

# Care Associates (Coventry) Limited

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# Limited

## Inspection report

Aldridge House  
96 Hearsall Lane  
Coventry  
West Midlands  
CV5 6HH

Tel: 02476712100

Website: [www.careassociatescoventry.co.uk](http://www.careassociatescoventry.co.uk)

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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

We inspected this service on 2 and 3 June 2016. This was an announced inspection and we telephoned 48 hours' prior to our visit in order to arrange access to the information we needed. This included making arrangements for us to meet with staff who worked for the agency.

Our last inspection took place on 12 August 2013 when the provider was found to be meeting the legal requirements we looked at.

Care Associates is a domiciliary care agency that provides personal care and support to people living in their own homes. Care workers call at people's homes to provide personal care and support at set times agreed with them. At the time of our inspection there were 102 people who received personal care through Care Associates.

During the inspection we met with 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.

People felt safe when supported by care workers who understood how to protect people from abuse. There were processes to minimise risks to people's safety which included information about risks in care plans. All care workers had been provided with a staff handbook containing the policies of Care Associates to support them to provide safe and effective care to people.

Care workers received training on how to manage medicines so they could safely support people to take them. People supported with medicines confirmed they were able to take their medicines at regular intervals as prescribed.

Checks were carried out prior to care workers starting work to ensure their suitability to work with people who used the service. New care workers completed induction training and shadowed more experienced care workers to help develop their skills and knowledge before supporting people independently. This ensured they were able to meet people's needs effectively.

People received a service based on their personal needs and care workers usually arrived to carry out their care and support within the timeframes agreed. Care workers knew what to do and said they always attempted to let people know if they were delayed. People were positive about the care they received and were complimentary of the care workers that supported them. People told us care workers always maintained their privacy and dignity and supported them, where possible, to retain their independence. They commented that care workers were respectful, caring, and kind.

Changes in people's needs were identified and reported to the 'office' so that arrangements could be made

to review care arrangements where necessary and ensure people's needs were met.

People's nutritional needs were met by the service where appropriate. People who were reliant on care workers to assist with meal preparation said they were offered a choice of meals and drinks whenever this was possible.

The registered manager and care workers understood the principles of the Mental Capacity Act (MCA) and how to put these into practice. Care workers told us they gained people's consent before giving care.

The provider had processes in place to monitor the quality of the service and to understand the experiences of people who used the service. This included regular communication with people and staff, service satisfaction surveys and audit checks. The results of the most recent survey people had completed showed a high level of satisfaction of the service. People knew how to raise concerns if needed. Complaints received had been investigated and responded to in a timely manner.

We found that records were not always sufficiently detailed or accurate to demonstrate person centred care and to show outcomes of quality checks.

## 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.

Care workers understood their responsibility to keep people safe and to report any suspected abuse. There were procedures to protect people from risk of harm and care workers understood risks associated with people's care. Overall people received support from a consistent staff team at the times they had agreed. Recruitment checks made sure care workers were suitable to work with people.

**Good** 

### **Is the service effective?**

**Good** 

The service was effective.

Care workers were trained and supervised to ensure they had the right skills and knowledge to support people effectively. The registered manager understood the principles of the Mental Capacity Act 2005 and care workers gained people's consent before care was provided. People who required support had enough to eat and drink during the day and where appropriate were supported to access healthcare services.

### **Is the service caring?**

**Good** 

The service was caring.

People received care and support from care workers who understood their individual needs. People said care workers were caring, kind and respectful and always ensured their privacy, dignity and independence was maintained.

### **Is the service responsive?**

**Good** 

The service was responsive.

People's care needs were assessed and their preferences in regards to their support had been taken into consideration when planning their care. Overall people needs were met and where changes in people's needs were identified, these were

accommodated with increased support where appropriate. People said when they had raised concerns these had been acted upon to help ensure their needs were met.

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

The service was not consistently well led.

Improvements were needed to processes, systems and record keeping to ensure the quality of care and services provided could be demonstrated. This included maintenance of care plans to show person centred care planning. People were happy with the support they received and were invited to comment on the quality of the service. The manager had an open door policy and staff felt supported in their roles.

### **Requires Improvement**

# Care Associates (Coventry) Limited

## **Detailed findings**

### **Background to this inspection**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 reviewed information received about the service, for example, the statutory notifications the service had sent us. A statutory notification is information about important events, such as an accident that occurred in a person's home. The provider is required to send these to us by law. We also asked the local authority if they had any concerns about the service and they confirmed they had no major concerns to report.

The office visit took place on 2 and 3 June 2016 and was announced. The provider was given 48 hours' notice that we would be coming. This was so they could make sure they and care workers would be available to speak with us. The inspection was conducted by one inspector.

Before the office visit we contacted people who used the service by telephone. We spoke with six people who used the service and relatives of a further six people. During our visit we spoke with seven care workers, office co-ordinators and the registered manager.

We reviewed four people's care plans to see how their care was planned and delivered. We checked whether care workers had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including quality monitoring checks, satisfaction surveys, records of complaints, home visit logs, training schedules and medicine records.

Before the inspection, we asked the provider to complete a 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. This was returned and information was used as part of this inspection. We forwarded 42 questionnaires to people and relatives to ask them their views of the service. We used information received from the 16 responses received to make judgements about the service.

# Is the service safe?

## Our findings

Everyone we spoke with told us they felt safe receiving support from the care workers that visited them. Comments included, "I feel very safe, they are very nice" and, "Safe, yes because we know them, we get the same ones." People had no worries or concerns about the security arrangements for their home. Some people had a key safe which care workers could access to gain entry to their home if they were unable to open the door. Care workers we spoke with were aware of the importance of keeping people's homes secure following their calls and said they always made sure the doors were closed.

Care workers understood their responsibilities to keep people safe from the risk of abuse. They told us they always reported any concerns to staff based in the office at Care Associates so that any necessary actions could be carried out. One care worker told us, "We have a safeguarding policy and risk policies. We can read them on the internet but we have them in our folders at home." Care workers were aware of the signs to look for that might mean a person was at risk of abuse. One care worker told us, "We have to report all cases of abuse to the office. There was one person whose family neglected their food and none of their clothes fitted them. I reported it to the office." They went on to explain how staff at the office had acted on this information and actions had been taken to ensure the person's health, safety and welfare was maintained.

Discussions with the registered manager confirmed they were familiar with the local safeguarding referral process if they were concerned people who used their service may be at risk of abuse. Care workers were aware of the provider's whistleblowing policy and told us they would not hesitate to use it if they felt concerns they had reported were not addressed.

Care workers were knowledgeable about risks associated with people's care and how to manage them. For example, one care worker told us, "You just do things automatically, make sure they are positioned properly, propped up with pillows and the bed is down. We look for any hazards and always report things to the office. In the warmer weather we make sure they have got plenty of fluids." Another care worker told us they regularly checked equipment people used to make sure it was in good repair. They commented, "If there are hoists or slings that are damaged, we report it to the office the same day." This was so they could make sure arrangements could be made for the items to be repaired.

We found risk assessments were not always completed for health risks associated with people's care so that care workers were aware of them when providing support. For example, one person was at risk of not eating and had mouth problems, they also had breathing difficulties at times. This was brought to the attention of the registered manager.

We asked care workers if there were aware of any policies in regards to the management of risks. One care worker explained there was a 'Falls' policy there were required to follow to keep people, and themselves, safe from harm. They told us, "If they fall we can't touch them, we have to phone the ambulance, make sure they are alright, and phone the office and wait with them until they are checked out."

There were enough care workers to meet people's needs but when people's regular care workers were off

sick or on holiday, people said sometimes their calls were delayed. This was because other care workers who worked for the agency were asked to complete additional calls which meant the regular times people received calls could not always be achieved.

Overall people told us the care workers arrived around the times they had agreed and had enough time to deliver care. One person told us, "They do very well considering they have been short on staff. If they are going to be late they usually phone to say they will be late which is very good." A relative told us, "Pretty much (on time) they normally try and contact [person] or myself if they are going to be late." People and relatives were positive about the care workers who provided support. One relative told us, "The girls have been coming in for a long time, they are so good to [person], I can't fault them."

Care workers felt there were enough of them to support people most of the time but said when some were on leave, this placed pressure on them. One care worker told us, "You can get a week when four staff are off and we are working with practically one or two staff to get the work done. Sometimes we are rushed off our feet; we don't have enough staff to cover the amount of work... I just get on with it." Another told us, "Sometimes I get too much time and others not enough. Sometimes they need five minutes more so I am not rushing, I tend to spoil them anyway. You can't just leave them. You are either a carer or not in my book. You do build up a rapport with your clients and they trust you. You cannot just say I am off now; you are not getting your cup of tea. Some days it is straightforward and sometimes not."

We discussed delayed call times during sickness, holidays and weekends with the registered manager. They told us calls were made to people as soon as this was possible to ensure their needs were met. The registered manager also told us there was an ongoing recruitment process to employ more care workers to help ensure all calls could be completed effectively.

Records showed that care workers were recruited safely, which minimised risks to people's safety and welfare. The provider carried out police checks and obtained appropriate references to ensure care workers were safe to work with people. Care workers we spoke with confirmed they were not allowed to start work until all the checks had been completed.

Care workers completed training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. Most people we spoke with told us they managed their own medicines or were prompted to take them by care workers when they carried out their calls. Where people were supported to take their medicines, medicine administration records showed people had received their medicines as prescribed. People we spoke with told us they received their medicines when required. A relative told us when they had identified a medicine error and reported it to the office, it was found to be an 'office' error as opposed to a care worker error. They told us this was addressed with immediate effect to make sure their relative received their medicines.

# Is the service effective?

## Our findings

People told us they felt care workers were suitably trained to meet their needs in a way they preferred. People said some care workers went over and above their duties to make sure they were well looked after. All spoke of their relief in having regular care workers that knew how to support them. One person told us a care worker knew exactly what clothes they liked to wear without them having to ask because they had got to know them so well. Another person was very complimentary of the care workers and told us, "One of them (care worker) is absolutely fantastic. They are very careful."

Relatives told us care workers knew what they were doing and met people's needs effectively. One relative said "[Person] is well looked after." Another said, "They meet all of [person's] needs that they require."

Care workers said they completed regular training to help them gain the skills required to support people effectively. One told us, "I have done medicine, food hygiene and I am waiting to do a manual handling refresher. I have completed an NVQ (National Vocational Qualification) 2...." New care workers told us they completed an induction to the service which included shadowing more experienced care workers before they worked independently. This helped them to understand their role and how to support people. One care worker told us they "felt quite comfortable" supporting people after they had spent a period of time shadowing a more experienced care worker. They told us, "I went out three times with the girls for a day and for the first few weeks they put me with these people. For the first few weeks I hadn't done medication training so I went to people who did not have them, but I have done that training now." New care workers had started working towards achieving the Care Certificate. The Care Certificate sets the standard for the skills and knowledge expected from staff when working in the care sector. Training they had completed included, moving and handling people, food and nutrition and dementia awareness.

Staff training records were maintained by the registered manager but it was not clear all training was up-to-date or planned where this was not the case. This was discussed with the registered manager who agreed to address this.

Care workers had regular supervision meetings with their manager and annual appraisals where they had opportunities to talk about their ongoing development and training needs so these could be addressed. One care worker told us, "[Care co-ordinator] has supervision meetings. She asks how we are getting on, if we have any problems, if care plans are up-to-date and stuff like that. Annual appraisals are done by [Registered Manager]. We have to do our training and I want to do my NVQ 3. They give you a bit more knowledge to make you aware of things." Another care worker told us, "Yes [care co-ordinator] does them. They asked if my hours are alright, if I was happy with my hours, if there were any issues. They make sure your training is up-to-date and discuss anything we need to talk about."

The registered manager told us that care workers were observed carrying out their work on a regular basis to ensure they were working to the policies and procedures expected by the provider. They told us supervision meetings were used to discuss any concerns identified or reported. The registered manager said that any concerns regarding moving and handling people were addressed with immediate effect which

demonstrated swift action was taken regarding any staff competence issues.

Care workers had some knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what it meant for people. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People said care workers always asked for their consent before delivering personal care. One person told us, "Oh yes (asked for consent), they are really professional, really good."

Care workers told us they had completed training in the MCA and gained consent from people they provided support to. One care worker told us, "I say, are you going to have a wash now? and they agree to it. I tell them as I go along what I am going to do. Or I say "can I just". Where people were not able to make a decision, people had family members who could support them. In some cases arrangements had been made for people to be supported with important decisions through an advocacy service. An advocate is an independent person, who is appointed to support a person to make and communicate their decisions. We were told there was an advocate supporting one person to manage their money.

People were happy with the support they received to eat and drink. People who were reliant on care workers to assist with meal preparation said they were offered a choice of meals and drinks whenever this was possible. People explained how care workers made sure they were provided with drinks before they left so they had sufficient to drink during the day. Where there were risks associated with people not eating and drinking enough, care workers told us they offered encouragement. Daily records that care workers completed during their calls to people showed they had prepared meals and drinks for them as required.

Most people told us if they had concerns about their health, they made their own arrangements to see a doctor or health professional. Sometimes family members arranged appointments on their behalf. Where health professionals had given advice, people told us care workers followed this advice. For example, applying prescribed creams to people's skin to prevent them developing sore areas.

Care workers recorded any care and support given in daily records kept within people's homes to confirm people's care needs were met.

# Is the service caring?

## Our findings

We spoke with six people, and relatives of a further six people and all of them felt staff were kind, caring and supportive. Most people felt they received care and support from a consistent staff team that they were able to build relationships with. They acknowledged that sometimes different care workers needed to support them if their regular care workers were on holiday or ill. One person told us "They are like friends to me."

We had forwarded quality satisfaction surveys to 16 people and asked them if their care workers were caring and kind. All 16 people said they "strongly agreed" demonstrating these people felt care workers were caring.

There were two people we spoke with who made comments about a specific care worker that were negative. We were aware that some action had already been taken by the registered manager in regards to this issue.

Relatives were positive about the care workers. One relative told us, "The ones I have are very kind, they take their time with [person], they tell me everything." Another relative said care workers were "nice and gentle" with the person they supported. They described how care workers stroked their family member's head, coaxed them to have a drink and had "a little laugh with them." Another relative explained how care workers communicated with their family member despite them rarely being able to communicate back to them, demonstrating their caring approach. They told us, "They chat a lot to them, they don't get much response, if [person] says one word they get excited."

We asked care workers how they provided a caring environment for the people who lived at the home. One care worker said, "By talking to them. They are normally quite open and talk to you about what is going on in their lives and we talk to them about what is going on outside." Another care worker said, "I tend to chat to them throughout to make them feel comfortable, find some common ground. I know [person] likes their garden so I chat to them about what I do in my garden and build up a relationship. They ask me about my family. I tell them some things."

The 'provider information return' containing information about the service stated that the provider ensured care workers employed had a caring disposition to enable them to be matched to individual people. They told us care workers needed to show compassion and kindness towards people to be selected to work for the agency.

The care workers we spoke with were able to tell us how individuals preferred to be supported. They also explained how they maintained people's dignity, privacy and independence. For example one care worker explained, "If they refused (personal care), I would ask if they were ok, if they wanted to do it themselves, I always give them the opportunity to do it themselves. Maybe prompt them."

People said care workers respected their privacy and dignity when supporting them with their care. One person who we asked about this told us, "Oh definitely yes, no qualms about that, there is no nonsense, they

are very helpful." A relative told us care workers always made sure their family member's privacy and dignity was respected. They told us, "They shut the door on [Person] so I can't get in, they are very good."

# Is the service responsive?

## Our findings

People told us they were happy with the care they received and said that it met their individual needs and preferences. One person told us, "If you ask them (care workers) to do anything they will do it no problem at all." Another told us, "I am quite happy yes, they are very helpful, if they were not coming in I would end up in a home."

One person told us, "I don't think I am getting the full service." They went on to explain one of their care worker's rushed them and sometimes did not stay the full amount of time that they should. We established through our inspection process that this was something the registered manager was aware of and was in the process of following up.

Relatives we spoke with told us that care workers were responsive to their family member's needs and demonstrated a good knowledge and understanding of the support they required. One relative explained how they had a good communication system with care workers so they could make sure their relative's care needs were met. They told us, "We have a book we all write in and use food and fluid charts, we all work together." They told us how there were two care workers that visited their relative on each call each day so they could provide safe support. They confirmed that both care workers usually arrived together to make sure their family members care was not delayed.

Care workers told us they knew about people's daily routines. One care worker told us, "When we went to [person] they had their own routine and they showed me how they liked their tea made and when they wanted toast. Nine times out of ten they tell us what they want and how they want it."

The registered manager was motivated and dedicated to making a difference to people's lives. They were knowledgeable about people's needs and how to meet them. They explained how they responded to situations when people's needs changed to make sure their care needs were met. They gave an example of how one person's needs had increased resulting in them being in bed for most of the time. They had worked with a social worker to fund an additional care worker and adjust the call times for care worker support. A new care plan had been introduced and an occupational therapist arranged to assess the person for equipment. The person was provided with a hospital bed and care workers were to use "slide" sheets to help move the person. These actions demonstrated the service had responded swiftly and effectively to ensure the person's needs were met.

Overall we found care workers were responsive to people's needs. . Care plans provided care workers with information to help them deliver the care people required. This included detailed assessments of people's needs before they started to use the service. Records did not always include person centred information about people's preferences and wishes about how their care should be delivered. Care workers told us they had time to read care plans and always read the latest entries in the daily record books to make sure they were aware of any changes in people's health or needs. They told us they used these records to make sure people's needs were met effectively.

We looked at how complaints were managed by the service. People spoken with told us they had no current complaints about the service. Most people knew they could contact the 'office' if they needed to discuss any concerns. Some people who had contacted the office with a concern told us it had been resolved to their satisfaction. A relative explained how the staff in the office had listened when they had raised concerns about specific care workers. They told us in response to their complaints changes were made to the care workers supporting them. One relative told us, "They are all very good (staff in the office)." Other relatives commented, "I have no issues, there was a problem with access to a key safe when we first started, it was all resolved very quickly and a key safe was fitted." And, "There is always somebody there and if something goes wrong they would act on it."

One person told us they were not happy with how their concerns had been managed, however we identified action had been taken to try and resolve issues to their satisfaction.

The provider had a complaints procedure and this was provided to people in an information pack when they first started to use the service. There was a record of complaints received by the service and there had been three formal complaints in 2015 and one in 2016. These had been investigated and responded to in a timely manner. The registered manager told us that the care co-ordinators based in the office dealt with any day to day concerns that people raised with them. However these were not recorded in a format to easily check the numbers of concerns received and the actions taken. The registered manager advised she usually dealt with formal complaints and checks were made on the books kept in people's homes on a regular basis to make sure any concerns regarding people's care were identified.

# Is the service well-led?

## Our findings

People spoken with were complimentary about the service. One person told us, "They have been ever so helpful; I would fully recommend Care Associates to anyone." Another told us, "I can't fault the agency; the standard of care is excellent." Relatives commented, "They provide an excellent service which is accessible and professional. I have an awareness of how difficult it is to manage people in their own environment and am sympathetic to that. We have a three way relationship. I am happy with the service and to know [Person] is safe and secure." And "I think the office staff are amazing, the way they co-ordinate and communicate, I have nothing but admiration for them."

The management team were knowledgeable about people and their care needs and were open to people's views. The registered manager had worked at the service for 20 years and had been the registered manager for six years. They had a stable staff team that understood their responsibilities to provide people with the quality of care and services they expected.

There was a clear staff structure so that staff understood their roles and an 'on call' procedure that operated out of hours to support staff in ensuring decisions were made appropriately in relation to people's care and support.

We identified that some improvements were required to processes, systems and record keeping. This was so the provider could clearly demonstrate that the quality of care and services people received was appropriate and consistent. This included improvements to ensure care records were accurate and contained sufficient information to support people in accordance with their preferences and needs.

We found care records did not always reflect risks associated with people's care and the support required and given. For example, one care worker told us about a person who did not eat well and had a problem with their teeth. The care worker explained what they had done to address these concerns. However, these problems were not reflected in the person's care plan to ensure all care workers would know about them and consider them when providing care and support. We saw the person's care plan had not been updated since 2015. Records showed these problems had been ongoing for some time. We also noted from reading the person's daily records that their continence needs were not being effectively managed. However, the care plan stated, "No problem with continence" which conflicted with information in the daily records. Due to information not being accurate, there was a risk that the care and support provided may not be effective in meeting this person's needs.

When we looked at a second set of care records they stated that the person was partially sighted but within the same care plan there was an entry "[Person] has no problem with their sight." This meant it was not clear if the person had a sight problem that care workers would need to consider.

A care worker told us about a person who had a problem with their hand and painful arms and how they had to be careful how they supported the person. This was not detailed in the person's care plan with instructions on how care workers should support the person to minimise their pain.

The registered manager told us new support plans were being introduced. They explained they would be more detailed and they would be working with GP's to find out about medicines prescribed for people. They acknowledged that there were some old care plans in files that needed updating and stated they were working on them.

Responses we received from the quality questionnaires we sent to people showed a high level of satisfaction with many aspects of the service such as people knowing who to contact at the service for support, people feeling safe with their care workers and care workers staying the length of time agreed. Overall, people were very positive about the staff team.

There were some responses from people where they felt improvements could be made. One person commented that there were staffing problems at weekends and holidays and variances in the quality of care that some care workers provided. We saw the issue of weekend cover had already been identified by the service as it had been discussed at a recent management meeting with the aim of ensuring there was always sufficient cover for shifts during the weekends. One relative had commented, in their quality questionnaire, that they did not always receive a phone call when care workers were going to be late which left them feeling anxious. The registered manager told us that when they were made aware of problems they made sure these were investigated and action taken to resolve them. They acknowledged that sometimes if care workers were on holiday or there was staff sickness this could impact on people. However they advised they worked with the staff team to ensure the impact of this on people was minimised.

The provider had carried out their own satisfaction survey where people had been asked for their opinions of the service through questionnaires during 2015. The analysis of the questionnaires returned showed 98% of people were very satisfied or satisfied with Care Associates overall. The registered manager told us she had acted upon comments received where people had recorded their name on the questionnaire. For example, a relative had asked that their family member's post to be sent to them directly as their family member was no longer able to deal with their post. This had been addressed which demonstrated the provider and management team acted upon requests for change or improvements.

Audit checks were carried out by the care co-ordinators. This included checks of the books used by care workers to record the care and support they provided to people each day. We were told this helped the co-ordinators to identify any potential concerns. However, there was no formal record of these checks to show issues were being identified and addressed.

There were no meetings for care workers where they could discuss issues related to their role. Care workers told us this was something they would like to happen so they could get to know their colleagues, share experiences with them, and learn from each another. The registered manager told us meetings were not held because staff shift patterns made it difficult to organise meetings without impacting on people's call times. The registered manager told us in their 'provider information return' they operated an 'open door' policy where staff were encouraged to let them know about any issues or concerns they wanted to discuss. The registered manager also told us that care workers had opportunities to meet during training and there were newsletters emailed to care workers to keep them updated on any changes planned at Care Associates.

Care workers we spoke with had a clear understanding of their roles and responsibilities and what was expected of them. Care workers spoke positively about working for the service and said they enjoyed working with people. One care worker told us, "I really enjoy working here; they are really friendly and really helpful." Another told us, "I would not change anything. I am happy."

Care workers told us they felt well supported by the registered manager and care co-ordinators. One care worker told us, "It is very welcoming and supportive even for carers, if I have any concerns; everyone is really easy to talk to." Another told us, "I feel well supported yes. They let me know how to deal with clients, what should be done and not done. I feel I can have a grumble."

The registered manager understood their legal responsibility for submitting statutory notifications to us, such as incidents that affected people who used the service so we could make sure they had been appropriately acted upon.