we are dressed appropriately and to check our clients written reports." The provider had not arranged for staff to receive an annual appraisal of their work as they had told us that the supervision meetings looked at how the care workers were working and identified any support they needed. However, following on from the inspection the provider agreed to provide appraisals so that office staff and care workers could reflect on their performance and set aims and objectives for the next twelve months.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this for people living in their own homes are through the Court of Protection. We checked whether the service was working within the principles of the MCA.

The provider confirmed many people who used the service had capacity to make decisions about their lives and the care they received. For those people who struggled to make daily decisions the staff had carried out capacity assessments and people had their relatives or representatives to consider what was in the person's best interests. The provider and field care supervisor told us that two people had a community Deprivation of Liberty order placed on them via the Court of Protection (CoP). However, when we looked at this in more detail it transpired that the local authority was still waiting for outcomes to their referrals to the CoP. The provider was in contact with the local authority as it was not clear if the applications were new ones or re-applications. The provider was aware that any agreed restrictions needed to be confirmed as lawful and they would not be restricting any persons until they had received confirmation of what had been agreed by the CoP.

Care workers described how they supported people to make their own decisions on how they want to be supported. They gave examples of where they help people to be as independent as they can be. Comments included, "I help clients make their daily choices," "Let them [people using the service] decide what activities they want to do I just make it easier by giving them information" and "Support clients to decide what they would like to wear, drink and the places where they want to go."

Care workers supported people with their meals, if this was an agreed and planned task. Care workers noted in daily log records what food they had offered to people. The provider told us there was no-one deemed at risk of malnutrition. Care workers confirmed, "I leave behind and within reach appropriate food and drinks before leaving" and "I wait and make sure the client eats and drinks. I will then record how much they have eaten or drank on my work app (an application on a mobile phone). I always explain to clients how important it is to have regular drinks and snacks."

People's health needs were recorded and care workers supported people to see health care professionals if

it was part of the support they needed. Care workers confirmed that any changes to people's health and general needs would be reported to the office staff. They told us, "I would immediately tell my care field supervisor (of any changes) so that they can assess the client and put into place a new care plan and risk assessment" and "I would tell my manager of the changes and they come back and assess the client."

Good

Is the service caring?

Our findings

People and relatives described the care workers as very caring, kind and patient. Their feedback included, "I can only praise Caremark the ladies are very reliable and do all they are asked," "The staff are well-trained, positive, helpful, efficient and caring," "I have been extremely impressed with the standard of care and efficiency of all the Caremark staff both management, administration and the carers themselves" and "I have been extremely pleased with the level of care that they [care workers] provide in ensuring that [person using the service] takes their various medicines, has regular showers and eats and drinks properly."

Relatives spoke of the relief in having reliable and caring care workers visit their family members. One relative told us, "[Person using the service] enjoys the visits from the various carers which gives her something to look forward to every day and a sense of security. With the level of service, they [care workers] provide it relieves me of a lot of extra pressure for which I am very grateful." Another relative described how their family member had particular needs and that when they had changed care providers to Caremark (Hillingdon) they had been concerned of this change. However, they confirmed that there had been no problems and that, "It is a relief to me that [person using the service] is relaxed and settled with them [care workers].

People told us that staff respected their privacy and dignity and always tried to encourage their independence. People described how the care workers helped them with various tasks that they were unable to do for themselves. Care workers told us how they, "Respect people's personal space and possessions" and "During any form of personal care, I make sure that I cover any part of the body which keeps people's dignity but still allows me to deliver a high standard of care to them." People's preferences in relation to the gender of their care workers was not recorded. We highlighted this to the field care supervisor and provider so that people's wishes were acknowledged and clearly documented and they told us this would be noted.

The provider confirmed that documents could be translated into any language a person spoke and/or understood. They said so far this had not been requested. We saw that people using the service and their relatives had signed the various care records to show they had been involved in deciding how they wanted to be supported.

Caremark (Hillingdon) provided a range of support to people. The provider gave us some examples where the service that was provided had a positive impact on a person's life. They explained that they had joined a brain tumour and brain injury charity group and offered two hours a week free visit to a person with these particular needs. They told us where they had supported someone via this group who had required help with their personal care. This had helped both the person and their family member. They also spoke about providing two hours a week free for a person who was socially isolated and enjoyed going out in the community but needed someone to support them to do this. By offering this extra support the person was helped to meet other people and have something to look forward to.

The service had a strong person-centred culture. The provider said the emphasis was on providing good

care. Relatives confirmed the care workers went above and beyond the agreed tasks. One relative described how the care workers did their family member's washing and watered the plants as extra tasks. They said one of the care workers was, "very thoughtful, gentle and kind." The provider gave other examples of where care workers had done extra things to make someone's life more enjoyable or where care workers had maintained contact with a person even when they were not providing direct support to them. The provider told us that a person did not have items to help them learn to play and interact with others. The care workers provided some of these items and the provider said they had also given the care workers some funds to purchase further objects for the person to benefit from. This had then helped the care workers build a positive relationship with the person and they now agreed to receive personal care support, which they had previously refused. Another person using the service had been admitted into hospital and had no relatives to visit them. Their care worker had visited them in hospital in their own time and another was going to take a birthday cake to them as they had spent their birthday away from home. This showed that care workers were caring towards people using the service.

Good

Is the service responsive?

Our findings

People and their relatives confirmed home visit checks were carried out by senior staff and reviews of people's needs were held either face to face or on the telephone. One relative said, "I have been present at review meetings. I have found the company responsive to our changing needs." Feedback from people using the service and their relatives was favourable regarding communication and passing information from the office staff to the care workers working in the community. A relative told us, "I am thoroughly pleased with everything. The administration team are marvellous, always passing on things that the carers need to know and any requests that my [relative] or I have raised are dealt with promptly by return of calls or emails."

A health care professional gave positive feedback on the service. They told us, "Overall I am happy with Caremark. They have been very pro-active and professional when I needed to put in place a carer for one of my client's relative." A social care professional confirmed "The care agency was consistent in providing care of a good quality in relation to the care plan."

Care workers confirmed that there were copies of people's care plans and risk assessments when they carried out home visits. Care workers could access information about people using the secure electronic record system. They received updates and information about the people they cared for. This meant they knew people's current needs and any changes to the agreed and planned tasks. People's care plans included information about their health and social care needs. Goals were also recorded, for example, if someone did not accept help with personal care the aim was for care workers to spend time getting to know the person. How people communicated was also documented. We saw for one person it was recorded, "I will take your hand and lead you to what I want." For one person who was supported to go out into the community the care plan did not make it clear what staff needed to do if the person required a particular medicine that their relative gave to them when they were at home. Shortly after the inspection the provider confirmed that the care plan had been updated and was clearer to inform and guide the care workers. Care plans were reviewed and information about people was in the process of being transferred over from paper copies to the electronic system.

Care workers confirmed any changes to people's needs would be reported back to the office staff. The provider confirmed for one person it was identified that they needed a wheelchair and occupational therapist assessment to determine what type of bathing facilities the person required to ensure they could still safely receive personal care support. Referrals were made to the relevant community professionals as and when people required changes to their home environment or needed specialist equipment in order to lead a more independent life.

For some people part of the role in supporting the person was to take them out and/or encourage them to take part in activities that they enjoyed. The provider gave us an example of where a person liked to be in their garden and that they had arranged for the garden to be cut and maintained so that the person could safely access it.

People and their relatives told us they knew how to make a complaint if they were unhappy about

something. Comments included, "I would phone the office. Once I complained. I can't remember what it was about. They sorted it out" and "I am sure I have a leaflet. I have not had to complain."

People using the service and their relatives confirmed the staff in the office resolved problems quickly. A relative gave an example of where, "When there was a small problem after the usual visit a phone call to their office resulted in a carer returning very quickly to deal with the issue." A health care professional also commented, "When I had to raise issues I was listened to by Caremark who made changes in order to solve the problem." The provider told us there had been no complaints and confirmed people received a copy of the complaints policy and procedure when they started receiving a service. We could not determine when the issues previously referred to had occurred. The provider was aware of recording complaints and was clear to us that they had not received any.

Staff discussed people's end of life care wishes with them and their relatives where they were happy to discuss this. The provider told us at the time of the inspection there was no-one receiving end of life care. We did not see evidence that care workers had received training in end of life care, although some care workers confirmed they had received training on this subject. The provider and trainer were in the process of identifying the extra training care workers required in order to meet people's needs.

Requires Improvement

Is the service well-led?

Our findings

People spoke highly about the care they received and the service. Comments included, "I have used three agencies. I would rate them as one of the best" and "I think it is run excellently, I have never had a problem." A relative said, "I would 100% recommend Caremark." Another commented, "Their service means I can carry on working and know [person using the service] is ok. They [staff] always accommodate us."

Care workers confirmed they would contact the office if they had a query or concern. Comments included, "There is good communication with the office," "Caremark are extremely efficient they will ring/message you about any changes to your rota," "This is by far the best company I have worked for. The management team are polite, understanding and treat their staff with great respect" and "Everyone is respectful."

The provider had systems to assess, monitor and improve the quality of the service. However, these were not always effective because they had not identified missing or out of date risk assessments, issues with whether two people had a deprivation of liberty order placed on them, or that some care workers required an annual appraisal of their work. We also saw that a care worker was caring for a person who had specific needs without having had recent and up to date training to care for them in managing PEG tubes. Other training was being looked at by the provider and trainer to ensure care workers had all the training they needed to support people safely, but there was no training plan in place to show what training would be on offer and when this would be provided to the care workers.

In addition, the provider's monthly audits of a sample of care records which had started in November 2017, had not taken place regularly, with no audit for March, May or June 2018. We noted the checks we viewed had not identified there were issues with record keeping. The provider explained there were gaps in these audits due to the registered manager leaving their post and the move from paper records to electronic records during May and June 2018. They confirmed this would be picked up again following on from the inspection.

Audits that were more effective in monitoring the service included, checks on staff employment files, the previous manager had completed a weekly report for the provider so that they could see if there had been any issues and what files had been checked. This would be taken up in August 2018 by the new manager. Regular spot checks were carried out on care worker's performance. One relative told us, "We have been present when spot checks have been carried out." We saw evidence of the spot checks and these included observing any moving and handling tasks, although at present these were minimal due to the needs of the people using the service. Observations were also carried out on tasks relating to medicines to ensure people were safely receiving their medicines. Any paper records once completed were returned and checked by the staff team to ensure they were legible and accurately completed. The regional manager for the Caremark national organisation visited the service and they also carried out checks on different aspects of the service to ensure it was being managed well.

The previous registered manager had been in post a few years and had left in May 2018. The field care supervisor who had been in post also for several years was in the process of applying to be the new

registered manager and would be taking up the post as manager in August 2018. The provider was aware of how to keep up to date with best practice and had links with Skills for Care which is an organisation who can offer support and guidance to care providers. They held meetings for managers and the provider confirmed the new manager would be supported to attend meetings which would help them share experiences and hear updates from other managers.

The staff working for the service had regular communication with a range of professionals. This was to ensure that any problems or concerns were quickly flagged up to the relevant professional so that action could be taken to resolve the issue. Professionals told us the service was flexible for people and that office staff would make adjustments, where possible, to suit the person using the service and/or their relative. One social care professional confirmed that, "Communication was done through meetings, telephone calls or emails." A health care professional stated, "I would recommend Caremark (Hillingdon) to anyone and will use them again should I need to for another client."