A TAD Limited

Carewatch (Brighton)

Inspection report

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Ratings

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

Overall summary

This inspection took place on 16 and 20 March 2015 and was announced.

Carewatch (Brighton) is a domiciliary care agency and provides personal care and support for adults living in their own home in the Brighton and Hove area and West Sussex. Care was provided predominantly to older people, including people with a physical disability, learning disability, sensory loss, mental health problems or people living with dementia. At the time of our inspection around 317 people were receiving a service.

On the day of our inspection, there was no registered manager in post. A new manager had been recruited and was present during the inspection. However, a registered manager application had not been received by the Care Quality Commission (CQC). 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

Systems were in place to audit and quality assure the care provided. People were able to give their feedback or make suggestions on how to improve the service, through the reviews of their care. However,reviews were behind in being completed.

The times that care staff arrived to support people did not always enable people to have the agreed support provided. For example, take their medicines at the right time.

There were clear policies in place to protect people from abuse, and staff had a clear understanding of what to do if safeguarding concerns were identified. However, not all care staff had been following the agreed procedures when shopping for people to fully protect people from financial abuse.

When new care staff were employed safe recruitment practices were in place to be followed, however agreed procedures had not been followed in all instances.

People and their relatives told us that they or their relative were safe with the staff that supported them. Detailed risk assessments were in place to ensure people were safe within their own home and when they received care and support.

Medicines were managed safely and people received the support they required from staff. There were systems in place to ensure that medicines were administered and reviewed appropriately.

People told us they were involved in the planning and review of their care. Where people were unable to do this, the manager told us they would liaise with health and social care professionals to consider the person's capacity under the Mental Capacity Act 2005. Care staff had a good understanding of the need for people to consent to their care and treatment.

Care staff received an induction, basic training and additional specialist training in areas such as caring for people living with dementia. Care staff had supervision in one to one meetings, spot checks and staff meetings, in order for them to discuss their role and share any information or concerns.

The needs and choices of people had been clearly documented in their care plans. Where people's needs changed, people's care and support plans were reviewed to ensure the person received the care and treatment they required.

People and their relatives told us they were supported by kind and caring staff. Care staff were able to tell us about the people they supported, for example their likes and dislikes and their interests. People told us they always got their care visit, that they were happy with the care and the care staff that supported them.

People were consulted with about the care provided. They knew how to raise concerns or complaints.

The manager, along with senior staff provided good leadership and support to the care staff. They were involved in day to day monitoring of the standards of care and support that were provided to people using the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of this report.

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?

Requires improvement

The service was not consistently safe. The times that care staff arrived to support people did not always enable people to have the agreed support provided.

There were clear policies in place to protect people from abuse. However, not all care staff had been following the agreed procedures when shopping for people.

When new care staff were employed safe recruitment practices were in place to be followed, however agreed procedures had not been followed in all instances.

There were systems in place to manage people's medicine safely.

Is the service effective?

Good

The service was effective. Staff had a good understanding of peoples care and support needs.

There was a comprehensive training plan in place. Staff had the skills and knowledge to meet people's needs.

Care staff had an understanding around obtaining consent from people, and had attended training around the Mental Capacity Act 2005 (MCA).

Where required, staff supported people to eat and drink and maintain a healthy diet.

Is the service caring?

Good

The service was caring. Care staff involved and treated people with compassion, kindness, and respect.

People and their relatives were pleased with the care and support they received. They felt their individual needs were met and understood by staff..

People and their relatives told us care workers provided care that ensured their privacy and dignity was respected.

Staff were also able to explain the importance of confidentiality, so that people's privacy was protected.

Is the service responsive?

Good

The service was responsive. People had been assessed and their care and support needs identified. The views of people were welcomed.

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations

Summary of findings

People had received information on how to make a complaint if they were unhappy with the service.

Is the service well-led?

The service was not consistently well led as there was not a registered manager in post, to lead and support the team of senior staff. There was no application in process with the CQC for a new registered manager.

People were able to give their feedback or make suggestions on how to improve the service, through the reviews of their care. However, these had not all been completed to meet the providers timescales.

The leadership and management promoted a caring and inclusive culture.

Care staff told us the management and leadership of the service was approachable and very supportive.

Requires improvement

Carewatch (Brighton)

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We last visited the service on 27 June 2013 and we found the service met the regulations we inspected.

This inspection took place on 16 and 20 March 2015 and was announced. We told the manager five days before our inspection that we would be coming. This was because we wanted to make sure that the manager and other appropriate staff were available to speak with us on the day of our inspection. One inspector undertook the inspection, with an expert-by-experience, who had experience of older people's care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience helped us with the telephone calls to get feedback from people being supported.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, complaints and any notifications. A notification is information about important events which the service is required to send us by law. Before the inspection the provider completed 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. We also sent out questionnaires to a sample of people using the service, care staff and community professionals. Feedback from these were used in this report. This enabled us to ensure we were addressing potential areas of concern.

We telephoned two local authority commissioning teams, who have responsibility for monitoring the quality and safety of the service provided to local authority funded people. We contacted a health care professional and two care managers from the local authority commissioning team to ask them about their experiences of the service provided.

During the inspection we went to the agency's office and spoke with the manager, two field supervisors, a co-ordinator and the company trainer. In addition to this we spoke with six care staff over the telephone following the inspection, 15 people using the service, five relatives and a private carer. We spent time reviewing the records of the service, including policies and procedures, six people's care and support plans, the recruitment records for four new care staff, complaints recording, accident/incident and safeguarding recording, and staff rotas. We also looked at the provider's quality assurance audits.

Requires improvement

Is the service safe?

Our findings

We had mixed feedback about people's perceived safety. Most people felt safe. However, other people told us they did not feel protected from harm because of the timeliness and consistency in their care calls was varied.

There were arrangements to help protect people from the risk of financial abuse. Care staff, on occasions, undertook shopping for people. Records were made of all financial transactions which were signed by the person and the staff member. Care staff were able to tell us about the procedures to be followed and records to be completed to protect people. However, one person who had help with their shopping told us that they did not always get a receipt with their shopping and that they had not been able to fully check the change they received against the shopping receipt. We subsequently discussed this with the manager who told us that all financial transaction records were audited. They would ensure that all care staff were made aware of the recording standards expected and the need for shop receipts to be given to the person and the change checked.

There was a continuous programme of recruitment of staff for the agency. Comprehensive recruitment practices were followed for the employment of new care staff. We looked at the recruitment records for care staff recruited, and we checked these held the required documentation. Checks had been carried out by the provider to ensure that potential new care staff had no record of offences that could affect their suitability to work in this setting. However, for one new care staff they had started to work for the agency with no written references having been received. This had not fully ensured the suitability of the new staff member to protect adults. We discussed this with the manager who showed us a new recruitment checklist which was being introduced. This would enable staff to have a clear record of the recruitment checks that had been completed and the checks which were outstanding. New care staff were able to confirm the recruitment procedures had been followed.

Staffing levels could be adjusted according to the needs of people, and we saw that the number of care staff supporting a person could be increased if required. For example where a person's mobility had changed. A care co-ordinator showed us how the rota of care calls was created. They told us the system highlighted individuals' preferences, such as a preference of male or female care workers, which was considered when scheduling the care calls. All the care staff had received the training to meet people's care needs, and care co-ordinators were aware of care staffs particular strengths and availability when allocating calls. They covered a geographical area and within that had tried to allow for short travel times between care calls, which decreased the risk of care staff not being able to make the agreed appointment times. If staff were unable to attend an appointment they informed their manager in advance and cover was arranged so that people received the support they required.

People told us that their care calls were not missed; however feedback was varied as to if they always got their visit from regular staff, and if staff arrived on time. The established registered manager had left the service, new senior staff and office staff had been recruited and there were changes in the care staff who worked for the agency. This had affected the continuity of care staff provided to cover care calls. Where new care staff had covered calls people told us they did not feel that they had all understood their needs. One relative of a person living with dementia told us they were concerned that care staff did not seem to understand the person's condition. Recently when a staff member had written in the folder, 'No meds given – says she doesn't take any.' The relative told us, "But it's written clearly in the book about their needs, and their medication".

Another person told us they worried that because care staff were sometimes so rushed they would forget something important. They said, "They're very good, but they've no time to talk to me – they're not allowed travelling time, so they're always rushing." They were also concerned that this meant they sometimes did not take the time to read their notes, and once a staff member had come in and asked them how they had broken their arm, not realising that the person had had a stroke. Another person told us, "I am very glad of the help given to me and have never had to complain about anything. It would be better to have one carer to get to know them, too many new faces too little time".

People with more care calls told us they usually had a consistent rota of between four to six care staff. People received rosters of which care staff were due to call and when. However, people commented these are not always very useful to them as they are often subject to substantial

Requires improvement

Is the service safe?

changes. One person told us, "I am a very nervous lady, so it's important for me to know who is coming, but my rosters regularly have blank spaces. I ring the office to ask who is coming, but they never seem able to tell me." Another person told us they were concerned about the high turnover of staff they had seen over the years, and they were just about beginning to feel settled with their carers, and they leave the company, saying, "Sometimes they don't even say goodbye, even when they know they're leaving in a few days – they just never come back." Care staff told us they had their regular people they went to, often with additional people to cover when there were staff vacancies, annual leave and sickness.

We asked people if care staff arrived on time to provide their care, and the feedback was varied. Where care was provided at different times this had impacted on the care provided. For example one person told us that their evening call should be from 6pm, where staff should prepare an evening snack, before helping them into their nightclothes. However, recently the care staff had been visiting them at 4pm, and they told us that this is far too early to be getting ready for bed. When this had been raised with senior staff they were told that care staff were fully booked later on, and this was the only time they could visit. Another person told us that on one of their visits it had been agreed that their lunch would be picked up for them. This was all agreed at the outset, but they said staff often arrived almost two hours late (1.30 rather than 11.30 – 12.00) which was too late to pick their lunch up. This had been mentioned repeatedly, but was improving. One relative told us the time the care was to be provided had been agreed so that they could go out. However they told us, "I can wait up to two hours on a Saturday for someone to come, and it means it's too late as the bank closes at midday." Another person told us, "I have complained about timing issues in the past, the area manager came out, but if I'm honest I felt that they didn't really care, and I wouldn't say things got any better." A few people told us that because care staff were sometimes late, their medications were given too closely together. One person told us, "My morning call can be anytime between 9.00 am and 11.00 am, that makes a big difference with my tablets, as if it's late it means it's not long before my lunchtime ones, which can't be very good." Another person told us that their 10.30 am call can often be as late as midday, and this distressed them. Feedback from care staff was varied. One care staff told us, "If travel time is not achievable I ring and tell them. " Another care staff told us, "We are not given enough travel time between calls and sometimes distances that one has to travel are just stupid. We also have big gaps in the day which makes the day very long as most of us do not finish until 07.00am or 20.00pm starting at 07.00 or 07.30am."

This was a breach in Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us they were aware of the issues highlighted and were already working to address these. The provider used a system of telephone monitoring. This system required care staff to log in and out of their visits when they arrived and left. This system created information to reflect the time taken with each person and the time to travel in between visits. The manager told us that the telephone monitoring system was used by themselves and commissioners of their service to provided information on calls completed, times and where changes to rotas and travel time were required. The information was accessible live through a television screen in the agency's office. A further television screen was being fitted where the co-ordinators sat so they also had access to this information. They could use this information continually monitor and chase up call times. This was to improve call times and enable people to be made aware when staff were running late. They were employing a further field supervisor and reviewing the deployment of the care staff and the areas they covered to enable care staff to work in smaller geographic areas. They were also ensuring the number of care staff who could be on annual leave at the same time enabled the care to be provided as detailed in peoples care plans. This would decrease the number of additional care calls covered by care staff and help improve the continuity of care staff providing the care calls.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them, and protect people from harm. Each person's care plan had an assessment of the environmental risks and any risks due to the health and support needs of the person, and these had been discussed with them. The assessments detailed what the activity was and the associated risk, who could be harmed and guidance for staff to take. For example where people needed help to move there was clear guidance for staff to ensure this was done safely. Field supervisors

Requires improvement

Is the service safe?

undertook regular reviews of the risk assessments. The manager was able to monitor the completion of these and discuss progress in the field supervisors' supervision. However, we found that the reviews were not all up-to-date to ensure care staff were following the correct care plan and risk assessment. We discussed this with the manager and field supervisors. They told us that recent staff changes had led to reviews being behind. But they were able to tell us that they were working to address this and the manager was monitoring the progress. Care staff told us that the care plans and risk assessments still provided current information for them to follow. That if people care needs changed and the associated risks they asked the field supervisors to undertake a review and that this had always been completed quickly to ensure care staff had up-to-date information to follow.

The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. These had been reviewed to ensure current guidance and advice had been considered. This included clear systems on protecting people from abuse. Senior staff told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. Care staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. We talked with care staff about how they would raise concerns of any risks to people and poor practice in the service. They had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse. One care staff told us, "If there were any issues about this service I would know how to report these to the CQC as this service provides all staff policies and procedures to ensure safety to all who provide and use this service."

Equipment maintenance was recorded, and care staff were aware they should report to senior staff any concerns about the equipment they used. Any incidents and accidents were recorded and the manager told us she kept an overview of these, and the provider was also informed and kept an overview of these to also monitor any patterns and the quality of the care provided and provide guidance and support where needed.

Procedures were in place for staff to respond to emergencies. Care staff had guidance to follow in their handbooks and was aware of the procedures to follow. For example care staff were able to describe the procedures they should follow if they could not gain access to a pre-arranged care call. The care staff told us they would report this to the office straight away and enable senior staff to quickly locate the person and ensure they were safe. There was an on call service available so that care staff had access to information and guidance at all times when they were working. Care staff were aware how to access this and those who had used this service told us it had worked well.

Most people told us medicines were administered effectively, and were always well documented in the care notes in their home. Medicine policies and procedures were in place for care staff to follow and there were systems to manage medicine safely. Care staff told us they had received medication training, and they were aware of the procedures to follow in the service. The recording of any administration of medicines was audited by a dedicated member of the senior staff as part of the review of the care provided. Care staff told us that they received feedback from the senior staff if there was any recording issues and this had been a topic covered during their staff meetings.

Good

Is the service effective?

Our findings

People told us they felt most staff were well-trained and competent, and provided a good level of care. A relative told us after a few teething problems, the care had settled down, and they now felt that their relative was in good hands. He was grateful that reliability and punctuality was much better now, and that, "What the girls write in the book is very, very explanatory – it is very useful for us, as a family, to have such good notes written down." They explained the agency and family worked well together, with good communication.

There were clear policies around the Mental Capacity Act 2005 (MCA). The MCA is a piece of legislation which provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Senior staff told us that if they had any concerns regarding a person's ability to make a decision they worked with the health and social care professionals. This was to ensure appropriate capacity assessments were undertaken and people's best interests were considered. Care staff told us they had completed this training and all had a good understanding of consent, and where people lacked the capacity to make decisions about their care and welfare. We asked care staff what they did if a person did not want the care and support they were due to provide. One care staff told us," I will do something else, then go back and encourage. I always like to give people choices. It's their home not mine." Another care staff told us, "I try to persuade them." Another care staff told us, "You make them feel comfortable."

People were supported by care staff that had the knowledge and skills to carry out their roles. The company trainer told us all care staff completed an induction before they supported people. There was a period of shadowing a more experienced staff member before new care staff started to undertake care calls on their own. The length of time a new care staff member shadowed was based on their previous experience, whether they felt they were ready, and a review of their performance. The company trainer told us, "I tell new care staff, if you are not ready, if you are not confident, you need to let us know." Care staff confirmed they had received the information and support they needed to start working on their own.

Care staff received training that was specific to the needs of people using the service, which included training in moving and handling, medication, first aid, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. In addition care staff were able to develop by completing further training for example in dementia care. Care staff told us this had given them information and a greater understanding of how to support people living with dementia in their own homes. One care staff told us," It just reinforced a lot of things." Another care staff told us,"The dementia course was very interesting as we had a lot on why people are like they are." Care staff told us they felt they had received the training they needed to meet peoples care needs. They had received regular updates of training as required. One care staff told us,"The training is very good. It reminds you of how you should be operating." Another care staff told us, "On the whole I am very impressed with the training and the knowledge. The training is better than at other places have worked." Another care worker told us, "I feel the training received and given is very good and the support I receive from my supervisor is also very good."

One staff member told us, "I enjoy working for this care agency and feel I can support the service users well. I get on well with the service users I visit and if for any reason there are problems matching staff with service users, Carewatch are always happy to change the carer to suit the personality of the service user."

Care staff told us there was good communication between staff in the agency. They were kept up-to-date with people's care needs and were informed when they needed to complete refresher training. They received regular supervision though one to one meetings and observations whilst they were at work and appraisal from their manager. These processes gave care staff an opportunity to discuss their performance and identify any further training they required. Additionally there were regular staff meetings and newsletters to keep care staff up-to-date of any changes in procedures or to remind them of practices to be followed.

Where required, care staff supported people to eat and drink and maintain a healthy diet. Care plans provided information about people's food and nutrition needs. People were supported at mealtimes to access food and drink of their choice. One staff member told us, "I tell them what's in the fridge and discuss what they want. It's their choice. I check the dates on the food." In some instances food preparation at mealtimes had been completed by family members and care staff were required to reheat and

Good

Is the service effective?

ensure meals were accessible to people. If people had been identified as losing weight, care staff told us food and fluid charts were completed to monitor people's intake. One care staff told us, "People choose what they would like. We complete food and fluid charts, monitor intake and record elimination of urine if not drinking enough." Care staff had received training in food safety and were aware of safe food handling practices.

People had been supported to maintain good health and have on going healthcare support.

We were told by people and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, care staff were available to support people to access healthcare appointments if needed. Care staff monitored people's health during their visits and recorded their observations. They liaised with health and social care professionals involved in their care if their health or support needs changed.

Good

Is the service caring?

Our findings

Caring and positive relationships were developed with people. People and their relatives were very complimentary about the care staff and the quality of care that they received. We were told of positive and on-going interaction between people and care staff. People commented,"Wonderful girls," "Really good," and "Doing a fantastic job." A relative told us,"They are brilliant, I'm very pleased with them all." One staff member told us, "We are caring and we do try to meet our client's needs." Another care staff told us, "I love this job I would hate to lose it."

People told us they had been involved in drawing up their care plan and with any reviews that had taken place. They felt that the care and support they received helped them retain their independence. The field supervisor confirmed this and told us people were encouraged to influence their care and support plans. Care staff told us how they knew individual needs of the person they were supporting. They told us they looked at people's care and support plans and these contained detailed information about people's care and support needs, including their personal life histories. One staff member told us, "You make them feel well cared for and maintain their independence. See what they can do for themselves, and encouraging people to do things for themselves." One relative told us,"They are excellent, kind, respectful, and very understanding about my husband's mood swings. If they treat him well, he will normally come around in the end. They will alter their approach to him depending on how he is on the day – I appreciate that." Another relative told us, "They are brilliant I'm very pleased with them all."

People told us they felt care staff treated them or their relative with dignity and respect. One person who told us they were very happy with the service, "They treat me very nicely, I look forward to them coming." A relative told us the care staff were,"Absolutely amazing, without them we would be in dire straits. I'm so grateful that they look after my wife so well." They went on to say the care staff did not talk down to his wife, treating her with respect and dignity at all times.

Care staff had received training on privacy and dignity and had a good understanding of dignity and how this was embedded within their daily interactions with people. They were aware of the importance of maintaining people's privacy and dignity, and were able to give us examples of how they how protected people's dignity and treated them with respect. One staff member told us when they assisted people with their personal care, "You use your own common sense, kindness and initiative, and make sure they have everything they need. Chat to help them not feel awkward. Give them a choice of how they want to be washed and which bits they want to do themselves." Another staff member told us, "I always have a bit of a chat." Another care staff told us,"We chat away. You tell people what you are going to do. I make sure they are always warm and covered."

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all care staff and was also included in the care worker handbook. People received information around confidentiality as well. Care staff were aware of the importance of maintaining confidentiality and could give examples of how they did this. One staff member told us, "Not to discuss anything with other people." Another staff member told us,"Confidentiality is a high priority. Don't talk about people's health, finances etc."

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to people who used the service. The manager was aware to tell who they could contact if people needed this support.

Good

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. People's regular care staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

People told us they had been involved in developing their care plans, and felt they had been listened to and their needs were top priority. A detailed pre-admission assessment had been completed for any potential new people wanting to use the service. This identified the care and support people needed to ensure their safety. The care and support was personalised and care staff confirmed that, where possible, people were directly involved in their care planning and in the regular review of their care needs. People explained that the service was very satisfactory.The care and support plans were detailed and contained clear instructions about the care and support needs of the individual and the outcomes that people hoped to be achieved with the support provided. Care staff told us that people's care and support plans were up-to-date and gave them the information they needed. If there were any changes in the care they would ring up the office and ask for someone to come out and update the information. Any changes had been made in a timely way.

People and their relatives were asked to give their feedback on the care provided through spot checks of the work completed, reviews of the care provided and through quality assurance questionnaires which were sent out regularly. Where people had concerns they were made aware of how to access the complaints procedure and this was available in the information guide given to people who used the service. The complaints policy gave information to people on how to make a complaint, and how this would be responded to. The policy set out the timescales that the representatives of the agency would respond in, as well as contact details for outside agencies that people could contact if they were unhappy with the response. The information provided to people encouraged them to raise any concerns that they may have.

We looked at how people's concerns and complaints were responded to, and asked people what they would do if they were unhappy with the service. People told us that if they were not happy about something they would feel comfortable raising the issue and knew who they could speak with. They were matched with care workers they were compatible with. If they felt a staff member was not suited to them they were able to change them, by speaking to one of the senior staff. People told us where they had requested a change in staff this was agreed. Care staff told us they would encourage people to raise any issues that they may have with directly the manager. Where people had raised concerns they told us the agency had acted promptly and appropriately. For example, one person told us that she had complained when a male carer turned up, despite them making it clear from the outset that she did not want this to happen. Another person had complained about the manner of a new member of staff who had turned up to provide the care. Both people felt that their grievances had been taken seriously, and the situations had been resolved to their satisfaction. Records showed comments, compliments and complaints were monitored and acted upon. Complaints were being handled and responded to appropriately and in line with the provider's policy.

Requires improvement

Is the service well-led?

Our findings

People told us they felt included and listened to, heard and respected, and also confirmed they or their family were involved in the review of their care and support. One relative told us, "We work well with the agency."

There was not a registered manager in post at the time of the inspection. 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'. This was to ensure the manager had the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. This was in breach of the provider's registration condition which states that they 'must ensure that the regulated activity Personal care is managed by an individual in respect of that activity at or from all locations.' A new manager had been appointed but had not yet registered with the CQC.

Senior staff monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received, completing reviews of the care provided, and undertaking unannounced spot checks to review the quality of the service provided. This included arriving at times when the care staff were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed. If any concerns were identified during spot checks this was discussed with individual staff members during one to one meetings with their manager. One care worker told us, "They check the signatures are in place." Additionally any issues identified had been discussed with the care staff team as a topic at the staff meetings, or had been detailed in the staff's newsletter for care staff to read and be aware of. The provider had drawn up timescales to audit people's care records to ensure they were current and that care staff were informed of changes. However, these checks had not all been completed to meet the provider's timescales. Senior staff told us that it had been a period of change with a new manager and new senior staff being recruited which would help to complete these tasks in a timely way. They were working to address this and the manager was informed of the progress so that they could monitor that reviews were being completed. People could also complete an annual quality assurance questionnaire.

There were systems in place to drive improvement and ensure the quality of the care provided. The manager and the senior staff regularly undertook audits on a number of aspects of the service, for example completion of care records, and medicine administration records. A senior staff member had been leading the auditing of the recording of medicines administration. Care staff told us they were notified when issues were identified to be addressed. We looked at staff meeting minutes which recorded where issues had been identified these had been discussed with the wider staff group and how improvements could be made. For example, procedures to follow if a person was unwell, the importance of confidentiality, and feedback following the auditing of the medication administration records.

There was a clear management structure with identified leadership roles. The manager was supported by a deputy manager and five field care supervisors. Care staff told us they felt the service was well led and that they were well supported at work. Care staff told us the manager and supervisors were approachable, knew the service well and would act on any issues raised with them. One staff member told us, "If you want support it's there. I feel I could pop into the office anytime and be listened to." Another staff member told us, "It's organised. We all work together really well. We all help each other out." Care staff demonstrated they were aware of their roles and responsibilities. Furthermore, care staff were issued with a handbook that detailed their role and responsibilities, and the purpose of the company.

The vision and values for the service was available for people and staff. The aim of staff working in the agency was to provide, 'Excellent quality care to keep you safe and comfortable in your own home. We believe that it's your life and your care, so it must be your way. We see each of our customers as unique, with their own individual lifestyle and needs. We keep you in control and provide you with the care and support that you want, where and when you want it'. Staff demonstrated an understanding of the purpose of the service, the importance of people's rights and individuality, and an understood the importance of respecting people's privacy and dignity. We were told by

Requires improvement

Is the service well-led?

care staff that there was an open culture at the service with clear lines of communication. All the feedback from people and care staff was that they felt comfortable raising issues and providing comments on the care provided in the service. The two health and social care professionals told us the communication between them and the staff at the agency was good, with guidance and changes to people's care and support needs being followed through.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff we spoke with had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the service's whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The provider had not ensured people were protected with the deployment of staff at a time to meet their care needs.**

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.