Health Care Resourcing Group Limited

CRG Homecare - Leicestershire

Inspection report

Hemington Building, 1st Floor
Mill House Business Centre, Station Road, Castle Donington
Derby
Derbyshire
DE74 2NJ

Tel: 01332854820
Website: www.crg.uk.com/homecare

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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

We inspected this service announced on 10 July 2018.

CRG Homecare – Leicestershire is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older and younger adults some of whom are living with dementia, physical disabilities, sensory impairments, and mental health issues. At the time of our inspection there were 201 people receiving care and support from the service.

At our last inspection of this service on 27 September 2017 we found three breaches of the regulations because the service was not always safe, responsive, and well-led. We issued a three requirement notices. At this inspection we found that two of these requirements had been met but the service was still not fully compliant with one of our regulations.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The last registered manager had de-registered on 08 February 2018. At the time of our inspection a new acting manager had been appointed and was in the process of applying to register with CQC.

We found a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations Safe care and treatment. Although improvements had been made to some care plans and risk assessments others were not in place where necessary, or did not contain the information care workers needed to provide safe care and support.

The timeliness of calls had improved since our last inspection and most people and relatives said their calls were now on time. People felt safe using the service. Medicines were better managed and administered safely. People were protected by the prevention and control of infection. The management of complaints had also improved and people and relatives told us they would speak out if they had any concerns about the quality of their care.

People and relatives told us the care workers treated people with kindness and compassion. They said they were flexible and went out of their way to support people in the way they wanted. People mostly had regular care workers so they could get to know them. The care workers we spoke with were caring and committed to providing good quality care. They understood the importance of supporting people to express their views about the type of care and support they wanted.

Care workers were mostly well-trained and experienced. They supported some people using the service to eat and drink enough to maintain a balanced diet. If people needed medical attention care workers alerted their families and healthcare professionals. Care workers sought people's consent before providing any care

or support and understood their responsibilities under the Mental Capacity Act 2005.

People received responsive care that met their needs. People and relatives made many positive comments about the quality of the care provided. Most of the care plans we saw were personalised and written from the perspective of the person using the service. The management team were in the process of reviewing and improving all care plans to ensure they were of good quality and based on best practice guidance.

Records showed that any complaints received were recorded along with the action taken to resolve them and the outcome. The provider had amended and updated the service's complaints procedure. People and relatives were confident that if they raised a concern they would be listened to and action taken to resolve any issues they might have.

The provider had developed a quality assurance system and carried out a series of audits to identify any shortfalls in the service. They were working to an improvement plan to address these. People, relatives and care workers told us the service had improved and they had confidence in the new management team who they said listened to them and took action when it was needed.

We found a 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.

Improvements were needed to the way risks to people were assessed.

Medicines were mostly managed safely.

Staff knew how to keep people safe from abuse and report any concerns about their well-being

The premises were clean and hygienic.

Lessons were learnt from accidents and incidents.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's needs were assessed and met by care workers who were skilled and had completed the training they needed to provide effective care.

The culture of the service was open to providing care that met people's needs without the fear of discrimination.

People were mostly supported to maintain their health and well-being, and, where required, with their meals and drinks.

Is the service caring?

Good

The service was caring.

Care workers were kind, caring and compassionate.

People mostly had regular care workers and had the opportunity to build good relationships with them.

Care workers supported people to be independent and to make choices. People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs.

People had access to the information they needed in a way they could understand it.

A complaints policy was in place and information readily available to raise concerns. People knew how to complain if they needed to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led

Comprehensive audits were being completed regularly at the service to review the quality of care provided but some shortfalls had yet to be addressed.

There was clear leadership and management of the service which ensured staff received the support, knowledge and skills they needed to provide good care.

Feedback from people was used to drive improvements and develop the service.

CRG Homecare - Leicestershire

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 visited the office location on 10 July 2018 to meet with the management team and staff and to review records and policies and procedures. We gave the service notice of the visit because we needed to be sure that staff would be available to see us. The inspection team consisted of two inspectors and an assistant inspector.

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We reviewed information we held about the service such as notifications, which are events, which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We looked at the service's statement of purpose and service user guide.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. They told us they had had some concerns about the current provision of personal care and were working with the provider to address these.

We spoke with ten people using the service and 13 relatives by phone to get their views on the care provided. We also spoke with five care workers and one care supervisor by phone. When we visited the office we spoke with the managing director, regional manager, area manager, acting manager, quality assurance

officer, training manager, and a care co-ordinator.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at six people's care records and four care workers recruitment files.

Requires Improvement

Is the service safe?

Our findings

At our last inspection of this service on 27 September 2017 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. This was because the service had not comprehensively kept people safe as risk assessments to promote people's safety were not detailed enough and calls were not delivered as assessed and at agreed times to protect people's health and welfare needs.

We issued a requirement notice telling the provider to address this issue. In response, the provider sent us an action plan telling us what they would do to meet this requirement. The provider said they would review all care plans and risk assessments and update as necessary. They also said the service's new quality assurance officer would audit the care plans and risk assessments to ensure they were 'of a high standard and to ensure all risks are identified and minimalized'. The provider said this work would be completed by March 2018.

At this inspection we found the provider had not completed this work and the management team were still in the process of reviewing and improving people's care plans and risk assessments to ensure they were up-to-date and fit for purpose. The management team had employed an additional quality assurance officer to support the service with this activity.

We found some risk assessments were of a good standard. For example, one person was at risk of seizures and their risk assessment for these gave clear instructions to care workers on how to respond. Care workers were told to administer medicines, maintain the person's safety during the seizure, complete a seizure assessment, and inform the person's GP.

Another person had risk assessments in place for place for skin integrity, personal safety, moving and handling, and their environment. These were comprehensive and ensured care workers had the information they needed to support the person and keep them safe.

However, other risk assessments were unsatisfactory or not in place. For example, one person with a stoma and a catheter did not have a risk assessment or care plan in place for these. This was of concern as care workers had no written instructions on how to safely support the person with these medical devices.

Another person's social services assessment said they were at risk due to 'poor food hygiene'. However, their 'home risk assessment', carried out by CRG staff, stated there were no issues in this area and the person's 'food hygiene standards [were] adequate'. This was contradictory and we could not be sure if there was a risk to this person regarding food safety.

Another person was described in their assessment as 'Bottom sore and legs sore.' However, there was no risk assessment for these issues and no instructions to care workers on how to support the person with their skin care. In addition, the person's records stated, '[Person] tries to get out of bed occasionally.' However, there was no risk assessment or instructions to care workers on what to do if the person, who was being

supported in bed, tried to do this.

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

We discussed this issue with the management team who said all care plans and risk assessments were being updated and improved as matter of priority. They said they recognised that this work should have been completed by March 2018 but staffing issues had meant this did not happen as planned.

We looked at whether calls to people's homes were delivered as assessed and at agreed times to protect people's health and welfare needs as this was an issue at our last inspection.

Most people said their calls were on time and if care workers were late there was a good reason for this. One person said, "They are pretty good at timings. If they aren't, something has probably happened like they are sick or something [has happened] with the person before me." Another person told us, "They turn up on time, they phone if they are delayed." A further person said their calls were seldom late but if they were it was, "Only by five minutes." People said care workers usually let them know if their calls were going to be delayed.

Relatives also said the calls were mostly on time. Comments included: 'they are always on time': 'pretty good on timings"'; and, 'tea-time call can be a little late but generally very good'. One relative said call times had improved over the last few months and told us, "They are near enough on time at the moment."

One person and one relative said calls at weekends were less likely to be on time and they thought this might be due to lack of care workers. We discussed this with the management team who said they would consider this concern and take steps to ensure weekend calls were punctual.

Care workers told us they were mostly able to get to their calls on time but occasionally could get held up in if another person needed extra support. Two care workers said they did not always have enough travelling time between calls to ensure they arrived punctually. We discussed this with the regional manager who said this had been an issue for some care workers but had since been resolved.

The number of care workers people required for each call was identified in people's care plans and risk assessments. People and care workers told us this instruction was always followed to ensure people were not put at risk.

Care workers recruitment files contained the required documentation including proof of identity, a satisfactory DBS (criminal records check), a full employment history, and a health declaration. The provider also obtained references to provide satisfactory evidence of conduct in previous employment concerned with the provision of health or social care. This helped to ensure care workers were suitable to work at the service.

People and relatives said people were safe using the service. One person said they 'definitely' felt safe. A relative told us, "[Family member] feels very safe with them." Another relative said the care workers kept their family member safe. They added, "I cannot ask for any more, it [the service] gives me peace of mind."

Care workers were trained in safeguarding (protecting people from abuse) and knew what to do if they had concerns about the welfare of any of the people using the service.

Records showed that safeguarding concerns were addressed, in line with the provider's safeguarding policies and procedures. For example, a person was put at risk due to a missed call. This was investigated and a manager identified that the call had been missed because it was not on the care worker's rota. To reduce the risk of this happening again, office staff were told that if they added a call to a care workers rota at short notice they must ring the care worker to inform them. This meant care workers would be kept informed of any last-minute changes to their rotas.

People and relatives said they were satisfied with how care workers supported people with their medicines. One person said they thought medicines administration and prompting had improved and none of their medicines had been missed. Another person said care workers gave them their medicines on time and they had no issues with how their medicines were managed.

People's records included information about people's medicines including lists of medicines, dosage, frequency, route, reason for medicine, prescribed and non-prescribed medicines, and 'as required' medicines. Care plans instructed care workers when to prompt or administer a person's medicines. Care workers were trained in the safe management of medicines and their competency tested by a manager.

Improvements were needed to one person's medicines records. The person had been prescribed a cream and had a 'cream application body map' in place showing care workers where to put the cream. However, this had not been completed. The person's care plan for the cream was contradictory. In one place it instructed care workers to apply the cream to a part of the person's body. But in another place, it specified two different parts. Records showed that when the care plan was reviewed on 1 June 2018 this anomaly was not identified. This meant care workers did not have the information they needed to administer this person's cream in line with the prescriber's instructions.

People were protected by the prevention and control of infection. Care workers were trained in infection control and their training refreshed annually. When supporting people with personal care they wore PPE (personal protective equipment) to reduce the risk of the spread of infection or illness. A relative confirmed that care workers wore aprons and gloves when supporting their family member with personal care.

Lessons were learned and improvements made following accidents and incidents at the service. For example, managers identified that some care workers had made errors in medicines recordings. To reduce the risk of this happening again they arranged for the care workers in question to have 'booster training' in medicines administration so they would know how to do this safely.

Requires Improvement

Is the service effective?

Our findings

People's needs were assessed before they began using the service. The assessment covered their physical and mental health, social and cultural needs, and their preferences, for example the times they wanted home care visits to be made. The provider had equality and diversity policies and procedures and ensured these were followed when people used the service.

People and relatives said they thought the care workers were mostly well-trained and experienced. One person said, "Yes, I think they are brilliant." Two relatives commented on how knowledgeable care workers were when came out to support people. One relative said, "They are fully briefed and they are fine."

Most care workers told us they had had both general and specific training to ensure they had the skills and knowledge they needed to provide effective care. For example, one care worker said they thought the provider offered care workers 'excellent training opportunities' and said they had had specialist training in wound care which had increased their skills. However, not all care workers who were supporting people with PEG (percutaneous endoscopic gastrostomy) feeds had had training in this. The management team said this training would be provided.

The provider's training officer told us the training was based on current legislation, NICE (National Institute for Clinical Excellent) guidance, and the health and social care policies and procedures relevant to each of the provider's locations. The latter meant that training met the requirements of the local health and social care commissioners. Most of the training provided was face-to-face, as opposed to online, as the training officer said this gave care workers the opportunity to discuss and ask questions about what they had learnt.

The service had a training room equipped with moving and handling equipment and a hospital bed. This meant care workers could practice some of the practical skills they needed to provide safe and effective care. Managers used an electronic training matrix to check that staff training was completed as necessary. This showed that care workers attended a wide range of training courses relevant to their jobs including safeguarding, dementia care, moving and handling, nutrition and fluids, and health and safety. This training was refreshed annually to keep care workers' skills up-to-date.

Care workers supported some people using the service to eat and drink enough to maintain a balanced diet. One person told us, "They [the care workers] prepare what food I want and they make sure I have got water at night."

If people were at risk of poor nutrition records showed action was taken to address this. For example, people were referred to their GP and dieticians if staff were concerned about their food and fluid intake. Records showed that one person who had lost weight and become dehydrated had food and fluid charts in place so care workers could monitor their intake. However, there was no goal or target on the chart so it was unclear whether the person was having enough to eat and drink. The charts were submitted to service's office monthly, but records did not show who assessed or audited them and whether any action was taken in response.

One person had a PEG feed and had been referred to a dietician. There was no information in their care records about how care workers should manage the PEG feed and keep the equipment clean. Daily records included information as to how often and how much water was to be given via the PEG feed, but there were no instructions as to how food was to be given.

We discussed these issues with the management team who said people's nutrition and hydration care plans were being reviewed and improved as part of the service's overall review of care records and they would take action as necessary to address the above issues.

Relatives told us care workers alerted them if their family member might need medical attention. One relative said, "[Care worker] always keeps me informed, especially when [family member] is poorly." Another relative told us that care workers always seemed to know when their family member was 'under the weather' and discussed this with them.

People's healthcare needs were assessed when they began using the service and care workers made aware of these. Records included information about people's GPs and the other healthcare professionals involved in their care. They showed that care workers liaised with healthcare professionals where necessary to ensure people's medical needs were met.

When people were assessed for care with the service staff carried out a premises check to ensure their living space was suitable and safe for them and the staff who would be supporting them. Risk assessments were put in place to cover areas such as fire safety, moving and handling, and wheelchair access.

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 provides a legal framework for making 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The provider's MCA policy needed amending so it included information about the role of the Court of Protection. This would ensure that staff knew how to make an application if it appeared a person's liberty was being restricted.

Care workers told us they always sought people's consent before providing any care or support and people confirmed this. People's records included mental capacity assessments and consent forms, where appropriate, although not all these had been signed by the people involved. We told the management team to address this to ensure the assessments and forms were valid.

One person's care records contained what appeared to be contradictory information about consent. In one place the records stated, 'I can understand everything that is said to me. I can show understanding by [use of body language]. Also, I have a yes/no card system so can give answers to direct questions.' However, the records went on to say that the person was unable to consent their care and treatment. These records needed review and improvement to make it clear to care workers if the person could consent to their care.

Good

Is the service caring?

Our findings

People told us the care workers treated them with kindness and compassion. One person said, "They are very good, I have never found fault with them." Another person told us, "[I have] no problems with the carers. They are very friendly, all of them. They talk to me very nicely." A further person told us their regular care worker is 'nice and pleasant, lovely' and they said the care worker got on with their pet and this was important to them.

Relatives also commented positively on the care workers. One relative told us, "The carers love my [family member] to bits. One carer treats them like a grandparent." Other comments about the care workers included: 'They are brilliant', 'Really good, lovely carers'; and 'Excellent staff who are all so caring.'

People said the care workers were flexible and went out of their way to support them in the way they wanted. One person told us, "They do anything we ask, they'll even wash a few pots for us." Another person said, "At the end of the call they always ask if there is anything else they can do for me." A care worker said, "If we've got time we'll do little jobs for people like hanging the washing out. It means a lot to people if we're helpful like that."

Relatives told us their family members mostly had regular care workers and this was positive. One relative said, "[Person] has the same two or three carers which is better as they get to know [person] better." Another relative told us, "[Person] has regular carers that know what they like and dislike and they know [person's] routine." A further relative said that if a new care worker was coming the family were told in advance so they could ensure their family member was prepared to meet someone new.

The care workers we spoke with were caring and committed to providing good quality care. They understood the importance of supporting people to express their views about the type of care and support they wanted. They gave examples of their fellow care workers going out of their way to provide a caring service. For example, one care worker got a whiteboard for a person they supported and completed it each week so the person knew when to take their medicines.

People told us they were involved in making decisions about their care and support and consulted when their care plans were written. One person said, "There is a good care plan in place which I helped with." Another person told us they were happy with their care plan and could look at it when they wanted to.

Relatives said that, where appropriate, care workers involved them in their family member's care and kept them informed about their progress. One relative told us, "The carers communicate with me personally [about my family member]." Another relative said, "I was there when the care plan was filled in." Relatives said the involvement they had gave them peace of mind.

People and relatives said people could choose whether they had male or female care workers to support them with their personal care. This was specified in their care records and the care workers we spoke with were aware of people's preferences about this.

One person said they had a regular care worker who always supported them with their personal care because, "I don't feel comfortable with anyone but [regular care worker] washing me." Care workers told us the service's co-ordinators, who arranged people's calls, knew people's preferences and ensured they were met.

Relatives told us the care workers were professional, respectful, polite and helpful. One relative said, "The carers treat [person] with dignity and respect and have given [person] confidence." Another relative said, "The carers are very good with [person], they are kind and polite and they treat [person] well."

Good

Is the service responsive?

Our findings

People told us care workers provided them with responsive care that met their needs. One person said, "The care is very good. I give them a list of the things I want doing. This seems to work well." Another person told us, "I have no complaints about the quality of the care. The carers know what to do for me and they do it well. They are very helpful."

Relatives made many positive comments about the quality of the care provided including: '[Person] couldn't have better care'; 'The care is personalised'; '[Person] never feels rushed'; and 'The actual care is very good.' One relative commented on the good standard of communication between the care workers and their family member. Another relative said care workers were responsive because they were not 'task focused' and also engaged with their family member on a social level.

Most of the care plans we saw were personalised and written from the perspective of the person using the service. For example, one stated, 'My name is [person]. I am a friendly lady and like to have a laugh. I will be in bed when you arrive, please wake me up gently if I am asleep.' They gave clear instructions to care workers on how to support the person in the way they wanted, 'I would like you to position me in the blue sling using the rolling technique.' Another care plan listed the activities the person liked to do with care workers and stated, '[Person] really likes to hear people's stories and will be quite happy hearing about them.' This meant care workers had the information they needed to engage with people in a responsive and positive way.

However, one person's care plan needed improvement. Their care plan had a 'Lifestyle and history' section where staff were meant to record the person's life and work history, experience, social interests/events, religious and cultural needs, and pets and hobbies. Staff had completed this stating, '[Person] had a fall. Lives with family.' This did not provide care workers with the information they might need to get to know the person and have conversations with them.

We discussed this with the management team. They said they were in the process of reviewing and improving all their care plans and intended to complete this work within the next few weeks. They also said they were working closely with healthcare commissioners to develop good quality care plans based on best practice guidance.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The management team told us they would provide information in the way people wanted it, for example if a person wanted information in large print they would provide this for them.

At our last inspection of this service on 27 September 2017 we found a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Receiving and Acting on Complaints. This was because

complaints made had not all been recorded as complaints and investigated with action taken as needed to resolve the issues for the complainants.

We issued a requirement notice telling the provider to address this issue. In response, the provider sent us an action plan telling us what they would do to meet this requirement. The provider said they would train staff in complaints management and ensure that the service's quality assurance officer monitored complaints to check they had been appropriately dealt with. The provider said this work would be completed by March 2018.

At this inspection we found this requirement had been met. Records showed that any complaints received were recorded along with the action taken to resolve them and the outcome. The provider had also amended and updated the service's complaints procedure so it included information about how to contact the local authority and the local government ombudsman. This meant that if people weren't satisfied with the provider's response to a complaint they could take the matter to outside agencies.

People and relatives told us they would speak out if they had any concerns about the quality of their care. One person said, "I would ring the office." Another person told us, "I will phone the office if I am not happy." A relative said, "If I have any concerns I will contact the office." One person told us the service had improved in the way complaints were dealt with and felt they were listened to and action taken if they raised a concern with staff.

The service provided some people with end of life care. One relative told us they were 'very happy' with the care their family member received and said their care plan was regularly updated.

Records showed that not all the people on end of life care had personalised end of life care plans in place. The management team told us they were in the process of improving end of life care plans to ensure people's individual wishes were acknowledged and, where possible, met. They were also liaising with local hospices and reviewing care worker training to ensure that the end of life care the service provided met people's needs in the way they wanted.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection of this service on 27 September 2017 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. This was because an effective quality assurance system was not in place to ensure that the service met people's needs.

We issued a requirement notice telling the provider to address this issue. The provider said they would introduce a comprehensive quality assurance system and employ a quality assurance officer to support the service to achieve good outcomes. They said the quality assurance system would include care plan audits, other themed audits, and quarterly reviews with people using the service to get their feedback and use this to improve the service. The provider said this work would be completed by March 2018.

At this inspection we found the provider had met this requirement. A new quality assurance officer was in post and had developed an effective quality assurance system. A full audit had taken place in May 2018 followed by themed audits on safeguarding, complaints, and accidents and incidents. Care plans were in the process of being audited, although this piece of work had not been completed at the time of our inspection. People's care was being reviewed every quarter by senior staff who visited them in their homes to check they were satisfied with the care provided and that it met their needs.

As a result of these audits and reviews the provider had devised an action plan which staff were working to. Quality assurance records showed that most shortfalls had been identified and met and those outstanding were being addressed at the time of our inspection. This showed that the provider's governance framework was mostly effective in ensuring that quality performance, risks and regulatory requirements were understood and managed at the service.

However, we did find a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations Safe care and treatment. Although improvements had been made to some care plans and risk assessments others were not in place where necessary, or did not contain the information care workers needed to provide safe care and support.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The last registered manager had de-registered on 08 February 2018. At the time of our inspection a new acting manager had been appointed and was in the process of applying to register with CQC.

People and relatives told us the service had improved. Comments included: 'It's on the up and I hope it continues'; 'more efficient'; and 'so much better than it used to be.' One relative said, "When we first started with them it was awful and there were a lot of teething problems due to lack of communication. This has now settled for around four months now. [Person] receives regular carers who understand their illness and they [care workers] all go the extra mile."

Care workers also said they thought the service had improved. One care worker told us, "It [the service] is getting better. It's more organised and we are getting our rotas in advance so we know what we're doing." Another care worker told us, "I have more confidence now in the ability of the service to improve and deliver."

Relatives and care workers told us some of the new staff employed by the provider were playing a key role in improving the service.

Care workers gave us positive feedback on the new acting manager. One care worker said, "[Acting manager] is exactly the kind of manager we need. I have had guidance and feedback from them which has improved the way I work." Another care worker said, "The new [acting manager] is knowledgeable and experienced. If something needs doing they'll do it. If a client raised a concern they go out and speak with them and their family." A relative told us they had met the new acting manager and were impressed with them.

Two relatives mentioned a care co-ordinator who had been particularly helpful to them. One relative said the service had improved, "Since [the care co-ordinator] has been there, they are very helpful." Another relative told us, "The main issue was communication with the office but this has vastly improved. I'm very happy with the communication now and I have told [care co-ordinator] to please not go anywhere."

Staff told us they were well-supported by the management team and other senior staff. One care worker said, "The managers are approachable and they always get back to you if you leave a message." Another care worker told us, "They [managers] do listen to me and I tell them what I need and they sort it out." Care workers said that when they visited the office they were made welcome and the atmosphere was good.

Records showed that care workers and other staff had regular supervisions, appraisals, and meetings where they could discuss their roles, take advice, and give feedback on the service. Senior staff had had training in carrying out supervisions and appraisals and new documentation had been introduced so they could keep a record of how individual staff were progressing. The provider had also introduced 'branch staff of the month' awards to recognise and celebrate staff who had excelled in providing people with a high standard of care.

The provider used quality questionnaires to engage and involve people and relatives in the running of the service. People told us they had been asked for their views. One person, who told us the quality of the care they received was 'brilliant', said they were regularly asked for feedback. Another person told us, "I've had someone from the office visit me [to ask for my views], I can't remember their name but they were very nice." Relatives said they had also been asked for their views. One relative said, "I am asked for regular feedback over the phone."

At the time of our inspection the management team were working with local authority and health care commissioners to make ongoing improvements to the service

The provider was aware of their legal responsibility to notify the Care Quality Commission (CQC) of significant events and incidents within the service and had systems in place to support this. They ensured they displayed their current ratings on their website and signposted people to relevant information, including the latest CQC report. This supported people to make informed choices before they began to use the service.

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 Risk assessments were not always in place to ensure people received safe care and treatment.