

Time 2 Care (BSE) Ltd

# Time2Care (BSE) Ltd

## Inspection report

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15 June 2017

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This was an announced inspection that took place on 13, 14, 15 and , 16 June 2017. Time2Care (BSE) Ltd provides domiciliary care services to people in their own homes. At the time of the inspection, the service provided care and support to 118 people.

There was a registered manager working at the service. 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 and associated Regulations about how the service is run. The registered manager was on leave during our visit. We met with one of the directors of the company and the care manager.

People received a very responsive and person centred service. People's care and support was planned in partnership with them and was flexible to change as required.

There was a strong ethos within the provider company of responding to people as individuals and with respect. Information was available to people about how to raise any concerns they may have and where concerns were raised these were encouraged and dealt with speedily.

There were systems in place to minimise risks to people and to help keep them safe from harm. People felt safe. Appropriate plans were in place to guide staff in how to minimise risks to keep people safe. Staff knew what action to take to ensure people were protected if they suspected they were at risk of harm. There was a consistent staff team and there were recruitment practices in place, which meant staff had been recruited safely.

Medicines were managed in a safe way and support was offered to people to manage their medicines when needed.

People received care in a manner which was in accordance with the principles of the Mental Capacity Act. People were given the information needed to make informed choices, and their choices were respected.

When needed, people were offered support to eat and drink in accordance with their preferences. Staff supported people to make and attend health appointments where requested.

Staff received training which was relevant to the needs of the people they were supporting. Staff were supported through supervision and the managers' 'open door' policy. People who used the service and the staff thought highly of the care staff and the provider.

Staff were knowledgeable about people and their preferences and routines and provided person centred care.

People's privacy and dignity was respected by staff. Staff were enthusiastic about working with the people who used the service and developed positive relationships with them.

There was a quality assurance system in place to ensure the service was routinely audited and checked. The registered manager and directors used these checks to assess and review the quality of service people experienced. There was information available if people or their relatives wanted to complain.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff were aware of how to protect people from the risk of abuse.

There were sufficient staff to ensure that people received their care calls as scheduled.

Systems were in place for the safe management of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff had received training on how to provide people with care and their competency to do this effectively and safely had been assessed.

Staff supported people to eat and drink sufficient amounts to meet their needs where this was part of their care package

People were supported to access health and social care services when necessary.

### Is the service caring?

Good ●

The service was caring.

People's rights to independence, privacy and dignity were valued and respected.

People were involved and included in making decisions about what they wanted and liked to do.

### Is the service responsive?

Good ●

The service was responsive.

Staff provided additional support to people and went over and above what was expected of them.

Staff and the management demonstrated a very flexible and person centred approach to supporting people.

People were involved with planning and reviewing their care.

Systems were in place to investigate and respond to people's complaints.

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### **Is the service well-led?**

**Good** ●

The service was well-led.

Staff were clear about their roles and responsibilities.

People who received support and staff were very positive about the provider and how the service was operated.

There was an open and transparent culture within the service where people and staff felt comfortable to raise concerns.

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# Time2Care (BSE) Ltd

## **Detailed findings**

### Background to this inspection

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

We started the inspection at the providers office on 13 June 2017 and then spoke to people who used the service by telephone. The provider was given 24 hours' notice because the location provides a domiciliary care service, and we wanted to make sure staff were available to speak with us.

The inspection was carried out by one inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we carried out this inspection, we also reviewed the information we held about this service including notifications. A notification is information about events that registered persons are required, by law, to tell us about. We also made contact with the local authority quality assurance team to ask their views on the quality of the service.

During the inspection we spoke with 17 people who used the service on the telephone and seven relatives. We had contact with seven staff members and spoke on the day of our visit with the deputy care manager, care manager and one of the directors of the company.

We looked at care plans relating to six people who used the service, six staff files and other information relating to the monitoring of the service.

# Is the service safe?

## Our findings

At our last inspection in January 2016, we were concerned that the provider was not ensuring risks to people's safety were fully assessed. We also found at the last inspection that there were inadequate systems to ensure people always received their medicines as prescribed and in a safe way. These concerns were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

People we spoke with told us they felt safe. One person said, "I think what makes me feel safe when the carers are here in my home, is the fact that I know them all very well and they know me. They have to use the key safe to let themselves in and to start with I was concerned in case the door wasn't shut properly particularly last thing at night when I was in bed. However, in all the time that they [Time2Care staff] have been coming to me, I have never had a single problem with anyone not shutting the door properly and to be honest it's just not a worry to me anymore and that is because it's always the same carers I see, that I don't have to worry about even reminding them about the door anymore." Another person said, "My carer makes me feel very safe. I would be no good without her."

Relatives also spoke positively telling us how they felt their family member was safe with the care they received. One said, "We have carers coming in to take my [family member] out. As [family member] is living with dementia, I was really concerned about their safety being out with strangers, but the carer that she has, has built up a lovely relationship with my [family member] and I can see from my [family member's] face, when she comes back that she has enjoyed being out with the carer and that gives me peace of mind and I know now that I don't have to worry about my [family members] safety." Another relative said, "My [family member] feels very safe. The carer comes twice a week and my [family member] is very happy with that. They look forward to the visits and seeing their carer."

Staff told us, and records we viewed confirmed, that staff received training in how to recognise and report if they felt people were at risk of harm. Staff we spoke with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe.

Care plans contained copies of risk assessments which established whether it was safe for the person to receive a service in their own home. The provider was in the process of introducing a new care planning system which included an updated risk assessment format. The newer style assessments were very detailed. Staff we spoke with told us that the risk assessment information was available for them in people's homes. This meant they could access it whilst they were working and could support the person safely. Risk assessments were completed in relation to falls and the assistance people required moving about their homes. Care plans contained written information about how risks were reduced. We were therefore satisfied that risks to people's safety had been assessed and that actions were being taken to mitigate these risks.

People told us they received their calls as scheduled. One person told us, "Because I live in a very rural area, it always amazes me that my carers manage to get here on time anyway. Looking back, I can only think of a few times, certainly no more than I can count on one hand, when they have been more than 15 minutes late and when that has happened, someone from the office has usually called to let me know." Another person said, "I have a carer three times a week. The same person, they always turn up on time and call me if there is a problem. My carer is brilliant." A third person said, "I feel very safe I have a carer, she is excellent and has never missed a call yet."

Relatives were also complimentary that care calls were received on time and as scheduled including where people required two members of staff to support them. One relative told us about how their family member consistently received their care from two carers who always arrived together and never on their own so that the person could not receive their care.

We checked the recruitment records for six members of staff. We saw that staff applying for a job were required to complete an application form setting out their previous experience and relevant skills or submit a CV detailing their work history. Staff were only recruited after an interview to assess their suitability for the role and Disclosure and Barring Service (DBS) checks had been carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. Documents such as photographic identification from staff members had been retained. In some instances the provider had not been able to obtain a reference from the member of staff's previous employer despite attempting to do so on a number of occasions. In these instances we were told, and we evidenced from records, that alternative references were sought. We saw the computer tracker used to monitor references and the requests for them so we were able to see the attempts the provider had made to obtain the references.

The service had a policy for the safe handling of medicines. People's care plans included information on the level of support that people required with their medicines and were very clear where people were either independent with their medicines or where they required some support. The provider had introduced a colour coded scheme within the records to reinforce to staff the level of support required. People who required support with their medicines told us they received them on time and when they needed them. One person said, "My carer helps me with my tablets first thing in the morning. She will give them to me with a glass of water and when I've taken them it gets written in the folder. I like an early call every morning so I've never had a problem with not getting my tablets when I should have them."

People who required support with prompting and reminding to take their medicines told us that staff helped them with this appropriately. One person commented, "I do my own medicines but my carer always asks me if I've taken them. She is very thoughtful." Other people who required staff support to help them with their medicines also told us that they received these on time and when they needed them. One person said, "They [care staff] give me my medicines several times a day. They are very good, very much on the ball." Staff told us they received training in administering medicines safely and prior to supporting people with their medicines they had a competency assessment to check they were safe to do so.



## Is the service effective?

### Our findings

All of the people we spoke with told us that staff were well trained in order to meet their support needs. One person told us, "Yes my carers know me very well and are very well trained, I have a carer four times a day and they all know exactly what to do. I couldn't fault them." Another person said, "I certainly have no issues about their training at all, it seems adequate for what I need help with." A third person said, "I have the same carer every week, so I know them very well. The staff have excellent training. I know they have recently had training at the hospice and end of life training. It's brilliant, no complaints at all."

All of the staff that we spoke with told us that they had received enough training to give them the skills to provide people with effective care. Staff had received training in a number of areas including moving and handling, medicines administration and first aid. The care manager delivered some staff training face to face and for other training courses the use of DVDs and e-learning was used. Some staff also told us that they were encouraged by the provider to undertake additional learning and qualifications to develop their own careers and understanding.

Most staff said they felt valued and supported in their role. Some staff felt that communications could be improved between the office staff and themselves as sometimes they had changes of rota, however overall they told us they still felt supported. Staff members we spoke with told us that they received supervision however these were often held over the telephone which some staff felt was okay and others would have preferred face to face contact. All staff were clear however that they could contact the office and request support if needed. Staff also told us they had an annual appraisal and spot check of them at work providing support to people. We saw from the providers records that the spot checks on staff were carried out regularly and if there were any concerns with the staff members performance the spot check was followed up with an 'after visit' check. The 'after visit checks' were an opportunity for the manager to discuss with the staff member any concerns. We saw records that these concerns were addressed with the staff member directly.

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 decisions made on their behalf must be in their best interests and be as least restrictive as possible.

People told us that staff respected their choices and decisions and that they were able to decide if they received their care or not. One person said, "Yes, they respect my decisions and if I'm not feeling ready to have a wash, they'll do some other jobs for me until I am feeling ready." Another person said, "Before [care staff] does anything they always ask my consent, they are very polite."

Staff we spoke with told us they had training in MCA and that they were aware that they should be asking people for their consent and gave us examples of how they do this. One staff member was able describe

how they support people to make decisions for themselves telling us that they would never force any person to receive care if they didn't want it, stating, "They [people] all have rights and the right to refuse their care."

People told us that where it was part of their plan of care that staff prepared their food and drinks, this was to their liking. One person said, "I have all my meals made for me by the carers. They always ask me what I would like and I get them to remind me what I've got in the fridge and in the cupboard. They have always made me what I would like." Another person said, "My care staff always makes sure that I've got some snacks or something that I can reach in an emergency if I feel like I need something to eat when a care staff isn't with me. She also makes sure that I have plenty to drink and that I have something again I can reach while I'm on my own."

People were supported to maintain good health and had access to healthcare services that promoted and supported their health needs. This included GPs; dieticians and occupational therapists amongst others. One person told us about how care staff supported them with their health, "I know that if I was ill one day and didn't feel well enough to phone the doctor myself, then my care staff would do it for me. Thankfully I haven't had to resort to that so far, as I've been fine to organise my own appointments."

## Is the service caring?

### Our findings

All of the people and relatives we spoke with said the staff were thoughtful, caring and considerate. It was clear that people valued their relationships with the staff that provided their care and that the staff knew them well.

One person said, "The carer I have of a morning is always the same one, they are very good. I couldn't wish for anyone better. They help wash me and make me a cup of tea. We always have a cup of tea and a chat." Another person said, "I can only describe my carer as very caring and very helpful. She listens to me she is so supportive." A third person told us, "The staff are very very caring. They go over and above what they should. They chat to me. My care is very well managed and I'm very happy with it."

A relative was also very positive about the caring nature of the care staff saying, "My [family member] has always been very proud of their appearance but now with their eyesight they really struggle to see when something they are wearing is either dirty or they have spilt something on it. Their main care staff is very good and will never let them wear anything that needs washing even if they have to point it out to my [family member]. I know that my [family member] really appreciate their kindness as far as this is concerned."

The staff we spoke with showed a great deal of warmth about their work and the people that they were providing care to. One staff member said, "I love my job, I support the same people and we have gotten used to each other. Lots of people say I am the last person they see at night and they are left happy."

People were involved in planning their care and support. People were positive that they were involved in the planning of their care and that they were able to make their own decisions. One person told us, "I do feel in control and they do ask me my opinion whenever one of the supervisors comes to see me for a review." Another person's relative said, "My [family member] organised her own care plan what was suitable for her. It works very well."

Staff were aware of the importance of treating people with respect and maintaining their dignity. Staff told us how they achieved this which included ensuring people's doors and curtains were closed when delivering personal care and covering people with a towel to respect their dignity. People we spoke with were complimentary about staff and told us that they felt the staff were 'respectful' and 'treated them with dignity'. One person said, "Certainly my care staff always respects my wishes and if I don't feel like a shower one morning they will happily help me just have a wash or whatever I'm comfortable with. No one has ever forced me to do anything just because I'm supposed to do it every day they come." Another person told us, "My care staff always makes sure that they close the curtains and put the lights on as soon as they come in of an evening. I've never even started to get undressed without the carers ensuring that no one can oversee what we are doing."

A relative was also complimentary about the staff and how they respected their family member's dignity. They told us, "I hear my mum's care staff go up to her room when I am staying there and she always knocks on the door and says who she is and then always waits until my [family member] calls to tell her she can go

in. I know it's only a small thing but it makes a lot of difference to both my [family member] and I because I think it shows that if the carers are willing to be that considerate over such a small thing then I'm sure that they are capable of tackling the more serious things as well."

## Is the service responsive?

### Our findings

At our last inspection in January 2016, we found that information about people's care needs were not always sufficiently detailed and could result in care not being consistently provided. At this inspection we found improvements had been made. We found that people's care plans were more detailed and improvements were being made to all care records such as increased information and a person centred approach.

People received personalised care that was responsive to their needs. People told us their care staff were dedicated, professional and always willing to do extra jobs when needed. People told us that they never felt rushed with their care and the reality was that care staff were dedicated to ensuring that people were comfortable and had everything they needed before they left them. Without exception all of the people we spoke with told us this was the case. They also said they could easily get hold of the staff in the office when they needed and that the service was responsive to their requests if their requirements changed.

One person said, "Whether I've just been lucky I'm not sure but every time I phone the office, the phone has been picked up straight away and whatever it is I've rang about has been dealt with then and there." Another person said, "Probably the only time, I ever phone the office, is if I need to change the time of a call because I've had an appointment or something similar come through. I have to say the office have been very good every time that I've needed to have a change and they have always managed to get my regular care staff still to cover me on those days." A third person told us, "I've only had to ask them to change the time a couple of times during the last few months but each time there's never been a problem. I have always had the times for my calls when I have wanted them since I started with the agency some four or five years ago."

Staff were very considerate and responsive. People told us how they felt staff went to far reaching efforts for them as part of their care. One person said, "My carers never mind what it is they do for me. Occasionally I've run out of something like my favorite biscuits, and one of my carers will usually say that they will get some for me and bring them in when they come back the next day. It's just small things like that, that can make life so much better when you are stuck at home on your own." Another person told us, "My carer always stays the full time with me. [Care staff] even takes me out in their own time taking me to buy my make-up. "

A further example of staff 'going the extra mile' was shared with us by one of the directors. They told us about one person who they supported who really needed help to decorate their home. The care manager and office staff made arrangements and two care staff volunteered and redecorated two rooms in the person's home for them.

Another person gave an example where staff had been especially supportive and helpful to them saying, "I mentioned to my care staff, that there were a number of things upstairs in my house that I could really do with which I couldn't get for myself at the minute because I can't manage the stairs. I knew my family wasn't coming for some time to see me and I was worrying a bit about how I would get the things I needed from upstairs. Anyway my care staff kindly stayed after we had finished all the morning jobs and went to get

everything for me which was a great relief to me and I was very grateful to her for doing that for me, as it certainly wasn't on my care plan as something I needed help with." A third person had further examples saying, "I talk to my care staff about all sorts of things, from things that are going on in the news to how I'm feeling and the care staff is always willing to help me or give me some advice or point me in the direction of who I need to speak to if there is anything I'm worried about."

The people we spoke with told us how the staff had an excellent understanding of their individual needs which resulted in them receiving personalised care. For one person this meant that they had been able to remain in their own home. They told us, "I can't think of any reason why I wouldn't recommend them [Time2Care] to anybody else because they have really been the only reason why I've been able to still stay here at home for as long as I have now."

A relative also described how staff went the extra mile to help them and their family member saying, "Unfortunately my [family member] is having more and more difficulties these days but their carers have been wonderful in so far as they actually came in on their day off to watch the physiotherapist starting off some exercises and then supporting them to try to walk a few steps each day. The carers have now taken over doing this with [family member] in order to at least try and see if they can regain some independence. I have been really impressed with how patient the carers have been with [family member] and how nothing is too much trouble."

We received feedback from a healthcare professional who worked with the provider. They told us, "Time2Care is definitely one of the better agencies - the care managers are very responsive and the carers are proactive. I have a couple of examples where they have dealt with difficult situations; they showed understanding, care and flexibility. No concerns about this agency whatsoever." The same healthcare professional also described to us how the staff were responsive to a person and their living arrangements which had enabled the person to remain living in their own home and had prevented a move to a residential care setting.

The service tried hard to be responsive to people's specific requests. The care manager provided us with example of the responsiveness of the service saying, "We have to change the calls for one person according to the football season. The family send us the fixture list for the person's favourite team so we can schedule the calls and plan around it." This meant that the person was able to go out and join in an activity which was important to them and something they enjoyed. Another person needed to attend hospital appointments and had no family members to go with them so care staff were requested to do so. The care manager told us how the service was flexible and care times were moved around to accommodate this.

People had their needs assessed before their care package commenced. People told us that their care records were completed at each visit. People also told us how they had been involved in putting their plan of care together. People had regular reviews with one or other of the supervisors who would come out to visit them at regular intervals. Some people fed back to us that where it had transpired that they needed extra help the provider was very proactive in sourcing additional support. We saw from people's care records that regular reviews of their care had been carried out.

One person told us about their first experiences with Time2Care saying, "When I started with them [Time2Care], I felt that they were really interested in me, because they asked me so many questions about what I needed help with and how I would like that to be delivered. Whilst we had to start out at slightly different times than I had asked for, it was explained that as soon as they were able to, these would be changed to the times that I preferred. I think it was only a matter of a few weeks before they were able to do this and I like the fact that they were upfront about it rather than just saying to me they would deliver

everything as I wanted and then letting me down."

Each person had a care plan with information personal to them. The provider was undertaking a large piece of work moving care plans to a new system they were introducing. The new care plans completed were extremely detailed and personalised and provided staff with clear guidance on how to meet people's needs during each planned visit. A copy of each person's care plan was held both in the person's home and securely at the office. Everyone we spoke with said they had a care plan and one person said, "My care plan is in my folder, and when one of the supervisors visits, we have a look at it to make sure that it meets my needs. I remember it being put together when I first started with the agency and I remember being asked lots of questions by the supervisor who then went away and put the care plan together. It has been changed quite a bit since then."

A relative explained to us how they felt involved in their family members care plan and how this was planned in partnership with them. They told us, "One of the supervisors probably comes every six months or so to visit us, because my [family members] condition is changing quite rapidly. They will also phone us up in between visits, and they always tell me that if anything does change which I think is going to impinge on the care my [family member] is having, then I only need to ring the office and ask to speak to one of them and they will come and visit us. I have to say we feel very involved in anything to do with the planning and delivery of [family member's] care."

Staff knew about people's preferences and demonstrated a good knowledge and understanding of the care and support needs of the people who used the service. The staff we spoke with all confirmed that people had care plans and care records at their homes. One staff member said, "Everyone has a care plan and risk assessments available and they are always up to date."

People we spoke with were happy that their preferences were being met with one person telling us, "I am very lucky. I seem to have the same staff on most days. My carer of a morning comes early at the same time every day to help me have a bath. That suits me and wakes me up for the day." Staff told us they visited and care for the same people regularly, which enabled them to get to know and understand people well and gain their trust and confidence.

We spoke with the finance director and care manager about how they strived to meet people's preferences; they told us that they tried wherever possible to meet people's choices for what time and which carer they had to deliver their care.

The ethos within the management team was one of ensuring that people received their care calls with no exceptions. The management team were all able to share examples of where they had personally stepped in and delivered care where a care staff member was unable to attend. This was confirmed by the people we spoke with. One person told us, "I like the fact that one of the supervisors will sometimes help out with the care side of things when one of my regular carers is either on holiday or off sick. It means that they know me a lot better, than they would if she was just stuck in the office only seeing me once a year. It also helps me have confidence, in knowing that if I have any problems I can go to them and I know she will sort them out for me."

We saw that the provider had maintained a number of records they had received relating to compliments and letters of thanks to staff. There were also systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. We spoke with the care manager about the complaints process who told us how they always encouraged people or their relatives to speak up and tell the provider if there was anything at all bothering them or anything they were unhappy with so it

could be addressed at the earliest opportunity.

People we spoke with told us that they knew how to complain if they had a concern. One person said, "I do know how to complain because there is a leaflet that tells me about it in my folder. A few months ago I had a particular care staff who wasn't really doing the jobs they were supposed to be doing so I phoned the office and spoke to one of the supervisors and said that I really wasn't happy for that care staff to come again. They made no fuss about it whatsoever, and the care staff hasn't come back to me since. I was very pleased with how they handled the issue for me." Another person said, "I haven't had to complain about a single thing, but knowing how helpful the office staff are, and having got to know one or two of the supervisors by now, I am sure that if I had any problems they wouldn't hesitate in sorting them out for me."



# Is the service well-led?

## Our findings

At our last inspection during January 2016, we rated the service as requires improvement in two of our key questions. This meant that we rated the service requires improvement overall. At this inspection we have rated it as 'good' overall. This means that we have seen that improvements have been made and we no longer have the concerns that we did have.

There was a registered manager in post however they were not routinely based from the provider's office; they provided support as and when needed to the service. The service was run on a day to day basis by a care manager and deputy manager with input and support from the finance director. The registered manager was not present on the day of our visit due to being on holiday. We were told by the finance director, care manager and staff that the registered manager was always available for support and in addition carried out recruitment to any vacant care posts and carried out the staff annual appraisals with them.

We spoke with the care manager about the changes that have been made since we last inspected Time2Care. They told us that the concerns we raised at our last inspection that resulted in them being rated 'requires improvement' had been taken very seriously and within 48 hours of our inspection they had sat down and worked out an action plan of how to implement the necessary changes. The care manager told us, "We started taking action straight away. I didn't take it as a criticism of us, more a learning curve. Something wasn't quite right so we took action to fix it". We saw the improvements that had been made had also been sustained and there had been an improvement to the medicines management and care records.

People and their relatives spoke very positively about the service they received from Time2Care. One person said, "I would happily recommend the service to others. We have used the agency since they started, we think ourselves very fortunate to have carers coming from this particular agency." A second person said, "I am really really happy with the company [Time2Care]. I have never complained, I think it is managed very well and couldn't be better."

We were told about an occasion when one of the directors and the care manager attended to an urgent situation with one person. The care staff had been unable to gain access to the person's house to deliver their care due to the key safe to their house being broken. The director and care manager attended in their own time to replace the key safe themselves, ensuring that the person was safe and could receive their care as planned.

The culture within the service focused upon supporting people's well-being, independence and encouraging responsiveness to people's individual preferences. People told us staff encouraged them to retain their independence. One person said, "I think all the carers are lovely. They help me with things I can't do for myself but they are also there to support me as I try to do some things for myself as well."

Staff working within the office were described by people as professional, friendly and kind. People told us

that if they ever contacted anyone within the office to see if their call times could be changed to fit around alternative plans they had that these were usually accommodated. Equally where people also may have had a concern they felt these were addressed speedily and to their satisfaction. One person said, "On the few occasions where I have needed to talk to someone about an issue there has always been somebody available and they have always sorted the problem out for me without any fuss being made whatsoever. I certainly don't have any issues around how the agency is run that concern me at the moment."

The care manager told us how they had increased effective communication within the company through a secure social media page which all staff had access to and frequently used. They told us the benefits of this had been a quick and useful form of communication amongst staff to share any changes and updates.

A quality assurance system was in place which was used to review the quality of the service and this in turn helped to review the quality of care people received. People told us that they were asked for their views about the care and support the service and care staff offered them. People we spoke with confirmed that this was the case. One person said, "They have certainly taken on board the couple of things that I have mentioned to them that were concerns of mine and they've sorted those out for me straightaway. They also occasionally send a questionnaire around which asks if I'm happy with everything and I always fill those in."

We were told that regular audits of care plans, daily notes and other associated care records had been undertaken regularly however during the month of our visit these had stopped due to the provider change of systems to a new electronic care planning tool. We viewed previous records and were assured by the care manager and finance director that the detailed level of auditing would be commenced again.

We saw that other methods were used to monitor the quality of the service in addition to surveys. Regular 'spot checks' of peoples care were also conducted which included, where applicable, observing that care workers followed the provider's procedures in relation to health and safety, personal care, moving and handling and completing care records. The care manager told us that any identified areas for development were followed up in supervision or through re-training for care staff.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We checked the records at the service and we found that all incidents had been recorded, investigated and reported correctly.