Nationwide Care Services Ltd

Nationwide Care Services Limited (Derby)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 24 October 2017 and was announced.

We carried out an announced inspection of this service on 4, 5, 6 and 7 April 2017. Five breaches of legal requirements were found and we rated the service as 'Inadequate'. This was because the provider had failed to: submit statutory notifications when required; identify, receive, record, handle and respond to complaints effectively; ensure suitable staff were employed; provide people with safe care; and operate effective systems to assess, monitor and improve the service, and mitigate risks to the health, safety and welfare of the people using it.

Following this inspection we also took action to restrict new admissions to the service. We also issued a requirement for the provider to send us monthly reports on the progress they had made towards improving the service.

In response the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. At this inspection we found that action had been taken and the breaches had been met. As a result we have lifted our requirement to restrict new admissions to the service.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Nationwide Care Services Ltd provides personal care and support to people in their own homes in Derby and the surrounding areas. At the time of this inspection 50 people received personal care from the service.

The service did not have a registered manager. A registered manager 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. The manager told us they were in the process of applying to CQC to be the next registered manager.

We found significant improvements to the service. Medicines were managed safely and people told us they received them at the right times. Staff were trained to administer medicines safely and medicines records were audited to ensure they were of an acceptable standard.

Care plans and risk assessments had been re-written and improved so that risks to people were safely managed and they were protected from harm. Care plans were personalised and included an explanation of what people wanted to achieve with the support of their care workers People told us they were involved in

making decisions about their care and had access to their care plans.

The provider's recruitment procedure, which helped to ensure the staff employed were safe to work with the people using the service, had been followed. An improvement was needed to the staff risk assessment procedure to ensure it was fit for purpose.

The provider's complaints procedure had been followed and people who raised concerns had been listened to and told of the outcome of their complaints and what was being done to improve the service in response. Most people said they were satisfied with how staff responded to complaints.

Most people said they were happy with the staff who supported them and said they provided safe care. Staff knew how to protect people from harm. They were well-trained and had completed a range of courses designed to give them the skills and knowledge they needed for their work. Some improvements were needed in the way the Mental Capacity Act was implemented at the service.

The service promoted equality and diversity and management followed the provider's policy on delivering a culturally appropriate service. The staff team was made up of people with a range of skills including the ability to cook culturally appropriate food and speak a number of local languages.

There were effective systems in place to monitor quality. The managers carried out regular audits of all aspects of the service. If these revealed shortfalls the managers and staff took action to bring about improvements. Statutory notifications were submitted to the CQC when required and these showed that the staff had taken appropriate action to safeguard people when incidents had occurred.

The results of the provider's latest quality assurance survey showed that people's satisfaction with the service had increased in all areas. Some people said they would recommend the service to others and praised the caring nature of the staff.

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 mostly safe.

People using the service felt safe and staff knew what to do if they had concerns about their welfare.

Staff supported people to manage risks.

There were enough staff employed to keep people safe and meet their needs. Further improvements were needed to staff recruitment procedures.

Medicines were safely managed and administered in the way people wanted them.

Is the service effective?

Requires Improvement

The service was mostly effective.

Staff were trained to support people safely and effectively.

Improvements were needed to the way the Mental Capacity Act was implemented at the service.

Staff had the information they needed to enable people to have enough to eat and drink and maintain a balanced diet.

People were assisted to access health care services and maintain good health.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and treated people as individuals.

Staff respected people's privacy and dignity and involved them in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs.

Complaints were taken seriously and managers took action to investigate them and make improvements where necessary.

Is the service well-led?

Requires Improvement

The service was mostly well-led.

The service did not have a registered manager.

The service had an open and friendly culture and the staff were approachable and helpful.

The provider and managers welcomed feedback on the service provided and made improvements where necessary.

The provider used audits to check on the quality of the service.

Nationwide Care Services Limited (Derby)

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.

This inspection took place on 24 October 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the 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 looked at information received from local authority and health authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with 10 people using the service and five relatives. We also spoke with the responsible individual, area manager, manager, deputy manager, care co-ordinator, two seniors, and three care workers.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We

also looked at four people's care records and four staff member's records.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection on 4, 5, 6 and 7 April 2017 we found the provider had failed to provide people with safe care. This was because medicines were not managed safely and appropriate care plans and risk assessments were not always in place.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

Following this inspection the provider sent us an action plan stating how they intended to manage medicines safely and ensure people had appropriate care plans and risk assessments in place. At this inspection we found that the provider had followed their action plan and this breach in regulation had been met.

At this inspection we looked at how people's medicines were managed so they received them safely. People told us staff administered their medicines at the right times. One person said, "I have to have eye drops. The carers put them in morning and evening." Another person told us, "I have the carers put cream on my legs on the morning call." None of the people and relatives we spoke with raised any concerns about how staff managed their medicines.

The management team had made a number of improvements to medicines safety at the service. Records showed that staff who gave out medicines had been re-trained in the safe administration of medicines in August 2017. This training included a competency assessment. To ensure their skills remained up to date managers monitored their performance during supervisions and 'spot checks' (when senior staff observed care workers providing care in people's homes). This meant managers were aware of how competent staff were and could provide them with further training and support if they needed this.

The provider had policies and procedures in place for the safe management of medicines and these were being followed. Care records included the information staff needed to support people with their medicines. Records were personalised so people could have their medicines in the way they preferred. For example, one person's medicines records stated, 'The medication can be prepared as per the MARS (medicines administration records). Please ensure I have a glass of water and that I swallow all my tablets.'

If people were on PRN (as required) medicines there were protocols for staff to follow on when these should be offered. For example, staff were told to look out for one person's sensitivity to touch and if they observed this offer the person painkillers. This meant that people had their PRN medicines when they needed them.

We checked MAR for the month prior to this inspection. These had mostly been completed correctly. At the time of our inspection the manager was auditing all medicines records weekly. He told us the provider's medicines audits normally looked at 10 per cent of medicines records but due to previous issues at this service the manager was auditing 100 per cent to ensure they were of an acceptable standard. He told us if staff made an error on the records they were performance-managed and re-trained as necessary. The

importance of safely managing medicines was also featured in the service's monthly newsletter to staff. These measures helped to ensure medicines records were in good order and showed that people had had their medicines when they needed them.

Since our last inspection people's care plans and risk assessments had been re-written and improved to ensure that risks to people were safely managed so they were protected from harm. The care plans and risk assessments we saw at this inspection visit were mostly satisfactory. For example, one person's care plans and risk assessments stated they needed two trained staff to assist them with moving. Records showed that two staff were always provided and both signed daily records to confirm this. The person required hoisting and staff had clear instructions on how to do this safely. The person's daily records showed staff had followed these and enabled the person to transfer from one place to another safely and comfortably. This meant staff had provided the person with safe and dignified care.

Another person had memory difficulties which could put them at risk of poor hygiene and nutrition. Their assessment stated, 'My memory isn't very good so I need reminding to do things.' To counteract this the person's care plans and risks assessments instructed staff on how best to support them with their care. Staff were told to use 'prompts' to encourage the person to have personal care and regular meals. If the person refused staff were told to report this to the office so action could be taken to protect the person from risk. Daily records showed staff had successfully provided this person with the assistance they needed.

One person's care plans and risk assessments were in need of improvement. This was because their daily notes showed that on a number of occasions they had refused personal care. When this had happened staff had recorded in the daily notes that staff should try again at the next call. However there were no records to show that staff at the next call had done this, or taken any other action to ensure personal care was provided. We discussed this with the manager who agreed to put a care plan and risk assessment in place for when the person refused personal care. This would help to ensure staff knew how best to respond in order to support the person with their care needs.

At our previous inspection on 4, 5, 6 and 7 April 2017 we also found the provider had failed to carry out the required pre-employment checks on staff. This was a breach of Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed.

At this inspection we found the provider's recruitment procedure, which helped to ensure the staff employed were safe to work with the people using the service, had been followed. The staff files we checked showed that staff had the required documentation in place including police checks and references.

We saw that where the provider needed further evidence to ensure the suitability of staff this had been obtained. Where necessary risk assessments had been completed in line with the provider's policy on this. However these hadn't always been carried out or approved by a registered person or a person with delegated responsibility for the service. We discussed this with the management team who agreed to make improvements to the provider's staff risk assessment procedure to ensure it was fit for purpose and robust. This would include ensuring that decisions about potential staff member's suitability would only be made at a senior level due to the level of risk involved.

Records showed the numbers of staff people needed for each call was decided prior to their care commencing. So, for example, if a person needed two staff to support them safely they were provided. The staff we spoke with all understood the necessity of having the right amount of staff to carry out some tasks safely and said they would not attempt these on their own. One care worker told us, "If we're doing any moving and handling it is always a 'double-up' (two care workers) call. It wouldn't be safe otherwise."

Most of the people and relatives we spoke with said the service provided safe care. One person told us, "I am safe. I have used the company for two or three months and all the carers are lovely and very good." A relative said staff knew how to keep their family member's property safe and secure. Another relative told us staff wore appropriate protective clothing to minimise the risk of infection.

One person said that although they felt safe they were concerned about the amount of different care workers coming to their home. They said they had to 'keep an eye on them' because they didn't know them. We discussed this with the manager who said there had been a number of changes to the staff team over the last few months but the team was now more stable which should help people using the service feel more secure.

The care workers we spoke with understood their responsibility to protect people using the service from harm. They all said that if they thought a person was at risk they would immediately report this to the manager or another senior member of staff. They said the manager or senior member of staff would take urgent action to protect the person including contacting social services and, if appropriate, the police. One care worker said when they had raised a concern previously the manager had dealt with it 'promptly'. Another care worker told us, "If I saw something worrying, like a bruise on a client, I would ring the manager straight away and tell them."

One care worker gave us an example of a time when they'd taken action to help a person to feel safe. They said that when they arrived to support the person they found they were distressed because a delivery service had pushed a parcel through an open window which had alarmed them. The care worker told us how they reassured the person and called their relative who said they'd come over. The care worker said, "The person felt better then and safe."

Requires Improvement

Is the service effective?

Our findings

Most people said they thought the staff were well-trained. Records showed staff completed a range of training courses. These included induction training, general and person-specific courses, and NVQs. Staff were encouraged to progress in their careers as care workers. For example, at a staff meeting in July 2017 staff were asked if they wanted to take Level 3 and 5 NVQs in Health and Social Care. Some staff were already on these courses.

Care workers told us the management supported them with their training. One care worker said, "I did a course in moving and handling but I wasn't happy with the quality of it so I told the manager and he arranged for me to do another course which was better." Another care worker said, "The management are good at developing staff. I asked them to help me progress and they have. They have given me extra training and have developed me. I now have a more senior role in the company as a result." A recently-recruited carer worker told us, "I am new and they [management] have told me that if I pass my three months' probation I can do NVQs [National Vocational Qualifications]. It's good they want us to get on and improve."

One relative said they thought staff could do with more training in dementia care so we looked at staff members' knowledge and skills in this area. Records showed that all staff had introductory training in dementia care during their induction and some staff completed an accredited 12-weeks dementia awareness course. The care workers we spoke with had an understanding of the needs of people with dementia.

The managers said they were satisfied that staff had a basic understanding of dementia care but there was always room for improvement. The area manager said she'd had specialised training in dementia care prior to taking up her current post. She said she was keen to further develop dementia care training at the service and would be liaising with the provider and staff with a view to providing more dementia training so staff could further develop their skills in this area.

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.

The care workers we spoke with understood the necessity of people consenting to their care. One care worker said that if a person they supported was reluctant to wash they handed them a flannel as a prompt. This was a way of encouraging the person to understand and take part in their own personal care. Another care worker told us, "We ask people if they want to do things like washing and dressing. If they refuse then we might try asking them again ten minutes later. If they keep refusing we contact the office and they might have to have their care reviewed."

The provider's had a Mental Capacity Act policy in place. This provided general information about the MCA

and its general application. However it would benefit from having more detail in it about how the MCA might affect people using domiciliary care services. This would help ensure staff understood how to seek consent from people in line with legislation and guidance.

It was not always clear from care records whether or not people could consent to all aspects of their care. For example, one person's assessment form had a section called 'Capacity to consent'. Alongside this the person carrying out the assessment had written 'No'. However it was not stated what the person was unable to consent to given that the MCA and associated guidance states that consent need to be decision specific.

Another person's assessment form included a section called 'Mental Capacity'. Here the assessor had written 'vascular dementia'. Again it was unclear what this meant as being diagnosed with vascular dementia does not necessarily preclude a person from making decisions about their lives. We discussed these issues with the managers who said they would review the implementation of the MCA at the service to ensure it was understood and was being applied appropriately.

Care workers supported some people with their meals. One person said, "The carer will get me a breakfast and dinner and then supper at night if I want it." A relative told us care workers helped their family member to choose a 'ready meal' and then prepared it for them. Staff were trained in nutrition and hydration and food safety during their induction so they were aware of the importance of people maintaining a balanced diet.

Records showed that people had nutritional assessments to identify the support they needed with their meals. Care plans set out people's dietary requirements and gave staff the information they needed to help ensure people's needs were met. For example, if a person was at risk of choking care workers were made aware of this and instructed how to prepare food so it was easier to swallow.

If people needed encouraging to eat this information was in their care plans. For example, one person's stated, 'Please ask me what I would like for breakfast. I may tell you I have already eaten but please prepare me something to eat.' Care plans instructed staff to offer people choices of meals, for example, 'Can you please let me know what there is so I can choose what I'd like to eat. Please heat up the meal of my choice and offer me a drink of choice.' This helped to ensure people's nutritional needs were met in the way they wanted.

If people wanted particular food preparing staff did their best to accommodate them. For example some people using the service liked to have chapattis freshly made for them. The manager said some care workers could do this but others needed to learn. He had therefore organised a chapatti making class for staff to attend so they could better meet people's nutritional needs and preferences.

People told us staff would ensure they had medical assistance if they needed it. One person said, "The carer would get me a doctor." A care worker told us, "We have been trained what to do if there is an accident. For example, if I found a client on the floor I would ring 999 and they'd tell me what to do."

People's health care needs were assessed when they began using the service and staff were made aware of these in care records. These included a brief medical history and details about any current medical conditions people had. The care workers we spoke with were aware of these. Where necessary staff had had extra training so they had a better understanding of people's medical conditions and how to manage them. For example, records showed some staff had been trained by healthcare professionals in stoma care and the use of pressure relieving bandages. This helped to ensure they could support people with their medical needs.

Good

Is the service caring?

Our findings

Most people we spoke with were happy with the care workers that supported them. One person said, "They'll [the care workers] do for me. They are gentle and respectful and we have a laugh and a joke." Other people and relatives told us the care workers were friendly and caring, made time to talk with them, and always asked them if there was anything else they could do to help out. A care worker told us, "I give the kind of care I would want myself. I treat people as if they were my family members."

A couple of people said there was some inconsistency in the quality of the care workers. For example, one person said, "Some of the carers are very nice and others are not so good. Some are not always responsive to my needs." A relative told us, "Some of the carers work better than others, it is the little things they miss sometimes." Another relative said some care workers communicated better that others with their family member and were more successful at encouraging them to accept personal care.

We discussed this with the managers who said there had been recent substantial changes to the care worker team. They felt that this, combined with further training and supervision, meant that the quality of the staff had improved and people should now be getting improved care and support.

One carer told us that through building a relationship of trust with a person they had enabled them to make positive changes to their life. They said that at first the person resisted their support but had gradually began to accept it and were now having regular meals and personal care as a result. They told us, "[The person] recognises their life has improved and I can get them to talk and laugh whereas before they wouldn't do this." This was an example of a patient and caring approach having a positive impact on a person.

Some people said they had regular care workers and were satisfied with this. One person said, "The carer is always someone I know." A few people said they thought staff turnover had been too high. One person said, "I did have a regular carer but they left." A relative said, "There are no regular carers, no consistency [and] there are always staff leaving."

We discussed this with the managers who acknowledged there had been a number of changes to the staff team over the last few months but said the staff team was now stable so people should have more regular staff in future.

Staff told us the service promoted equality and diversity and management followed the provider's policy on delivering a culturally appropriate service. Care workers were appointed locally so they reflected the cultural make-up of the area where the service provided care. This meant the care worker team was made up of people with a range of skills including the ability to cook culturally appropriate food and speak a number of local languages. The staff induction included a section on the importance of recognising and meeting the diverse needs of the people using the service

One care worker told us, "We have a multicultural staff team and multicultural clients. Some of our clients really appreciate having staff from their own cultural background. If service users want their cultural needs

met the agency can do this. We have one person who wants Asian food freshly prepared and we can do that for them." A relative told us, "Most of the care staff who care for [my family member] are able to speak in their mother tongue."

People told us they were involved in making decisions about their care and had access to their care plans. One person said, "There is a care plan and the carer writes it up each call. I do read it sometimes and I am happy with what the carer has written." Another person told us, "The care plan is here and is written in at every call. Sometimes my friends write in it, they write what I need."

Relatives told us staff involved them in their family member's care where appropriate. One relative said, "I answered many questions about everything, at the very beginning. The carer writes their notes at the end of the call. I do read it sometimes and happy with what is said."

People told us the staff respected their privacy and dignity. One person said, "I have to have a good wash in the bed, but the carers respect my dignity and are very kind and gentle." Another person told us, "They (the staff) are all very respectful." A relative said, "When they are here the carers are polite and respectful." Another relative told us, "Both male and female carers come here. They are polite and respectful. Most of the carers look clean and tidy."

The managers told us some care workers didn't wear uniforms so as not to identify their roles. This was because some people using the service wanted discreet care provision. The managers said people using the service could choose whether they wanted staff in uniform or not.

Most people told us staff maintained confidentiality. A relative said, "I do not hear the carers talk about other people who use the service." However one person said a care worker had shared some information with them about a staff member which should have remained confidential. We discussed this with the manager who said he would address this issue at the next staff meeting to ensure staff understood the necessity for confidentiality and data protection.

Good

Is the service responsive?

Our findings

At our previous inspection on 4, 5, 6 and 7 April 2017 we found the provider had failed to operate an effective system to identify, receive, record, handle and respond to complaints.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Receiving and acting on complaints.

Following this inspection the provider sent us an action plan stating how they intended to manage complaints effectively to ensure people were listened to when they raised concerns and that action was taken, where necessary, to bring about improvements to the service. At this inspection we found that the provider had followed their action plan and this breach in regulation had been met.

Most people and relatives said they were satisfied with how staff responded to complaints. One relative said' "I would phone the office if I had a complaint. I know a couple of the girls and the office staff are always nice. If I couldn't sort out anything by phone I would go up there and see them."

A few people told us they hadn't felt listened to when they had raised concerns and the changes they wanted hadn't been made. One person said, "If I talk to the office about getting a regular time they tell me 'bear with us' but there is still no [improvement]." A relative told us, "I have tried to complain about the lack of regular carers, a rota and time slot. All the office say is 'sorry'."

We discussed this with the manager who said he acknowledged there had been an issue with complaints but he hoped that was now resolved. Records showed that when he took up his post (in August 2017) he wrote to all the people using the service and their relatives asking them to contact him if they had any concerns about the service. His letter stated, 'If you have any concerns or questions don't hesitate to contact me, I run an open door policy and I aim to resolve any concerns quickly and efficiently.' The letter included a contact telephone number for the manager. This meant people could contact the manager directly if they had a concern as well as use the provider's complaints procedure which they had been given a copy of.

We looked at the complaints log. This showed the manager had kept a record of any complaints received which included details of investigations that had taken place, outcomes, and, where applicable, lessons learnt. The log showed that people's complaints had been taken seriously and they had been informed of the outcome and, where applicable, what was being done to improve the service in response to the issues they'd raised.

People told us the care workers were responsive to their needs. One person said, "The carers do exactly what I ask if I want different things done." Another person told us, "The carer will help me in any way I want help." Both people and relatives said the care workers followed their care plans but also asked if there was anything else that needed doing during their calls.

People's care records were personalised and included an explanation of what people wanted to achieve

with the support of their care workers. For example, one person's stated, 'I want to be able to stay in my flat. I don't want to go into hospital. I'd like to be able to do what I want when I want and to be able to get out sometimes.' This meant care workers had an overview of this person's aims and preferred lifestyle.

Care plans included instructions to staff on how best to communicate with people. For example, one person's stated, 'My memory isn't very good so I need reminding to do things.' Followed by, 'I may not have had a wash so please encourage me to wash as I forgot sometimes.' Another person's stated, 'You need to explain each task as we do it as I can get confused and may ask you to repeat it for me.' A further person's stated, 'I would like you to explain what you are doing due to my diagnosis [of dementia].' A care worker told us, "The care plans are good. They're well-written and we are able to be involved in updating them if changes happen."

Care plans contained people's preferred care routines. For example, one person's stated, 'Once I am washed and dried I would like to choose my own clothes but I may need some help to get dried.' A relative told us, "The carer helps [my family member] walk to the bathroom for personal care.' Another relative said, "If [my family member] wants to do some things themselves the carer will listen to that." There were examples of staff providing responsive care.

We received a mixed response when we asked people and relatives about the timeliness and flexibility of calls. One relative said that if they needed their care worker to come earlier, because their family member had an appointment, staff at the office would arrange this. They told us, "The carers are flexible." However two people said the service hadn't been able to reschedule their calls when they'd asked for this to happen. And one relative said their family member's calls were sometimes late.

We discussed these issues with the managers. They said office staff would always try to reschedule calls if people wanted this but it wasn't always possible due to staff availability. With regard to the timeliness of calls, they showed us records of call times for the four weeks prior to our inspection. These showed that the majority of calls were on time and of the right duration. The managers said that if a care worker was delayed they were told to call the office so the staff there could let the person in question know that their call would be late. However they said this happened infrequently and, as records showed, most people received responsive and timely care.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection on 4, 5, 6 and 7 April 2017 we found the provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service being provided.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

Following this inspection the provider sent us an action plan stating how they intended to ensure the service delivered good quality care. At this inspection we found that the provider had followed their action plan and this breach in regulation had been met.

There were effective systems in place to monitor quality. The area manager and manager carried out monthly and weekly audits of all aspects of the service. If these revealed shortfalls the managers ensured staff knew what to do to bring about improvements. For example, following an audit of care and medicines records, the manager wrote to staff to clarify their responsibilities with regard to completing daily log books and complying with the service's medicines administration policy. This mean staff were clear about what was expected of them and how they could improve the quality of their work.

We met with the responsible individual who said the service had been completely overhauled since our last inspection. He said that in his view the introduction of a new and experienced management team would help to ensure the service continued to improve. He told us the area manager had oversight of the service and reported to him regularly so he was knowledgeable about the operation of the service and could offer support and advice if it was needed. He also said the people using the service and relatives had his telephone number and email address at the service's head office. This meant they could contact him directly if they had any concerns or wanted to give feedback on how the service was running.

Some people we spoke with said they would recommend the service to others. One person told us, "I would recommend the agency to anybody." A relative said, "I would recommend [the service] because they [the staff] are so good. I have no complaints." One person and two relatives said they would recommend the service if they had more regular staff and calls were always on time. The managers said these issues were being addressed.

Most people told us they had been sent quality assurance questionnaires which gave them the opportunity to share their views about the service. The manager said questionnaires were sent out every six months to all the people using the service and/or their relatives. We looked at the results of the latest survey carried out in September 2017. Of the 53 questionnaires send out 12 were returned. The results showed that the majority of respondents were satisfied with all aspects of the service. In some areas, for example feeling safe, having friendly and polite staff, and receiving personalised care, people reported 100 per cent satisfaction.

The manager's evaluation of the results showed that, compared with the previous survey, people's satisfaction with the service had significantly increased in all areas. He said that although he acknowledged

that not all the questionnaires had been returned those that had been showed the work staff had put into the service was having a positive impact. He told us he hoped the next survey, to be carried out in January 2018, would show further improvement. He also said that any areas for improvement identified by people and relatives in the survey were being addressed.

The service did not have a registered manager. A registered manager 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. The manager told us they were in the process of applying to CQC to be the next registered manager.

The staff we spoke with said they felt well-supported by the manager. One care worker told us, "The manager is easy to talk to and he listens as well. He gets on with things and gets things done." Another care worker said, "The culture here has changed over the last few months. I didn't used to like coming into the office but now I do because I feel welcome and part of the team." All the staff we spoke with told us they thought the service had improved since our last inspection. One care worker said, "The new management are excellent and are really doing a good job. I feel proud to work for this agency now."

Staff said they were satisfied with the supervision and support they received. One care worker told us, "We have supervision every three months. I am asked how I think I am doing and how I want to develop. I am also asked if I have any positives or any concerns." Another care worker said, "When we have 'spot checks' [when senior staff observe them providing care in people's homes] the manager identifies our strengths and looks for any areas we need to improve." Records confirmed this and showed that staff had the opportunity to reflect on their work, share their views about the service, and identify any areas where they might benefit from further support or training.

Managers communicated with care workers through regular staff meetings and a monthly newsletter. Staff meeting minutes showed training opportunities, improvements to medicines recording, and care plans were discussed. The service's monthly newsletter included reminders for staff on good practice including logging in and out of calls, promoting people's independence, and the importance of making accurate records. It also included a staff member of the month feature and compliments about staff received from people using the service and relatives. The staff meetings and newsletters helped to ensure staff understood their responsibilities in providing good quality care and were acknowledged for the work they had done.

At our previous inspection on 4, 5, 6 and 7 April 2017 we found the provider had not ensured that statutory notifications were submitted to the CQC when required.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 Notification of other incidents.

Following this inspection the provider sent us an action plan stating how they intended to ensure the service complied with this regulation. At this inspection we found that the provider had followed their action plan and this breach in regulation had been met.

CQC records since the last inspection showed we had been notified of relevant incidents as required and the managers had taken appropriate action to safeguard people when incidents had occurred. The responsible individual and managers were clear about their responsibilities with regard to notifications. They told us they were committed to running an open service that was compliant with the relevant legislation and provided people with good quality care and support.

The provider is required to display their latest CQC inspection report so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required .