

S.A.I Infinity Care Ltd

# S.A.I Infinity Care

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 24 and 25 March 2015 and was announced. We told the provider two days before our visit that we would be coming.

S.A.I. Infinity Care provides personal care for people in their own homes. This includes older people, people with mental health or learning difficulties, physical health needs and those with specific language or religious needs. The service also supports people to take part in social, education and work activities within the community. At the time of our inspection 20 people were receiving a personal care service and were either privately

funded or were helped with the cost of care through direct payments from the local authority. At our last inspection in January 2014 the service was meeting the regulations inspected.

The service had a registered manager in post. 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.

# Summary of findings

Care was tailored to meet the needs and aspirations of each person using the service and people were complementary about how the service recognised and responded to their needs. Staff knew the people they were supporting well and provided a personalised service for them. People were involved in creating their own care records. These focused on people as individuals and gave clear information for people and staff using easy to read and pictorial information when needed.

The service used creative ways to make sure people were able to communicate with them. This included people whose first language was not English or who were not able to verbally communicate because of their disability or condition. The registered manager and her staff were committed to helping people express their views and feelings and people told us about the innovative ideas used to help staff understand how they would like to be cared for and to recognise the day to day difficulties and obstacles they may face.

Staff were proactive in the ways they engaged with people who used the service to make sure they always felt welcomed and valued. People were encouraged to meet the office staff and to talk about their worries, concerns or improvements that could be made and these were immediately addressed where possible.

Staff thought of new ways to involve people who used the service to be as independent as they wanted to be and encourage them to follow their own activities and interests in the wider community. The service had regular activity days and worked hard to stop people from feeling lonely or isolated.

People and their relatives told us they felt safe and that staff were trustworthy. There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adult's procedures and understood how to safeguard the people they supported.

People were happy with their care and liked the staff that supported them. People told us staff were caring and respectful. People told us they had the same staff to care for them and staff were introduced before they started to work with them. When there were changes to staff people said service would always let them know. Staff explained the methods they used to help maintain people's privacy and dignity.

The service recruited staff for their caring attitude their values and compassion. Staff were then trained with the knowledge they needed to provide good care. Staff training was up to date and the service followed appropriate recruitment practices.

Any risk that people may face was identified by risk assessments and appropriate management plans were put in place to help keep them safe. Care records and risk assessments were regularly reviewed. Staff supported people to attend appointments and liaised with their GP and other healthcare professionals to help meet their health needs.

People were asked about their food and drink choices and these were recorded in their care records. Staff prepared and cooked meals for people when required and made sure meals observed people's cultural and religious needs. People were supported to take their medicine when they needed it.

People and their relatives told us they would complain if they needed to, but have never had to. They all knew who the manager was and felt comfortable speaking with her about any problems.

People were contacted regularly to make sure they were happy with the service. Senior staff carried out spot checks to review the quality of the care provided.

# Summary of findings

## 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. There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adult's procedures.

People using the service had detailed risk assessments and these were kept under regular review. People were supported to take their medicine safely.

The provider had effective staff recruitment and selection processes in place. Appropriate checks were undertaken before staff began to work at the service.

Good



### Is the service effective?

The service was effective. Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

People's health and support needs were assessed and care records reflected this. People were supported to maintain good health and had access to health care professionals, such as doctors, when they needed them.

Good



### Is the service caring?

The service was caring. The service found different ways to help people express themselves and to help staff understand how people would like to be cared for. People and their relatives told us they were very happy with the standard of care and support provided by the service. People felt staff went the extra mile for them when providing care and support. Staff always respected people's privacy and dignity.

Care records were written with people to make them tailored for each individual. The service involved people in activities where they were able to and encouraged people to follow their hobbies and interests.

Good



### Is the service responsive?

The service was responsive. Staff adopted a flexible approach to meet people's varied care needs. The service worked with people to plan their care and support. People felt involved in the planning of their care and care records were individualised and person centred. Staff were knowledgeable about people's support needs, their interests, preferences, cultural and religious needs.

Staff had established effective ways of communicating with each other and with people who used the service. People were encouraged to access the community and engage in activities that were important to them. Staff found different ways to support people to live as full a life as possible and reduced the risk of people becoming lonely and socially isolated.

People who used the service and their relatives all felt the staff and manager were approachable and knew how to make a complaint if they wished to.

Good



# Summary of findings

## Is the service well-led?

The service was well-led. People's views and comments were listened to and acted upon in order to improve the quality of the service. Systems were in place to report accidents and incidents.

Staff felt supported by their manager and were encouraged to report concerns.

The manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Good



# S.A.I Infinity Care

## 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.

The inspection took place on 24 and 25 March 2015 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in.

The inspection team consisted of one inspector. Before our inspection we reviewed the information we held about the service which included statutory notifications we had received in the last 12 months and the Provider Information Return (PIR) the manager had sent us. The PIR is a form we ask the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make.

During our inspection we spoke with two people, four staff members and the deputy manager and the registered manager. We examined four people's care plans, four staff files as well as a range of other records about people's care, staff and how the service was managed. After our inspection we spoke with three more people using the service and one person's relative.

# Is the service safe?

## Our findings

People told us they felt safe, they told us, “I feel safer now, than I did with my last agency”, “I totally trust the staff” and “The staff are trustworthy.”

Staff knew what to do if there were any safeguarding concerns. They understood what abuse was and what they needed to do if they suspected abuse had taken place. Staff told us they would report any witnessed or suspected abuse to their manager. All staff had received training in safeguarding vulnerable adults as part of their induction programme and this was refreshed every year.

Staff followed effective risk management strategies to keep people safe and support their independence. People’s care records contained risk assessments, which were up to date and detailed. These assessments identified the hazards that people may face and the support they needed to receive from staff to prevent or appropriately manage these risks. For example, risk assessments related to people’s mental and physical health, moving and handling, accessing their local community, handling finances and self- administration of medicines. Staff told us about one person whose needs could change daily. There were detailed plans in place for staff to support the person on their “good and bad” days together with guidance to encourage and promote the person’s independence.

Emergency 24 hour on call numbers were clearly printed on each page of the service user’s handbook which was given to people when they first started to use the service. People told us they called the office if they needed to and always received a response. All the care staff we spoke with were aware of how to respond in the event of an emergency to ensure people were supported safely.

The service had systems in place to manage and report accidents and incidents. The manager told us there had been one accident in the last 12 months. We saw the form used to record the details of any accidents together with action taken at the time, a body map for completion and details of any subsequent actions and outcomes.

People told us their care staff arrived promptly and would stay the allotted amount of time. If there were any

problems they said the office would call them. One person told us, “[Staff] are always punctual and stay as long as I need them to.” A relative of one person told us, “When our carer went on holiday the office gave us plenty of notice.”

We spoke to the manager and deputy manager who told us they always introduced carers to people before they started working with them and tried to keep the same carers with the same people. Everyone we spoke with confirmed they had the same care staff to assist them and they were notified of any changes. One person said, “I have two regular carers and the office tell me if they change.” Another person said, “I have two carers and they only change if they are sick or take time off.” The manager explained how they ensured there were sufficient numbers of staff available to keep people safe and that staffing levels were determined by the number of people using the service and their needs. This included occasionally using office staff who were also trained care staff and were able to cover staff leave and sickness.

The service followed appropriate recruitment practices. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of these individuals. This included up to date criminal records checks, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK.

People were supported to take their medicine safely. Most people using the service did not require support when taking their medicine. Where people needed to be prompted, their care records contained details of prescribed medicine and this was reviewed when necessary. Staff noted each time medicine had been taken by the person. The deputy manager explained they realised some people that were new to the service may require additional support with their medication and we discussed the new medicine administration records they planned to introduce. Some staff had been trained in medicine awareness and the manager confirmed any staff member assisting a person with their medicine had training before starting to work with the person.

# Is the service effective?

## Our findings

People told us they were supported by staff who had the skills to meet their needs. One person told us, “Two of my carers have been trained to NVQ level 3 ... all my carers have the skills they need.” NVQ is a nationally recognised qualification and courses are available for staff that deliver health and social care.

All new staff attended a one day induction when they first started working for the service and completed basic mandatory training during their first 12 months. This included the role of the home carer, first aid awareness, infection control, food hygiene, moving and handling and safeguarding. After induction staff updated their mandatory training either yearly or two yearly depending on the course. Systems were in place to monitor staff training needs and identify when training was due or needed to be refreshed.

Care staff told us they felt they had received all the guidance and training they needed to effectively carry out their roles and responsibilities as well as learn new skills. One member of staff told us, “The induction was really useful and I have had training in things like manual handling, risk assessments and food hygiene.” Another told us, “I have had enough training and I would ask if I wanted more.”

Staff told us they had regular supervision with their manager. Records confirmed supervision was carried out on a one to one basis every six weeks. An annual appraisal was in place but as the service and staff were all relatively new these had not taken place at the time of our inspection. The deputy manager explained they were on schedule to start appraisals this year.

People were asked to give their consent for care and we saw consent forms in people’s care records. These included consent for the agency to provide care, record information and share information with some professionals. We saw consent forms in people’s records explaining the importance of people making their own decisions that could affect their life and wellbeing in line with the Mental Capacity Act (MCA) 2005. One person’s records gave details

of their relative as having lasting power of attorney for them. This meant they were able to make decisions about the persons welfare when the person was not able to do so themselves.

Staff were aware of the Mental Capacity Act (MCA) 2005. The manager had an MCA policy in place. We discussed the Supreme Court judgement that clarified the meaning of deprivation of liberty, and staff were aware of what processes to follow if they felt a person’s normal freedoms and rights were being significantly restricted. This included making an application to the Court of Protection. At the time of our inspection no one using the service was deprived of their liberty and no applications had been made to the Court of Protection.

Where required people were supported to eat and drink appropriately. We met with one person and a staff member on their way to a shopping trip, they told us, “I’m going shopping to get some bread and milk ...I can do the cooking myself.” One relative told us, “They always ask [my relative] if they would like anything to eat and drink.” Staff told us that some people from the Asian community had special dietary needs or liked food prepared in a certain way. We spoke with the care coordinator who explained how they would teach new staff to prepare certain food for people with different cultural needs. They told us, “For many people their menu is a big thing. ...many will not eat meat. I instruct carers what the procedure is. People tell us what they want and the carers cook a meal from scratch.”

People’s dietary needs were assessed before they started using the service this included people’s likes and dislikes and their cultural and religious needs. Care staff had received training in food hygiene and were aware of safe food handling practices.

People’s personal information about their healthcare needs was recorded in their care records. Care records contained details of where healthcare professionals had been involved in people’s care, for example, information from the GP and occupational therapists. Staff told us how they would notify the office if people’s needs changed and we noted examples of how additional support from various healthcare professionals helped people maintain good health. For example, the service had liaised with the occupational therapist to obtain a hoist for one person when they had problems mobilising.

# Is the service caring?

## Our findings

All the people we spoke with told us they were very happy with the standard of care and support provided by staff and that they would recommend the service to others. People told us, “[The staff] are very nice, kind and caring”, “I have a laugh with them” and “They are really very good.” One person was extremely complimentary about the service, they told us about their experience with other agencies before moving to S.A.I Infinity Care. They said, “They are way better than other agencies...they surpass my expectations... I have the best care.”

All the staff we spoke with told us they enjoyed working with the people they cared for and were committed to providing care that was centred on people’s individual needs. Comments included, “I’m very happy, I really enjoy it” and “I enjoy helping people...talking with them...making them laugh.”

The service had a strong and visible, person centred culture, they were committed to helping people express their views and were able to demonstrate various ways to help staff understand how people would like to be cared for and highlight the day to day difficulties and obstacles people may face. One person told us that new staff were asked to use their wheelchair to access their home and the outside environment so staff could better understand, from the person’s perspective, the daily problems they faced with mobility. They said, “So staff can see what it’s really like to be me.”

Staff were introduced to people before they started to care for them and people had the same ‘team’ of staff. This helped to give people continuity in their care and enabled staff to learn how people wanted to be cared for. We heard how the service matched staff to people according to their needs. People’s cultural and religious needs were understood, for example, staff who could speak other languages were matched with people who could also speak the same language. One staff member told us, “We try to put carers with the same language and culture with people so there are no problems with communication or food.” Staff we spoke with had empathy for the people they cared for and were very knowledgeable about the care and support people needed.

Staff used different ways to engage with people who used the service this included inviting people to the office and

making them feel valued and welcome. During our inspection two people using the service came into the office to chat or sit and have a cup of tea. Staff explained that they encouraged people to come in when they could so they could feel involved, meet the office staff and have a talk about things that mattered to them.

We spoke with one person who had come in for a cup of tea. We observed the relationship between the person and the member of staff that cared for them and noticed they were friendly and comfortable together. They were having a joke and talking about the things the person liked to do, their family and day to day activities. The person was confident discussing their worries and concerns with the staff member who then tried to put the person at ease. For example, they discussed how the person’s home monitoring system would work if the person should have a fall and how this could make things easier for the person, if they chose to use it.

Another person came in to the office during our visit had some problems communicating because of their condition. Staff explained the person’s history to us and how they involved them in interesting activities to stimulate them and encourage their independence. This included the person sometimes helping them in the office with sticky labels or with sending cards out at Christmas. We saw examples of how the service worked hard to use creative ways to make sure this person had accessible, tailored and inclusive methods available to them to help them communicate. For example, staff had discovered the computer was a good way to connect with the person and had started to use this as a tool to help them make choices about their care. We saw the person was at ease in the office and comfortable with staff and it was apparent they had visited the service on frequent occasions. We observed staff interacted with the person well and spoke with them about the activities they had taken part in and what they would like to do in the future. The person spent some time looking at pictures with staff on the computer to help them decide what they would like to do for their next outing.

One person spoke to us about staff going the extra mile, helping with their day to day affairs or staying longer to complete a task. They told us, “Staff go over and above what they are paid to do.” Staff told us about some of the functions and birthday celebrations they had attended outside of normal working hours because they wanted to offer support and encouragement to people. For example,



## Is the service caring?

one person was acting in a local theatre presentation and some staff went to see them perform. The deputy manager explained how they realised many people were alone last Christmas and they spoke about their aspirations for the future to enable all the people who used the service to have Christmas dinner together if they wished.

People told us they felt fully involved in making decisions about their care. One person told us, "I like things done in a certain way, we are creating a care plan together." Another person said, "I had a care plan when I first started, but basically they always ask if I need more care or if anything has changed." People's care records contained information about how people wanted to be cared for and what was important to them. For example, one person's care records explained how important routine was for them and gave staff guidance on how to plan and support them during their day. Easy read and pictorial care information was available for people when they needed it and photographs or pictures were used throughout people's care records to give clarity and to help people understand how the service was going to help support them.

People's privacy and dignity was always respected while still encouraging people to be independent. Staff told us

they were respectful of the people they cared for and were able to consider the differing needs of people and adapt care according to their age, culture and religious beliefs. Staff described how they addressed people by their preferred names, always explained what they were doing and sought permission to carry out personal care tasks. One staff member told us, "I always close the door and give [the person] privacy". Another told us, "I will run a bath but only assist [the person] when they need me to...I always listen to people, to what they have to say." We heard how staff would talk to clients about their choice of food or make shopping lists with them. One staff member said, "We make a shopping list together, but sometimes once we are out [the person] changes their mind, that's fine."

The staff handbook gave guidance to staff and covered the service expectations of them this included respecting people's dignity, independence and individuality. The manager told us they did not necessarily employ people with a care background as they would provide the training they needed, however, they looked for people "with a good heart who are compassionate."

# Is the service responsive?

## Our findings

People told us they received personalised care that was responsive to their needs. One person told us, “My care plan is fluid it changes all the time ...I have very complex needs...I find attention to detail is where [the service’s] excellence is.” Another person said, “My care was fully assessed when I first started and it’s reviewed regularly.”

S.A.I Infinity Care was a small service at the time of our inspection but had adopted a flexible approach to meet the varied needs of the people who used the service. Including older people, people with mental health, learning difficulties, physical health needs and those with specific language or religious needs.

The deputy manager explained how they took time to develop a person’s care package, to write a detailed care plan and find the right staff member to provide the person’s care. They told us if they were unable to help someone they would be honest with them rather than provide a poor service. They said, “We ask people what their needs are, if it’s something we can’t do, we will be honest with people.” One person who used the service said, “I waited because they said they did not have the carers in place for me but they kept in regular contact to let me know what was going on...they are how all agencies should be.”

The service was creative when working with people to plan their care and support. One person told us how they been actively involved in developing a totally personalised care plan that was unique to them. They said, “We are taking pictures and creating a plan so anyone coming in can care for me...I feel safer knowing if a different member of staff came in they would know how to care for me.” We looked at this person’s care records and noted detailed written guidance for staff on the person’s medical condition, signs staff should look out for and what they should expect and how to react in certain circumstances. Photographs helped provide clear information for staff on where certain equipment was kept to help them know how to access and store items when required.

Care records were seen as fundamental to providing good person centred care. They were thorough and reflected people’s needs choices and preferences. Some care plans contained photographs and pictures which helped people and staff understand the type of care provided. Staff explained that this really helped with communication for

people whose first language was not English. We saw good examples where guidance was provided to staff to help them support people. One care record contained details to help recognise when the person was depressed and what could be done by staff to help. Another gave information on how one person’s needs could change daily because of their medical condition and how staff could act upon this by changing the pattern of care accordingly.

There were systems in place to ensure changes in people’s needs were communicated to those who needed to know. Senior staff shared information with each other daily via office meetings, mobile phones and emails. Any changes to people’s needs were recorded in people’s care plans and healthcare professions contacted where appropriate. Staff confirmed they were in regular contact with the main office and were given the support they needed when there were changes with people’s healthcare needs. Staff told us about waiting with people for healthcare professionals or ambulances to arrive and having the flexibility to stay longer with a person, if it was required.

People’s likes and dislikes were listed in their care records, for example, one person liked certain cereal and green tea for their breakfast. We saw examples where people’s preferences were recorded in an easy ready and pictorial format and staff explained this helped people make choices in their everyday life. People’s life history, interests and hobbies were recorded together with details about their family and those people dear to them. There were examples of the music people liked to listen to and how they liked to spend their time.

The service was able to support people to take part in social, education and work activities. We heard how staff were helping one person look for a job as a volunteer to help promote their independence and another person received support to attend a local collage. Once a week people were invited to attend a ‘community day’ organised by the service. People were encouraged to meet and join in various activities and have the opportunity to participate in the wider community. Pictures were displayed in the office of recent events and these included days out to London, local parks and joining the audience for TV shows. Other pastimes people took part in included, shopping, trips to the local library, bowling and snooker. Staff told us it was important that people did not feel socially isolated and we heard about the different ways the service used their time with people to involve people in various activities if they

## Is the service responsive?

were able to and wanted to. For example, staff cooked a batch of home cooked food to be frozen for one person, so they could reduce food preparation time and have more time to enjoy the activity of their choice.

The service looked at cost effective ways of including everyone who wanted to be involved in activities. For example, we were shown how the service conducted a bus and train assessment to see how people using the service could access the community using public transport. This included details of cost, transport timetables and disabled access, in particular risk assessments for those people using wheelchairs.

The deputy manager explained how they would attend as many outings as they could because it gave them a good opportunity to study the relationship staff had with people, if people were happy and if their needs were being met. We saw how the service was constantly looking for ways to improve and make life better for people. For example, we were shown the research undertaken for plans to involve people in more local community projects such as growing vegetables at a local farm. One person using the service had previously loved to garden and staff hoped this may help them with their depression. We also heard how staff were hoping to raise some money to enable them to invite everyone for a meal at Christmas time. The manager said, "We want to make a difference. . .we want to change people's lives."

People's care was assessed when they first started using the service and reviews were conducted yearly or before if necessary. Spot checks were carried out to ensure people received the care, treatment and support they needed. The results were recorded, this included any changes to people's care. People told us, "They do spot checks, they turn up to see if everything is OK. Sometimes they just phone to check on you, see how you are. They even phoned after my first day with a new carer to see that everything was OK."

People and their relatives told us they knew who to make a complaint to if they were unhappy but told us they have never needed to. All the people we spoke with were happy with the level of care they received and told us they would recommend the service to others. One person explained, "I have never had to complain about anything, I would definitely recommend this service." Another person said, "I have no complaints but I would speak to the manager if I did have. . .I have already recommended this service to others."

The service had a procedure which clearly outlined the process and timescales for dealing with complaints. This was detailed in people's handbook that they were given when they first started to use the service. Information also included contact details for the service, the Director of Social Services, the Care Quality Commission and The Local Government Ombudsman. The manager confirmed she had not received any complaints in the last 12 months.

# Is the service well-led?

## Our findings

People and their relatives told us they felt able to speak with the office if they needed to and that they were listened to. One person told us, “Communication is good, they always phone you back” and “[The deputy manager] is open, honest and solution focused she is always trying to find ways to make it work and improve.” Another person told us, “The best thing is I know I can ring the manager and say if I need help or support and I know they will help me.”

People were asked about their views and experiences of the service. Yearly surveys were sent to people and any feedback was used to highlight areas of weakness and make improvements to the service. We saw the results from the most recent survey sent during 2014. All of the results were positive and where two issues had been highlighted the manager had investigated and resolved these for people. Comments people had made on the surveys included, “Good caring care worker who understands my needs”, “Caring staff who are helpful and trustworthy”, “Good assistance always willing to help” and “Friendly helpful and kind.”

When staff first began to work for the service they were given a copy of an employee handbook, this detailed their role and responsibilities and the values of the service. Staff were motivated and spoke positively about their relationship with their managers and the support they received. During our inspection we saw good interaction between staff and their managers and staff told us they felt well supported. One staff member commented, “I feel supported, everyone is nice.” Another told us, “I feel 100% supported by my managers, I can take an opinion and do what is right.”

The service had good open communication with people, their relatives and staff. The deputy manager told us, “We do a lot of talking on the telephone... I talk to staff all the time... I ask them if they are happy with their clients.” People and staff we spoke with confirmed this during our inspection. Staff felt able to report any incidents, concerns or complaints to the manager. They were confident that if they passed on any concerns they would be dealt with.

The service had team meetings throughout the year, but these did not involve all care staff. However, staff and managers confirmed they were in contact with each other regularly and communicated work related issues via telephone calls, emails and during their face to face visits to the office. We heard how other events, such as training sessions were also used to share learning and best practice so staff understood what was expected of them at all levels.

Records were kept of monthly meetings together with notes of issues requiring action and who was responsible for completing the action. Records from these meetings included information about people’s activities, changes to times, holiday cover, people who were particularly unwell and those people who required a review of their care needs.

The manager and the deputy manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. A combination of announced and unannounced visits were undertaken to review the quality of the service provided. This included reviewing the care records kept at the person’s home to ensure they were appropriately completed.