

Alcester Home Care Agency Ltd

Alcester Health Centre

Inspection report

Alcester Primary Care Centre
Fields Park Drive
Alcester
Warwickshire
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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

•What life is like for people using this service:

- Alcester Home Care's leadership consisted of four directors, one of whom was the registered manager. One of the directors was a doctor and the registered manager was a nurse prescriber which facilitated effective working partnerships between primary and social care providers.
- The directors were committed to providing a good quality service. They had invested in staff and the infrastructure of the service to ensure people received a care package that was focussed on them and met their individual needs.
- Systems were in place to identify people's individual safety risks and to promote people's safety. The risk of accidental harm or infections was reduced as staff used the resources and equipment provided to do this.
- There were enough staff to enable people to have a consistent staff team who arrived when expected and stayed the allocated time.
- People's needs were assessed and staff received training and support which enabled them to provide care and support in line with best practice. Staff had received training to support people to take their medicines as prescribed. They had also received training in safeguarding and knew how to protect people from avoidable harm and abuse.
- People's right to make their own decisions about their care were supported by staff who understood the principles of the Mental Capacity Act 2005.
- Staff monitored people's health and understood their responsibility to immediately obtain further advice or support if they noticed any changes or signs of illness. People received appropriate support to keep their health conditions stable which improved health outcomes for people.
- We received some extremely positive feedback from people who used the service, and their relatives, about the staff that visited them. People said staff were very caring and made a positive difference to their lives because they took time to know them and what mattered to them.
- People were provided with care and support which was individual to them and which was responsive to any changes in their needs.
- There was a strong emphasis on continuous improvement and seeking people's views to measure the outcomes for people and identify where any changes in practice or improvements were needed.
- The quality assurance system ensured an outcome based service.
- The directors worked in partnership with other organisations to improve the pathways between acute and community services and were involved in a research based project regarding the use of technology in home care services.
- We found the service met the characteristics of a "Good" rating in all areas; More information is available in the full report

Rating at last inspection: This service was registered on 6 October 2017. This was their first inspection visit.

About the service: The service is a clinically led domiciliary care agency. It provides care to people who live in their own homes. There were ten people receiving a care package from the service at the time of the

inspection.

Why we inspected: This was a planned inspection based on the date of registration of the service.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Alcester Health Centre

Detailed findings

Background to this inspection

The 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.

Inspection team: Two inspectors carried out the inspection.

Service and service type: Alcester Health Centre provides personal care and support to people living in their own home. CQC regulates the personal care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 24 hours' notice of the inspection because we needed to be sure the registered manager and other staff would be available to speak with us.

Inspection visit activity started on 14 January 2019 when we contacted people who used the service and/or their relatives by telephone. We visited the office location on 15 January 2019 to see the registered manager, speak to staff and to review care records and policies and procedures.

What we did when preparing for and carrying out this inspection: We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse. We assessed the 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 used all this information to plan our inspection.

We spoke with three directors of the provider company, the registered manager and three members of care staff. We spoke with two people who used the service and three relatives by telephone. We also spoke to another relative whose family member had previously received care from the service.

We reviewed a range of records. For example, three people's care records. We also looked at records relating to the management of the service. These included systems for managing any complaints, and minutes of meetings with staff. We also saw the provider's checks on the quality of care provided. For example, surveys completed by people.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Plans and assessments were in place to provide staff with guidance about how to reduce risks to the care and support people required. For example, where people required help to move around, risk assessments detailed how they should be moved, the number of staff required to safely assist the person, and the equipment to be used.
- People were satisfied with the way staff used equipment which made them feel safe. One relative told us, "They have to use a hoist to move [name] as he is very rigid. They do this so well. They always check he is okay and then move him carefully."
- Risks within people's home environment had been assessed and identified. Where required, people had been referred to other health and social care professionals for further advice about how to reduce risks to their health and wellbeing. For example, one person had been referred to an occupational therapist as they had been identified as being at high risk of falls.
- Staff assessed risks to people on every care visit. One relative told us, "[Name] is absolutely safe in their hands. The other day when they moved him they moved a chair out of the way because they thought he might jerk, and they didn't want him to bang himself. Some carers wouldn't think forward in that way."
- Arrangements were in place to deal with foreseeable emergencies. The registered manager had a plan of the action to be taken if events such as severe weather conditions affected scheduled visits. Visits to people who may be at risk were prioritised.

Staffing levels

- The provider employed enough staff to enable each person to have a consistent staff team.
- The registered manager told us they would not accept a new care package unless they had enough staff in place to provide the level of support the person required.
- People and relatives told us care staff turned up when they expected them to or let them know if they were going to be late. One relative commented, "The communication is really good. If anyone is sick or late they let [name] know. It isn't very often but they always ring if there are any changes." Another relative said, "If they are going to be late because they have got held up, they always ring. We are never left wondering where they are."
- Staff told us they had the time they needed to provide all the support people required which ensured people received the service they expected. One staff member told us, "The length of calls is good – better than other providers that I have worked for."
- Everyone we spoke with said staff stayed long enough to do everything they needed to before they left.

Systems and processes

- Staff had received training in safeguarding and confirmed they knew how to recognise abuse and what action to take if they suspected or observed abuse. One staff member told us, "Our job is to protect people

from abuse and report any concerns." Whilst they were confident appropriate action would be taken by the provider to keep people safe, this staff member went on to say, "I could report it to safeguarding myself or go to CQC."

- The registered manager understood their responsibility to report any safeguarding concerns to the local authority and to us, but had not needed to do so.
- Staff wore uniforms and identification badges so people could be assured they worked for the service.
- The provider checked new staff were suitable to work with people through their recruitment process. Some of the records to support the recruitment process needed to be more detailed, and the provider assured us this would be done in the future.

Using medicines safely

- Nobody at the time of our inspection was receiving support to take their medicines. However, staff had been trained in safe medicines management if people needed help to take their medicines.
- Information about the medicines people were prescribed was recorded in their care plans. This meant that even though people were managing their own medicines, staff understood people's medical conditions and could be aware of any side effects caused by the medicines they were taking.
- A relative of a person who staff had previously supported to take medicines told us they were satisfied with the support provided. They explained their relative had been reluctant to take their medicines, but happily took them from staff because, "They talk to her in a certain way – very good."

Preventing and controlling infection

- Staff were trained in infection control and food hygiene; they wore personal protective equipment when providing care. One staff member told us, "Gloves and aprons are always used, they are kept in the person's house. If anything is running low you can request it through an app on your phone."
- One relative confirmed staff followed good infection control practices and said, "I notice that they always wear gloves."

Learning lessons when things go wrong

- Records showed that when things went wrong the provider and registered manager responded appropriately and used it as a learning opportunity. For example, there had been an incident when a person's catheter had not been changed as planned by other healthcare professionals. After discussion with others involved in the person's care, the catheter care regime had been altered and there was now a process for care staff to send a reminder to ensure the catheter was regularly changed to minimise risks to the person.
- The provider carried out an analysis of significant events which were discussed within provider meetings. Any changes in practice following such events was shared with staff during their weekly meetings. One of the directors of the provider company explained, "You have to learn from your mistakes as well as your positive outcomes."

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. These assessments were comprehensive. They covered people's physical and mental health needs as well as what was important to them. One relative told us, "The people in the office and the manager came to do an assessment. They went through everything. What was really nice was they asked about those little things that are important to [name]." Another relative told us, "They came out and completed a thorough assessment – they spoke to [name] and us as family and then they took over."
- Records showed the individual support people needed. When people's needs changed, their support requirements were re-assessed to ensure people always received a service that met their needs.

Staff skills, knowledge and experience

- People and their relatives expressed confidence in the skills of the staff with one person describing them as 'brilliant'. A relative had recently provided the following feedback to the provider: "All carers seem trained to a very high level and go the extra mile."
- The PIR told us all care staff were required to complete training to ensure they had the skills and awareness to provide safe, supportive and effective care.
- Staff confirmed the training and support they received enabled them to effectively meet people's needs.
- Where people had specific health conditions, staff were given clinical advice and support so they had the knowledge and understanding to manage the condition safely and effectively.
- New staff received the appropriate training and supervision to carry out their roles. New staff completed a comprehensive induction training programme which gave an introduction to the service, the provider's core values and the 15 standards of the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected of staff within a care environment. One new member of staff told us, "I have been very impressed with the induction – the training you can have and the opportunities."
- New staff initially worked alongside experienced staff and were monitored to ensure their performance was acceptable prior to working on their own with people.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff supported some people with their meals. Staff offered people a choice of food and drinks. One person told us, "I choose what I want to eat and they make it for me. They say, 'what would you like for breakfast' or 'would you like a cup of tea'."
- Where staff did not actually support people with their food and drinks, any nutritional risks were still recorded in their care plans so staff could be aware and monitor any changes in people's health.

Staff providing consistent, effective, timely care

- Managers and staff worked with other healthcare professionals to ensure a smooth transition to the service from other service providers. One relative whose family member had recently transferred from another care provider said, "Alcester started about two weeks before Christmas and do you know, I haven't noticed a difference in the quality of care. It was a smooth transition. I am really pleased as I was anxious."
- The management of the service was clinically led as the registered manager was a nurse practitioner. Staff monitored people's health and understood their responsibility to immediately obtain further advice or support if they noticed any changes or signs of illness. This meant people received appropriate help to keep their health conditions stable.
- People spoke positively about the clinical support, especially when people were suffering from long term or life limiting conditions. One relative told us, "What really gives them their uniqueness is the medical expertise on tap which really helped. If we ever had a question, it was answered instantly. The care staff had that medical back up – it is reassuring having that knowledge and expertise."
- Managers gave us examples about how the effectiveness of their systems had positive outcomes for people's health. For example, one person had been showing signs of a urinary tract infection. Within four hours of staff reporting their concerns, the person had been given their first dose of antibiotics which had reduced the risks of an unplanned hospital admission. A staff member commented, "The clients we are looking after, we can automatically offer advice within the call so it is a quick process to get the help they need."

Ensuring consent to care and treatment in line with law and guidance

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 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 in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- People were supported to be involved in developing their care plans and making decisions about their care.
- Daily records demonstrated that people's consent to care was sought and people's rights with regards to consent and making decisions were respected by staff.
- Where people had been assessed as not having capacity to make their own decisions, they had relatives or others in place with the legal authority to make decisions on their behalf.
- Staff understood their responsibilities under the MCA to provide care in people's best interests when they lacked capacity. One staff member told us, "We discuss with [the person's relative] their likes and dislikes and we work with her in his best interests."

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care. Staff often went above and beyond what was expected of them and the provider was working towards an outstanding rating.

Ensuring people are well treated and supported

- Within the PIR the provider had set out their ethos for providing a caring service: 'At Alcester Health Care we pride ourselves in going the extra mile with regards to caring. We feel passionate about making positive differences to people's lives, keeping them in their own home for as long as possible.' The feedback we received from people demonstrated that care staff were working in accordance with this ethos.
- People and relatives spoke positively about the standard of care they received and the staff who visited them regularly.
- People told us staff had a good understanding of how to treat people well and that this was reflected in their practice.
- Relatives told us staff supported people's emotional well-being because they knew what was important to them. For example, one relative told us their family member always liked to hold a certain object in their hand and said, "They wrote this down and it has been done every time. They really know him and that this is important."
- People felt valued because care workers took an interest in them and demonstrated they cared about them. One relative said, "They are very kind. When [name] had a fall, they called into hospital to see her and rang me to make sure she was okay. They didn't have to do that." Another relative told us, "They really know [name] and they look after him."
- The registered manager told us that selecting the right staff was key to providing quality care. They tried to ensure staff had the right values before working for the service because, "We are only as good as our care staff."
- One person told us the service had gone over and above the standard of care they would have expected. They told of an occasion when their family member was discharged from hospital, but required support through the night. They told us two of the directors from the provider company had provided that support and explained, "[Names of directors] stayed over on the night that [person] was discharged – they just popped over to see how he was and then we realised he needed to have someone stay overnight. They hadn't mentioned this on discharge from hospital. They offered which is above what was expected."
- One member of staff told us the provider was committed to not only providing a care service, but ensuring people's social needs were met too. The provider had introduced a 'companionship service' for people who were isolated or lonely. A member of staff explained, "It is not just about the care, but they are looking at ways to get people back into the community. They want to help people socially."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives confirmed they were consulted when their care plans were developed.

- Staff took time to communicate with people and involve them in decisions about their care. One relative told us, "I have been there when the carers are there. They are really friendly and talk to [name] in a kind way. She has dementia so it can be difficult at times, but they really do well with her. The way they talk to her is really impressive."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respected their individuality so they were not discriminated against in any way.

- People and their relatives said they felt listened to and respected by staff. One relative told us, "They treat him with dignity, they explain everything and talk to him like he knows what is happening even though he probably has no idea. They don't let that stop them treating him like a person. To say I am pleased is an understatement." Another relative told us, "[Person] was treated as an individual, as a person and not a task."

- Staff confirmed they maintained people's privacy and dignity. One staff member told us, "We always cover a person with a towel. If we are washing the top half, we cover the bottom half."

- People were supported to maintain their independence. People's care plans included information on things they could do for themselves and those that they needed staff support with.

- Staff understood the importance of families and others in people's lives. They supported relatives to maintain their caring role and provided emotional support at challenging times. A director of the provider company told us, "The family and the person cared for are part of the care calls."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care

- People's care and support was planned with them when they started using the service. Each person had a care plan in their home for staff to follow.
- Care plans we looked at were detailed and provided staff with information about how they should support people in a way that met their likes, dislikes and preferences. For example, one person's care plan contained details about how many pillows they preferred and how they liked their bedside light left on at night.
- Staff told us care plans enabled them to provide personalised care that was responsive to people's needs. One staff member told us, "Care plans are all kept in the property and it is really important to read these. I always read the notes when I go into a property. We always write down what we have done during our visit. I feel like I have been given enough information to really know people. I have been a carer for 50 years and I am so impressed with how the files have been set out."
- People told us they were introduced to care staff before they started working with them and had continuity of care from a consistent staff team. One person told us, "I have the same two or three staff and they are nice – very good." One relative confirmed, "We have regular staff" and another relative whose family member had received end of life care told us, "To begin with all staff were introduced to him. We only had three carers over the whole time, which gave him continuity of care."
- The registered manager told us visits were arranged in the same area, so staff did not have far to travel between calls. Staff confirmed they had enough time to travel between calls without feeling rushed.
- Relatives told us care staff were responsive if people needed extra support because they were unwell or there was a temporary change in their needs. One relative explained, "They are responsive when things change too. Like in October [name] was really poorly...they came to see us the day after we got home (from hospital) and they then came twice a day while he was getting over the illness. It was no problem for them. They came morning and night to help him."
- The service was responsive if people needed help outside their scheduled care calls. One relative told us, "It was 2.00pm and I knew his call wasn't due until 5.00pm and I couldn't leave him lying in a wet bed until then. I rang them and said I could do with some help. It was not scheduled, but they still came to help me. If we need anything anytime they just say to ring."
- Staff told us the length of care calls enabled them to meet people's care needs in a relaxed way. One staff member explained, "I like the fact the aim of this agency is that they are trying to enable us to go into the client's home and we have time to talk to the client and you don't feel you are rushing the client." A relative confirmed, "The care that was provided was very good indeed, it was relaxed. If things took a bit longer, then that was okay."
- People told us because care staff were not rushed, they were able to respond to their emotional and social needs. One person said, "I am on my own and it is so important for me to have someone walking through that door." A relative told us, "They will also do extra jobs within the hour for me. They fill their time by sitting and having a chat with us. That is important. It gives us someone to talk to."

- The 'Accessible Information Standard' (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information they can access and understand and any communication support they need.
- People's communication needs had been assessed and action had been taken to address any issues that could impact on people's ability to communicate. For example, staff had arranged for one person to have a hearing test.

Improving care quality in response to complaints or concerns

- People were given information about how to raise a complaint in the 'Service User Guide' when they started to use the service.
- The provider regularly checked people were happy with the service they received so any concerns could be dealt with before they developed into a complaint. Any feedback received was used as an opportunity to improve the service.
- One person told us they had raised an informal concern and was happy it was dealt with promptly without them feeling discriminated against. This person went on to say, "I know that if I want to make a formal complaint I ring the branch but I haven't had to do that." Another person said, "They are doing a good job – no complaints."
- The provider had not received any formal written complaints.

End of life care and support

- The service provided support to people who chose to spend their final days in their own home.
- Where required the provider and staff worked with other healthcare professionals to support their end of life treatment and to ensure they were comfortable and their end of life wishes were respected. This included the community hospice, McMillan nurses and district nurses.
- One relative whose family member had received end of life care and support from the service told us, "They supported him for the last six to eight weeks of his life and they got it right. In his dying phase he needed comfort and they were marvellous. The care that was provided was very good indeed." They went on to say, "They helped with mouth care and always made sure he was comfortable. He was comfortable, so we were comfortable."

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. The provider was working towards an outstanding rating.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Alcester Home Care's leadership consisted of four directors, one of whom was the registered manager.
- The directors were passionate about the care they provided and were committed to providing a good quality service. The registered manager told us because of past personal experience they wanted to ensure people received a high standard of care they would be happy for their own family members to receive. This was consistently achieved and evidenced through the feedback we received from people and relatives who used the service.
- The emphasis of the service was to ensure people received person centred care that met their individual needs. The managing director told us they wanted to take on more care packages, but in a structured way that did not compromise the quality of care provided. They told us, "We are trying to grow sustainably; it is about doing a good job and caring about that above anything else."
- People and relatives were happy with the quality of care they received because they received a flexible, reliable service and felt managers and care staff took time to get to know them. One relative commented, "I am quite impressed to be honest. They listen to [person] and his views. It is a smaller company and it feels more personal. They seem to really get to know my [relative] and they know me which makes things a lot easier." Another relative told us, "The staff were lovely people and the management and oversight was fantastic – you could trust them."
- Relatives felt the service was managed well. One relative said, "They are really helpful to me when I am making payments and the stuff that goes on behind the scenes."
- The directors was investing in the infrastructure of the service. They had recently introduced an electronic care planning system that was being implemented at the time of our inspection. The system would enable the directors to monitor care calls, update care plans immediately if there were any changes in people's needs and ultimately, with people's agreement, share information with other health care professionals involved in the person's care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The directors and registered manager were available throughout our inspection and demonstrated a good understanding and knowledge of all the people who used the service.
- Staff told us they received excellent support from the management team to carry out their roles. A staff member told us, "The directors are amazing and the support they offer us, I feel the directors actually care about us as individuals."
- The directors recognised the need to invest in staff to ensure they felt confident and competent in their

roles. Staff received regular training and support to ensure they worked in accordance with the values the directors wished to promote within the service. The registered manager explained, "It is giving them ownership because it is a really important job they do and we have to let them know that."

- The registered manager explained that by demonstrating they valued staff, it encouraged staff retention and therefore consistency of care for people.
- Although a relatively new service, the directors were implementing a quality assurance process that put people at the centre of the care they received and ensured they delivered an outcome based service. The directors had recently carried out an audit of service delivery. Each director was given ownership of a specific aspect of care and any actions that needed to be taken to ensure compliance with the regulations of the Health and Social Care Act 2008.
- The registered manager understood their regulatory responsibility to inform us about significant events that happened in the service.

Engaging and involving people using the service, the public and staff

- There was a strong emphasis on continuous improvement and seeking people's views. Surveys were sent to seek people's views and people were visited in their own homes by an external assessor to ensure they continued to receive a high-quality service that met their individual needs.
- The registered manager explained they used an external assessor so people would feel confident to raise any concerns and there was an independent assessment of the service the directors believed they were delivering. The results of the assessments were evaluated within the provider's regular board meetings and used to measure the outcomes for people and identify where improvements were needed. Any changes in practice were shared with staff and where necessary, the person themselves.
- Each week staff attended a meeting in the care office. At the meeting they discussed each person receiving care and any other messages the directors wished to share with them. One member of staff told us the meetings were useful because they could ensure best practice was followed and discuss any concerns, working together to find solutions. They said, "We come up with a contingency plan of what we are going to do."
- Care staff were given a voice because a senior member of care staff was invited to join the director's meetings to share any concerns or make suggestions about how outcomes for people could be improved.

Working in partnership with others and continuous learning and improving care

- There was a drive to learn and improve people's care further. Staff were encouraged to take learning from any incidents and to reflect on the standards of care they and other health and social care providers gave, so lessons could be learnt and plans to mitigate future occurrences were put in place.
- The provider was committed to improving outcomes for people by working in partnership with other organisations and providers in acute, primary and community care. They told us that by developing these relationships they could facilitate quicker discharges from hospital. For example, in the local area people with significant needs were initially supported through a 'step down package' when they were discharged home from hospital. The managing director of Alcester Home Care explained that by working collaboratively, it would give the provider of the 'step down package' more capacity so they could take on more care packages and thereby reduce the length of hospital stays.
- They also explained that because they were clinically led by two of the directors, they could respond quickly to changes in people's health to ensure they had the appropriate medical support. This prevented unplanned admissions to hospital which had a positive impact on the local health economy.
- The provider had asked a local university to oversee and validate their research into improving the pathway between primary and secondary care.
- The directors were involved in a research based project regarding the use of technology in home care services. For example, an electronic monitoring system which would provide 24-hour care even when the person was only receiving a four hour care package. The managing director gave an example of a system

that would identify a change in a person's habits, such as using the bathroom more regularly, which might indicate a urinary tract infection.

- The directors ensured they and their staff were aware of any changes in best practice by subscribing to the United Kingdom Homecare Association and attending conferences.