

## Accord Housing Association Limited

# Direct Health (Nottingham)

### Inspection report






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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Good</b> 

# Summary of findings

## Overall summary

We carried out an announced inspection of the service on 25 and 26 June 2018. This was the provider's first inspection from the date of registration in 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own homes within and around Beeston, Kimberley, Eastwood and Stapleford in Nottinghamshire. It provides a service to older adults and younger adults living with a range of health conditions and needs, to live independently in the community. Not everyone using Direct Health (Nottingham) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the time of our inspection, 139 people were receiving personal care as part of their care package.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks assessments of people's needs lacked detail in some places. A person had experienced a change of need, increasing their risks, but their risk assessment and associated care plans had not been updated in a timely manner. Risks associated with the environment had been assessed and information recorded to inform staff of how to manage known risks.

Shortfalls were identified in the management of medicines; best practice guidance was not always followed. People had experienced late and missed calls and action was being taken to make improvements. Safe staff recruitment checks were in place and followed.

Staff had received training in infection control and food hygiene and followed best practice guidance to reduce the risks associated with cross contamination.

Staff were aware of their responsibilities to protect people from avoidable harm and abuse. Accidents and incidents were recorded, reviewed and monitored and the management team had taken action in response to make improvements to the service.

People had an assessment of their diverse needs and best practice guidance and legislation was used to ensure people did not experience any form of discrimination.

Staff received an induction, ongoing training and support, this included competency checks on their performance, knowledge and understanding.

People's nutritional needs had been assessed and planned for and where people required support with meal preparation, their choices and preferences were respected and acted upon.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's healthcare needs were monitored and action was taken when changes occurred such as informing the person's relatives and representatives or health and social care professionals.

Overall, staff were kind and caring in their approach. Independence was promoted and privacy and dignity respected. People had access to information about independent advocacy services.

People knew how to raise a concern or make a complaint. The registered manager had responded to complaints in line with the provider's procedures and changes had been made to improve people's experience of the service.

People had opportunities to share their feedback about the service. The provider and registered manager had met their regulatory registration requirements.

The provider had systems and processes in place to regularly review the quality and safety of the service people received. An action plan was in place that identified the shortfalls identified during this inspection.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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.

Risks assessments of people's needs lacked detail in places and had not always been amended in a timely manner when risks increased.

People had experienced late and missed calls.

Some shortfalls were identified in the management of medicines.

Safe staff recruitment checks were completed. Safeguarding procedures and infection control measures were in place and followed.

### Is the service effective?

**Good** 

The service was effective.

People's needs had been considered in line with best practice guidance and legislation.

Staff received an induction, ongoing training and support.

People's nutritional needs had been assessed and planned for.

People's health needs were assessed and monitored and action taken when concerns were identified.

People had consented to their care. Where a person lacked mental capacity to consent to specific decisions, the Mental Capacity Act 2005 was used.

### Is the service caring?

**Good** 

The service was caring.

Overall, people received support from staff that were kind, caring and compassionate.

Where people had regular staff, they knew their needs,

preferences and routines well.

People were involved in their care and information about independent advocacy had been made available them.

### Is the service responsive?

The service was not consistently responsive.

People frequently did not receive calls at the expected times or within the agreed timeframe. People were not always informed of late calls or changes in staff.

Improvements were being made to the frequency of people's reviews.

People's communication and sensory needs had been assessed.

The provider's complaint procedure was available to people and action was taken to resolve issues and concerns raised.

**Requires Improvement** 

### Is the service well-led?

The service was well-led.

The provider had systems and processes to monitor quality and safety. An action plan was in place to make improvements to the shortfalls identified in this inspection.

People received opportunities to share their experience about the service.

Staff were positive about the leadership and support they received. □

**Good** 

# Direct Health (Nottingham)

## 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.

This comprehensive inspection took place on the 25 and 26 June 2018 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 the registered provider and their staff would be available.

The inspection team consisted of two inspectors, an inspection manager, two assistant inspectors and one Expert-by-Experience. This is a person who has had personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we spoke with 49 people and 11 relatives for their views about the service received. We also contacted commissioners (who fund the care for some people) of the service, they advised they had completed an audit visit in 2018 and overall they were pleased with the service provided.

Prior to the inspection, we reviewed the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this and other information that we held about the service, to help plan the inspection such as notifications. These are events that happen in the service that the provider is required to tell us about.

At the provider's office, we spoke with the registered manager, the care service director, two care coordinators, one care assessor and five care staff. We reviewed the care records for 17 people who used the service to check that they were accurate and up to date. We also looked at a range of other records relating to the running of the service such as policies and procedures, complaints, audits, five staff files, the staff training plan and provider's action plan.

# Is the service safe?

## Our findings

Risks associated with people's individual needs and health conditions, including the environment, had been completed. Overall risk assessments provided staff with detailed information about how to manage any known risks. However, some gaps were identified. For example, information in risk assessments were not always recorded in the person's daily routine or care plans. This meant there was a risk if staff did not read all documentation, they would not be aware of all risks and the action required to manage these.

Two people had diabetes and required support with eating and with the administration of their medicines. This meant it was important that they received their calls on time. From viewing their daily care records and the electronic staff visit records, we identified they had received late calls. One person had received five late calls in the last 14 days. Three of these calls were at a weekend when they should have received a call at 9am; however, they had received visits between 10am and 10.42am. A lunch time call scheduled for 1-1.30pm was not provided until 2.37, over an hour late. This increased the risk of the person of becoming unwell due to the delay of eating. We discussed this with the registered manager who agreed to make these calls time critical, meaning they were seen as a priority. Following our inspection, the registered manager informed us they had also completed a home visit to review these people's needs.

We identified from one person's care records in May 2018, they had a change in need meaning they required their food and fluids administered by a percutaneous endoscopic gastrostomy (PEG). This meant they received food and fluids, including medicine direct into their stomach. The person's care plans and risk assessment had not been reviewed to show this change in need. A care coordinator told us an assessor had visited the day before our inspection visit and was due to amend the person's care plan and risk assessment. We were concerned about the delay of this review. The care coordinator said the person was receiving visits from two regular staff and therefore they were aware of the change. However, this was a significant change and the person's safety could have been compromised if care staff had given the person food and medicines orally.

Falls risk assessments were completed only for people who were known to have a history of falls. There was no consideration of people at potential risk due to their health condition, which may have heightened the risk of falls. A person had been identified at risk of developing pressure ulcers and required assistance from staff to reposition to manage this risk. However, information in the person's care plan and risk assessment did not clearly state what action was required and their daily records did not show the person was repositioned. It was therefore unclear if the person was receiving correct support to mitigate against this risk or not.

Some people required support with their medicines and overall people told us this was provided safely. For example, where people had been assessed as requiring their medicines at critical times support was provided at this time.

Staff told us they had received training in the administration of medicines and had access to the provider's medicines policy and procedure to support them. Whilst the provider had systems in place to check

medicines were managed appropriately, some shortfalls were identified. For example, medicine administration records (MAR) varied in the level of detail provided for staff. For example, one person's MAR did not contain the dose or the frequency of the administration for two medicines. Staff had frequently not signed when they had completed hand written entries in the MAR or signed to check printed labels were correct. We did not see any MARs that had been signed by two staff to ensure accuracy of transcription. This is best practice guidance to ensure there are no errors made. The management team were aware of this and was in the process of making changes to procedures.

Information in a person's MAR did not match the care plan that informed staff of the support required with their medicines. For example, this person's care record stated staff only gave their morning medicines and creams, whereas the routine for the visits and the MARs, indicated they were also given their medicines at teatime by care staff. This could lead to confusion for a new member of staff. Body maps were not routinely used to show staff where topical creams should be administered.

Office staff completed audits of MARs and when concerns were identified such as missing staff signatures, we saw staff were issued with a memo advising them of their error and the need for improvements. Staff had received additional training when improvements were not made or disciplinary action taken. Whilst audits were completed, this was on average six weeks after the person had their medicines and meant there was a delay in identifying any concerns. From viewing these audits, we identified three people had numerous gaps of missing signatures. Office staff relied on the person's daily records to confirm staff had assisted the person if the MAR had a missing signature. However, for one person we identified several instances when there were gaps in the MAR and no entry in the daily records that they had received their medicines and the audit had not identified this. We discussed this with the management team and they agreed improvements were required with the checks and audits in place, to ensure they were sufficient and effective.

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

Some people told us they frequently experienced late calls and some people had experienced missed calls. One person said, "I dread the regular staff being off duty, sometimes I have cancelled care because I can't guarantee the time the staff will attend."

A person told us how they had experienced late calls. We reviewed their care records for the last two weeks and identified two late calls by up to 1 hour and 45 minutes. The afternoon calls also showed six visits of different times that varied from 14.20pm to 17.25pm. This reflected six other people's experience too.

We looked at the analysis of late and missed calls over a three month period. Three missed calls were recorded and during this period, 1.83% of the contracted calls provided had been late. The management team told us they were implementing permanent rotas (meaning people would be allocated the same staff) and were confident this would significantly improve call times. Records showed this work had started and good progress was being made.

The provider had a rolling recruitment programme in place and regularly reviewed which areas they had staff shortfalls in. The majority of negative comments we received from people about late calls, was from one area that the management team were already aware of. Recruitment to this area was a priority. Safe staff recruitment checks were followed, such as checks on staff's work history and criminal records to support the provider in making safe recruitment decisions.

The management team had considered how improvements could be made within the service. To ensure the

risk of any missed or late calls was minimised, the electronic care planning system identified whether people needed a time critical call. If staff failed to arrive within an agreed time, the system alerted the office staff and action was taken to make alternative arrangements and check on people's welfare.

People reported they felt safe with the staff that supported them. This included staff ensuring people's property was safe when leaving. Staff wore a uniform to identify who they were. One person said, "I just feel safe in my home and the staff use the key safe correctly." Some people told us staff ensured they wore their lifeline pendent (used in an emergency to alert if the person needs urgent assistance) before they left the person. However, a relative said, "Staff have forgotten to put the life line back on, and [relation] was left until the afternoon without it. That meant the morning and lunch call had not put it on either."

Staff told us how they supported people to remain safe from abuse and avoidable harm. One staff member said, "I lock doors, make sure there's no hazards in the area and support people with their walking." Staff told us how they reported any safeguarding concerns to the care coordinators and said, "Managers act on concerns." Staff told us they had received safeguarding training and they had the provider's safeguarding policy and procedure to support their practice. Records viewed confirmed what we were told. The registered manager had implemented the multi-agency safeguarding procedures when allegations and incidents had occurred. This included taking action such as using the provider's staff disciplinary procedures when required.

Staff told us they had completed training in the prevention and control of infections and food hygiene. They also told us they were supplied with protective equipment such as aprons and gloves and explained when and how they used these. Training records confirmed what we were told and the provider had an infection control policy to support staff practice. People's care plans included information to advise staff on safe infection control measures.

## Is the service effective?

### Our findings

People's needs were assessed before they received a care package. The assessment considered people's diverse needs to ensure there was no discrimination in relation to the protected characteristics under the Equality Act such as their age, disability, race, religion or belief. Feedback we received from people who used the service did not raise any issues or concerns about experiencing any discrimination. For example, where people had specific mobility needs they were supported by staff effectively with any equipment they used. People's lifestyle choices were respected. The provider's PIR stated they employed staff from diverse backgrounds and that they were cultural sensitive when matching staff with people. This was confirmed by a family member.

Overall people told us they felt staff were sufficiently trained to understand their needs. However, some people reported they felt some aspects of staff's awareness was lacking such as catheter care and supporting a person with applying their compression stockings.

We found the provider had good processes in place to support staff. The staff we spoke with were knowledgeable about people's needs and the support required of them. This included a good awareness of catheter care such as the signs and symptoms that could indicate an infection. Knowledge also included the use of equipment in supporting people with mobility needs and what they needed to consider. We received a mixed response about diabetes awareness. However, this had been identified by the management team as a training need and staff were in the process of completing additional training to develop their knowledge and understanding.

Staff were positive about the training and support they received. Comments included, "I think we get some very good training since the new trainer has come." "The care coordinators are on the end of the phone, always there for us. The manager is very approachable." "I've had meetings to talk about my work and spot checks to make sure I'm doing everything right."

Staff records confirmed they had received an induction on commencement of their employment and this included completion of the Care Certificate. The Care Certificate is a national set of standards that health and social care workers are expected to adhere to. This included an opportunity to shadow experienced staff. Staff also had opportunities to discuss their work and training and development needs. The staff training programme showed a good compliance rate of training completed by staff. Training covered areas such as moving and handling, dementia, mental health awareness and health and safety.

Staff were spot checked by office staff as a method to assess their competency. We reviewed three competency assessments for staff which were completed during spot checks. These were comprehensive and covered the areas such as conduct (relating to if staff arrived on time, how they greeted the person, that they followed the person's care plan and given full amount of time), hygiene awareness, the use of equipment, appearance, completion of documentation and medicine competency.

Information was shared with other agencies as required. For example, the provider had implemented an

information document for the use of ambulance crews should a person be admitted to hospital. This was to assist in the person's ongoing care.

Where people required support with meal preparation, staff ensured people's choices and needs were respected and acted upon. A family member said, "Staff will go and get fish and chips for [relation] if they want that." People reported staff ensured they had a drink left by them and snacks if required.

Staff were aware of people's nutritional needs. An example of this was a staff member who told us about a person who had an allergy with a specific food and how they managed this. Where people had a particular health condition such as diabetes staff were aware of the importance of diet.

People had nutrition care plans in place, which identified the support and assistance they required at mealtimes and where the meals could be found. They stated people should be offered a choice from the meals available.

Overall people told us they did not require support from staff to support them to access health services because they were independent or had relatives that supported them. However, examples were given of how staff had taken action when people were unwell. A person said, "I was unwell the other day and the staff rang the office, I didn't want a doctor and I didn't want an ambulance. The manager phoned my family which was very good of them."

Staff gave examples of how they had supported people when concerns were identified about a person's health. A staff member said, "We would not leave someone." Action taken included, calling the paramedics, relatives, external health and social care professionals. Staff had a procedure for action required if a person was not available to check their health and wellbeing.

Care records contained contact details for other services and health professionals involved in the person's care. Care plans identified when other professionals visited and the liaison required with these professionals, such as, when a change in the person's health was identified. We heard a care coordinator liaising with a person's relative about the fact the care staff had identified they were struggling with their mobility. They asked if the relative would like them to ask for an occupational therapist to review the person and when the relative agreed, they immediately rang occupational therapy. They provided the occupational therapist with clear information and detail about the problems the person was having.

Consent was sought from people before care and support was provided. Examples of this were that people had signed a document to state they had been involved and consulted in how they received their care and support.

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. Staff were aware of the principles of the MCA and could give examples where an assessment and best interest decision had been made on behalf of a person. A staff member said, "I understand everyone has the right to make decisions until classed (assessed) not to." Another staff member said, "I would speak with the person, family, GP and nurse. If they lacked capacity I would consider their best interests."

The provider was meeting the requirements under the MCA. We saw examples when people could not make some decisions for themselves, mental capacity assessments and best interest decisions were recorded.

These were for decisions in areas such as medicines and care. Those reviewed during the inspection were well completed and documented the involvement of others, such as relatives, in the best interest decision making process and least restrictive practice was considered. The registered manager was aware of their responsibility of reporting to the local authority, any person who lacked capacity who had restrictions placed upon their freedom and liberty. In this situation, an application is required to the court of protection. At the time of our inspection, no person who used the service was being unlawfully restricted.

# Is the service caring?

## Our findings

Overall, people received care and support from staff who were kind and caring. The most positive comments received were from people who had regular care staff that they had developed a positive relationship with. A person said, "I'm quite pleased, I can rely on them, even if a bit late." Another person said, "One or two just there for the job. The rest are genuinely caring." A relative described the approach of care staff known by the relation as, "Really, really good." Another relative said, "Staff know [relation]'s likes and dislikes. Some go the extra mile. Staff are very good." A third relative said, "Staff are wonderful, they can't do enough for [relation]."

Staff showed an understanding of people's preferences, routines and what was important to them. A staff member said, "The best thing is making people smile." Consideration was given to people's communication needs in how best staff could provide support. A staff member told us how they supported a person whose first language was not English and how they shared the same language. They said this had made a difference in forming a positive and understanding relationship with the person. Another staff member told us how before they left a person, they supported them to choose a television programme, they told us they waited until this had been done and if it meant being late for the next call they could not help this. This showed a caring and patient approach with a clear understanding of what was important to the person.

Staff were positive about their role in supporting people and showed a commitment in wanting to provide consistently good quality care. Staff told us they had sufficient time to spend with people and this was important to ensure people did not feel rushed. A staff member said, "We have a rapport with people and they love it, we have a good laugh with people and they enjoy it." Another staff member told us they were sensitive to the fact that some people had very limited social contact with others, meaning their contact was very important to people. Examples were given how staff encouraged people to maintain their independence. A staff member said, "It's important we support and encourage people to do as much as they can for themselves, being active and independent is key."

People told us they were involved in decisions about their care and support and said they were supported by staff in the way they wanted. They recalled having an assessment of their needs and meetings to review their care package. Whilst some people could not recall if they had a care plan, most people were aware of the daily recording book which staff completed after each visit.

People's privacy and dignity were respected. People who used the service told us staff were sensitive and discreet in how they provided personal care. Staff gave examples of how they provided personal care in a professional and dignified manner. This included keeping doors and windows closed, keeping the person covered as much as possible and by being patient, unrushed and polite. Staff had received training in equality, diversity, and dignity awareness to support their practice.

Information had been made available for people about how they could access and receive support from an independent advocate to make decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them, at times when important decisions are being made about

their health or social care. At the time of our inspection, no one was in receipt of this support.

Information about people was kept securely in the office. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office.

## Is the service responsive?

### Our findings

A reoccurring theme from the feedback we received from people who used the service was about late calls and that people preferred to have regular staff and be informed of what staff were visiting. One person said, "I had the area manager here with the manager to discuss the care package and timekeeping." From reviewing people's care records, we identified some people had frequently experienced late calls as described to us. We have reported fully upon this in the safe section. We discussed this with the management team who agreed there had been some shortfalls, in providing calls within the expected timeframe.

Some people told us they were informed when staff were running late whilst others said they were not. We heard a number of telephone calls coming in during the morning of our inspection querying what time their staff were coming and who it was. The care co-ordinators told us they tried to contact people if staff were running late, but said this was not always possible due to the volume of calls coming through to the office. Calls were organised dependent on needs and an electronic route planner was used to calculate the travel time required. Overall, staff reported they had sufficient travel time.

The service user guide to inform people about the service they could expect, informed people they could receive a rota advising of which staff were due to visit if required. A person said, "I get upset when it is strangers walking into my house and I don't know them. The weekend staff are not my regulars. I now have arranged that the office will call me on a Friday to tell me who will be coming." A care co-ordinator told us where people had requested a copy of the staff rota this was provided.

The registered manager had reported in their PIR of their aim and commitment, in wanting to provide people with regular staff because they recognised the benefits for people by having consistency and continuity. The registered manager was hopeful the development of permanent staff rotas would have a significant impact on improving people's calls times.

The management team told us how they had piloted a new way of working in conjunction with the local authority who confirmed this to be correct. Staff had used a person centred, outcome based care approach. People on the pilot had a core group of regular staff that supported them, their visits were flexible and tailored around each person's individual needs and wishes. The support staff provided was more involved and varied, such as more contact with health professionals and supporting people on health appointments. The local authority told us due to the success of the project this approach would be expected going forward by all providers. Staff that had been involved were positive of this way of working.

Some people we spoke with had been part of the pilot project and were more positive about the service they received and contributed this to having had regular care staff. From reviewing the success stories of people on the pilot project, it was evident this approach had a positive impact on people. For example, some people were living with dementia and the familiarity of regular staff, had helped people to recognise the staff and trusting relationships had been developed. People's independence had developed and improved as a result of receiving consistent care.

People's needs were assessed and care plans were developed and agreed with the person, this information was used by staff to advise them of the support people required. Some people could not recall their care plan but feedback received overall, was that they found staff to be responsive to their needs. Other people confirmed they had care plans and these overall reflected their needs.

Care plans included information about people's diverse needs such as their religion or cultural needs and preferences, regarding gender of care staff that supported them. The provider used a document referred to as, 'All about me' to record people's life history, hobbies and interests. In the main, these were completed and gave staff helpful information. Where people had refused to share this information this was recorded and respected. Staff told us they received information about people's needs before visiting them. However, several people told us they had to show new staff and explain what support they required.

Staff told us they were confident that care plans provided them with sufficient information to support people effectively. A staff member said, "Yes, all up to date and done clearly. A couple need updating as situations have changed and the assessors will do this." Staff also had mobile phones supplied by the provider that were used by care coordinators to advise them of any changes to people's needs. Assessors within the service were responsible for reviewing people's care packages. They used an electronic app whilst reviewing people's care with them, the intention of the electronic system was to enable staff to amend care plans quickly and easily.

The provider's review process included a six week review after a person had commenced the service and annual reviews or sooner if needs changed. The management team provided records that showed from April 2018 people new to the service, had received a six week review. People using the service pre April 2018, had not all received a review within the required timescale but the management team had plans in place to address this. This reflected feedback from people who used the service, some could recall having been involved in a review within the last few months and others could not recall.

The Accessible Information Standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. The provider was meeting this standard. People's communication and sensory needs had been assessed and planned for. The service user guide that informed people about what they could expect from the service was available in an easy read format and large print. The management team told us they would provide information in alternative formats such as audio and braille if required.

People had access to the provider's complaint procedure. Some people gave examples of when they had made a complaint and they were pleased with the action taken, this included a meeting, in some instances, with the management team. Examples of action taken included a change of staff and times to calls. The majority of people were aware of who their care coordinator was and told us they contacted them direct if they had any concerns. However, other people told us they felt the office staff did not listen to their concerns. We looked at feedback questionnaires received from people asking about their experience of the service. Where people had complained about aspects of their care, this was mainly about late calls, we saw this information had been responded to as per the provider's complaint process and action had been taken to make improvements.

At the time of our inspection, no person was at the end of their life. We were therefore unable to make a judgement about end of life care. The management team told us there were clear procedures that was implemented that included end of life care plans when a person required end of life care.

## Is the service well-led?

### Our findings

The provider had systems and process in place that monitored the quality and safety of the service. In addition to the registered manager completing audits on care plans, risk assessments, missed and late calls, complaints and staffing issues, a compliance manager and care service director also completed audits and reviews. Information from these checks were used to formulate an action plan. These were then regularly monitored to assess how the improvements were being achieved. We looked at the latest compliance audit visit completed in June 2018. This identified the shortfalls we had found during this inspection. This meant the processes in place were effective in identifying areas for improvement.

The management team told us they were aware, from their analysis of late calls, that this was higher at a weekend. They felt that if the on call service was office based, this would provide a more responsive and effective service. At the time of writing this report, a decision had not been made but was being considered by senior staff.

As part of the provider's quality assurance checks, people who used the service and relatives were invited to complete feedback questionnaires. Feedback from questionnaires in 2017 showed 30% had been returned, with 67% reporting the service as 'Good' or 'Excellent'. Where concerns were reported the registered manager arranged visits to discuss people's concerns. We saw meeting records to confirm what we were told. 'Snappy questionnaires' were sent to a number of people each month to seek their views and forums were arranged three times a year as an additional method of gaining feedback from people. Newsletters were used to exchange information with people about the service, such as, contact details for office staff, the on call service and quality questionnaire results.

People told us they felt improvements were required in relation to the times of calls and that they would overall prefer regular staff. The management team were already aware of this and had plans in place to make improvements, such as, developing permanent rota's. One particular geographical area was experiencing more late calls than others due to staff changes. The management team were aware of this and this was a priority for improvement, new staff were being recruited.

Staff were positive about the leadership of the service, the support they received and how the service was organised and the communication systems used. A staff member said, "I have no concerns with how it's organised. Only have problem, covering staff sickness." Another staff member said, "The care runs very well, it is the staffing levels which are holding us back at the moment." A third staff member said, "I think the agency runs well. I am satisfied with them (office staff) they support and help us."

Staff meetings were arranged and records showed a good attendance. Topics covered included, safeguarding, health and safety, training, on call and sickness and updates on policies. We noted the geographical area identified with the higher level of late calls were discussed with staff. This meant staff were involved in how the service was managed and expectations of roles and responsibilities discussed.

Partnerships had been developed with a range of health and social care professionals. The registered

manager kept their knowledge and awareness up to date by receiving alerts of changes in national guidance in health and social care, from the provider, local authority and CQC. They attended regular meetings with the local authority and forums where best practice was discussed and shared.

The provider and registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks associated with people's needs had not been fully assessed.  Medicines were not always managed safely.  Regulation 12 (1)