Somerset Care Limited

Somerset Care Community (Chard)

Inspection Report

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Overall summary

Somerset Care Community (Chard) provides personal care to people living in their own homes. At the time of the inspection they were providing personal care to around 500 people.

When we visited there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

At our last inspection in July 2013 we told the provider to take action because people's views were not always being considered when the agency decided what time and who provided their care. They sent us a plan outlining the actions they would take and we found that improvements had been made. People told us they were well cared for and their needs were met at times that were convenient to them. They told us they felt involved in their care.

Information about medicines was not always shared with senior staff to ensure that appropriate action could be taken. This meant that problems with medicines might not be acted on in a way that kept people safe. People's medicines were also not recorded accurately and we were unable to tell if they had been administered safely. The concerns identified meant there had been a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010). You can see what action we told the provider to take at the back of the report.

Staff received the support and training they needed in order to carry out their duties to a good standard. There was comment from most staff that the out of hours telephone support provided by the organisation was not effective because they could not get through to it, and they had developed their own informal supports within the service to compensate for this. There were enough staff but at weekends we were told it could be difficult to cover all the calls. There had been 14 missed calls since January 2014. These had been investigated and where appropriate action had been taken with individual staff. These missed visits had not resulted in any harm to people using the service because no vital care had been missed.

Staff we spoke with demonstrated an understanding of the Mental Capacity Act 2005 and how to apply the principles of the Act. The Act protects the rights of people who are not able to make decisions about their care or treatment.

We found there was a positive relationship between staff and management and staff felt involved in service improvements.

Most people told us they were happy with the care they received and believed the staff were caring and had the skills they needed to do their job well.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People told us they felt safe with the staff. Risks were managed effectively and people were involved in discussions about how this should happen.

Staff talked confidently about how they protected people from abuse and the processes that were in place to do this.

There were enough skilled staff available to meet people's needs. We looked at six staff files and saw that proper recruitment and induction processes were recorded. There had been 14 missed calls to people since January 2014; these missed calls were due to communication failings and had not resulted in harm.

People's medicines were not always recorded accurately and we were unable to tell if they had been administered safely. We also found that information about medicines was not always shared with senior staff to ensure that appropriate action could be taken. This meant that problems with medicines might not be acted on in a way that kept people safe.

Staff demonstrated a basic understanding of the Mental Capacity Act 2005 and how to apply the principles of the Act. The Mental Capacity Act 2005 protects the rights of people who are not able to make decisions about their care.

Are services effective?

People's care reflected their needs, choices and preferences. People told us they had been involved in their initial assessments and staff told us that the plans available were accurate and useful.

At our last inspection in June 2013 we told the provider to take action because people's views were not always being considered. This related to when the agency decided what time the care would be provided and who provided their care. Improvements had been made and people told us they usually got the same staff at the time they had agreed on.

People told us the staff had the skill and knowledge necessary to provide them with care and we saw that staff training was current. The staff told us they felt supported to undertake their role with confidence. Although they also told us they used informal systems to support each other out of hours because the provider's out of hours service was not effective.

The service worked well with healthcare professionals to make sure that people's health needs were met.

Summary of findings

Are services caring?

We observed, and people told us, staff were caring and kind. People also commented on how their dignity and independence were respected by staff. People told us that they were happy with how the staff supported them.

Relatives were positive about the care and support for people who used the service. This was echoed in discussions with staff who spoke knowledgeably and with fondness about the people they supported.

People told us they felt they mattered to staff and their wishes were listened to.

Are services responsive to people's needs?

People told us their views were encouraged and listened to. Care plans recorded people's likes, dislikes and preferences and this information helped staff to provide care in line with people's wishes.

When people's needs changed the staff responded appropriately. We saw that care plans were reviewed and appropriate professionals involved.

People's complaints were acknowledged and responded to. We looked at how complaints were handled and saw that they led to learning and action when that was appropriate. People told us they would complain if they needed to.

Are services well-led?

The staff told us they were able to discuss care and organisational issues openly. They told us they felt supported by their colleagues.

Staff felt involved in the development of the service and gave examples of how their voices were heard. For example the induction programme was changed and incorporated suggestions made by staff.

We saw that the staff were busy but they understood what the expectations of them were and felt able to achieve them. Recruitment was on going and staff told us that weekends were difficult if they had sickness to cover and staff often had to cover more care calls than they were scheduled to cover.

There were systems in place to monitor the quality of care provided. Audits were undertaken regularly but had not identified the problem with missed calls being a weekend concern or the medicines errors found by this inspection.

Summary of findings

What people who use the service and those that matter to them say

People told us they were happy with their care, they told us they were treated kindly and with respect. Comments included: "Very caring and helpful, yes, I am certainly safe in their hands."; "I have the most wonderful set of girls; nothing is too much for them to do. I would never ever have a word said against any one of them. I would give them 110 out of a 100 – if that was possible." and: "I love my carers coming, I really enjoy their chatter, we have quite a laugh and a joke… it is such a joy to have such lovely kind girls around you." They told us they received the care they needed in the way they wanted it from staff who knew them well. Comments included: "I was involved all the way through. I knew what help I needed and I got it."

People told us they felt listened to and their opinions were respected. One person said: "I could not praise my carers too highly, if I ask anything of them they always listen to me and respond in doing as I wish them to do." Another told us how their complaint was managed: "When I made a complaint about the attitude of one carer that came to me, then she only ever came once again and I have not seen her since." This person was satisfied with the outcome of her complaint.

Questionnaire responses were positive about the care provided and the information received from the service.

Somerset Care Community (Chard)

Detailed findings

Background to this inspection

We visited the service on 7 and 8 May 2014. 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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection under Wave 1. We also made telephone calls to people using the service and staff on 9 and 12 May 2014.

The inspection was carried out by an inspector and an expert by experience with expertise in older people's services. We also sent a questionnaire out to people using the service and their relatives.

On the days of the inspection there were around 500 people receiving personal care living in their own homes.

We were invited to visit five people in their homes. We spoke with a further 18 people on the telephone. We also spoke with nine relatives, 13 members of staff and the registered manager. We also spent time looking at records, which included eight people's care records, and records relating to the management of the service including audits, complaints received and six staff files.

Before the inspection we reviewed the information we held about the service. At our last inspection in July 2013 we told the provider to take action because people's views were not always being considered when the agency decided what time they provided care and who provided their care. They sent us a plan outlining the action they would take and we reviewed this alongside previous inspection reports and information received by the Care Quality Commission.

Are services safe?

Our findings

People told us they felt safe with staff from the service. We spoke with 23 people and three relatives who told us that the way the staff interacted with them and the actions they took made them feel safe. We also gathered feedback from 14 people and nine relatives by means of a questionnaire. They felt confident that staff had the skills necessary to provide care safely. Comments included: "I have never had anything to be concerned about. My carer before she leaves always asks if I am OK and always locks the door as she leaves – in fact they all do.", "Very caring and helpful, yes, I am certainly safe in their hands." , "Yes, I am kept quite safe. All the carers who have ever come to me always make sure that I am safe both getting out of bed and then getting a shower." and: "Yes, I do feel safe with my carers. I have personal care and I need to be hoisted from my wheelchair into the bath. I feel safe with the girls because they have been trained in moving me by the hoist."

During our visit to the office we saw some errors in the recording of information about medicines so we decided to look at the arrangements for the management of medicines. We saw that all staff who gave medicines as part of their role had been trained to do so. The service had a policy and related procedures to ensure the safe administration of medicines. However, we looked at the records related to medicines for five people and saw that, for three people, the information about how medicines should be given was not up to date. For example one person's records detailed that they should have creams administered that they no longer needed. Another person's records were wrong in respect of how often they should take a medicine. We also saw, in one person's care notes, that medicines had been found not taken in the house and this had not been passed back to the office for senior staff to investigate. As a result no investigation had taken place at the time and we were unable to ascertain what had happened. We also found that all the medicines administration records we looked at contained gaps that could not be explained. There was a risk that important information about people's medicines was not being managed in a way that protected people from unsafe or inappropriate medicines administration. This meant there had been a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the end of this report.

We spoke with the staff and people about staff availability. People told us there were enough staff because they had never had a call missed, although it could be later than expected. We spoke with 13 staff about staff availability. They told us the service was always recruiting new staff; but that it was sometimes difficult to cover all the calls and that this was especially a problem at weekends. Some staff told us they often had to cover extra calls at weekends but that the calls did get covered. We looked at the missed calls folder which included records of visits missed by staff and those where staff arrived and the person was not in. We saw that there had been 14 visits missed by staff since January 2014 and these nearly all happened at weekends. The provider assessed that no-one had been harmed by these missed visits and they had all been looked into and apologies made. These visits had not been missed because staff could not be found to cover them, but rather because communication had broken down or a member of staff had made a mistake. Where appropriate action had been taken to minimise the risk of reoccurrence.

Staff had a limited understanding of how the Mental Capacity Act 2005 sets out the legal framework for decision making. They were able to describe how consent to care worked in practice and people told us, and we observed, that staff sought people's permission before carrying out care tasks. Two members of staff described how they encouraged people to undertake tasks which they did not have the mental capacity to make decisions about. For example, they told us that, if someone with dementia refused personal care, they would try and encourage them and then discuss it with family members. They told us that, if it became an on going problem, they would feed it back to the office and a more formal approach to determining how care would be given would be taken. This would involve people who knew the person well. This meant that people's best interests were considered in line with the Mental Capacity Act 2005 although staff did not describe this process in these terms. However, care plans had varying information about people's ability to consent and this meant staff may not have accurate information about people's mental capacity. We spoke with the registered manager about this and they told us they had identified this discrepancy in the records and that new paperwork was being introduced so that consent would be recorded more clearly. We saw one record done in the new style and saw that this was the case.

Are services safe?

We looked at eight people's care plans and risk assessments and saw they were written in enough detail to protect people from harm. Risk assessments covered risks that could be experienced by the individual including mobility, the environment and the impact of health conditions. The detail included was personal to the individual. For example, in one risk assessment related to a person's mobility, we saw that the impact of their physical needs and their specific equipment were described in enough detail that staff knew how to support them safely. We saw that some risk assessments had been updated since our last inspection due to changes to the person's needs and staff told us they would report any changes to the office so that risks could be reviewed.

We saw that people were supported to take informed decisions about risks and were involved in how their risks were managed. This gave people the opportunity to choose to develop their skills and become more independent and also to choose to take risks that they understood. For example we saw that one person who was able to consider all the information had chosen not to take one of their medicines. However, records were not always kept up to date and this meant that, in three of the care plans we looked at, old risk assessments and care plans were still present that did not reflect current care. For example, one care plan detailed that the person was at risk of choking when this was no longer the case. This care plan had not been updated since 2012. We spoke with staff providing the person's care and they were confident of their current needs and we saw that these needs were met when we visited the person. The person told us they were very happy with the care they received. We spoke with the manager and she undertook to ensure this paper work was updated straight away.

The planning system was being improved and the staff responsible for planning spoke positively about how the introduction of set routes for staff had made planning safer because all the visits were scheduled and staff went to the same people at similar times. They also explained that some visits had to be at a specific time for a variety of reasons including ensuring that people were supported safely medicines.

We spoke with nine staff about how they would report concerns about abuse. All staff described who they would speak to within the organisation. Staff also knew that if their concerns were not addressed they would report them to other agencies. We saw that safeguarding concerns had been raised appropriately with the local safeguarding authority and reported to the Care Quality Commission. All staff had received current training about how to recognise abuse and what to do if they suspected it. This reduced the risks that people would experience abuse.

The service learned from incidents and accidents and put plans in place to reduce the risk of them reoccurring. We reviewed three records and saw there had been a quick response to ensure the safety of the person or staff as appropriate. We also saw that, when necessary, people had care reviews scheduled and relevant training was provided to individual staff members. For example one incident involved a member of staff sustaining an injury and the service checked their well-being immediately and then provided training to avoid a reoccurrence.

We looked at six staff files and saw that safe recruitment processes had been followed with regard to references and appropriate checks. For example we saw that on one application form there was a gap in employment history and this had been checked at interview. This showed that the service followed safe recruitment procedures to ensure that staff were fit, appropriately qualified and were physically and mentally able to do the job.

Are services effective?

(for example, treatment is effective)

Our findings

People's care reflected their needs, choices and preferences. People told us they had been involved in their initial assessments and subsequent reviews of their care. We spoke with 23 people and three relatives who all told us they had been fully involved in discussing their needs and agreeing support that would be most helpful to them. Comments made included: "Yes, my son was with me when we discussed what I needed." and: "I was involved all the way through. I knew what help I needed and I got it." We looked at eight care records and saw there was evidence that people and their representatives had been involved in writing them. A small number of people told us they had recently had a review of their care plan; one person described how they had decided to reduce their care as they felt more able to manage independently. Other people told us they were due for a review. Staff told us that the care plans were useful. One member of staff told us: "Care plans have improved immensely – they give the info they need."

We discussed care plan reviews with the registered manager. She told us she was aware that reviews were overdue for some people due to capacity issues. She explained that people with changing needs were having their needs reviewed and the people who were overdue had stable needs and would not be adversely impacted by the delay. There was a plan in place to address this. A new system had just been trialled that used technology to update the systems quickly. We spoke with a staff member who had been involved in this trial and they told us it was substantially quicker. They explained that they would be able to scan new care plans whilst in the person's home and these would be available immediately in the home and at the office. The registered manager was confident that, with this system, all reviews would be updated within the year. One member of staff told us: "The new system will help immensely."

Care visits were planned in one town covered by the service so that the same staff saw people in the same order on a daily basis. This had proved to be an effective way of ensuring consistency of staff and times of calls. One member of staff who planned care told us: "It is working well there… providing continuity for staff and service users." This system was being implemented across the whole service. At our last inspection we found that people's views were not always being considered when the agency decided what time they provided care and who provided their care. We saw that improvements were being made and people were getting the same staff at the time they had agreed on with this system in operation. One person commented on this and said: "I have marvellous girls, who come every day, get me up at the time I want... I am very pleased with the support I get."

We asked staff how they were made aware if people's needs changed. They told us they received information in their rota and they received memos if the information was more general. Daily records were completed by staff. We saw these were recorded regularly and were signed and dated and contained information relevant to the person's care plan. During home visits, we observed staff using these written records to inform the care they gave. For example, checking the care and support the person had received at their last visit to ensure they were offered everything they needed.

People were supported to maintain good health and have access to health care services. We saw evidence in two people's care records that input had been sought from health professionals when the person needed this. One member of staff described how they had needed to call emergency services for a person and had felt confident to make this decision and carry it through. We saw that, where care was informed by health needs, these were undertaken and reported on clearly. For example we saw that drinks were monitored for a person who was at risk of repeated infection.

Staff had received training relevant to their roles. All staff had current training in areas such as safeguarding, moving and handling and medicines. They also had training specific to their role such as dementia awareness. One member of staff told us: "My training is all up to date. There are no problems with training." New staff were supported to understand people's care needs through an induction process devised around national training standards. The induction included shadowing experienced staff and competence was signed off by experienced staff before the member of staff worked alone. One experienced member of staff told us: "The induction has improved…The staff are now well equipped to do the job." A new member of staff told us: "I felt the induction was very good. I had as much time as I needed to get confident."

Are services effective?

(for example, treatment is effective)

People told us the staff had the skills to provide their care. We spoke with 23 people and received questionnaire feedback from 14 people. Comments received included: “have no problems at all with the girls who come to help me. They know how to get me out of bed and also shower me. They know what they are doing.” and: “The carers are extremely good they know what they are doing.”

Staff told us they felt effective in their roles because they could rely on senior staff from within the service to step in and help if necessary. However, we were told that support was a specific concern at weekends. The provider organisation ran an out of hours service that provided support to staff and people across a large geographical area covered by more than one service. Six staff told us they did not always get a response when they called on this and so were likely to call more senior staff they knew to get support. One member of staff described this as a problem: “At weekends if you call out of hours quite often you get put on hold and then it hangs up.” The system was not working effectively and this meant staff were relying on the on the good will and availability of senior staff from the service who were sometimes not working.

Staff told us they received supervision individually and in groups. Supervision is a vital tool used between an employer and an employee to capture working practices. We saw that records showed evidence of discussion around working practices. For example we saw that staff had discussed the language of report writing in group supervision which is an opportunity to discuss on-going training and development. We looked at six staff files and saw they contained a record of the most recent supervision which showed they included agenda items from the staff member and their supervisor. This meant staff had the opportunity to raise any concerns they might have and identify any training needs.

Are services caring?

Our findings

People who used the service had positive caring relationships with staff. We spoke with 23 people who told us they were treated with kindness. One person told us: "I have the most wonderful set of girls; nothing is too much for them to do. I would never ever have a word said against any one of them. I would give them 110 out of a 100 – if that was possible." Another person said: "I love my carers coming, I really enjoy their chatter, we have quite a laugh and a joke… it is such a joy to have such lovely kind girls around you."

We observed staff giving care in a gentle and respectful way. We saw they explained what they were doing and expressed interest in the person's welfare throughout their interactions. We visited five people in their homes with the staff who provided their care. The staff knew the people well and spoke about them with affection. They were able to describe the improvements people had experienced since care had been provided. For example, one person no longer had pressure sores due to regular skin care.

People's privacy and dignity were respected. Everyone told us they felt respected. One person said: "I have always been a very independent person but I must say that the way I am treated with such care and they retain my dignity, I take my hat off to these carers, they just want the best for me and I appreciate them very much indeed." Another person told us: "When I am hoisted in the bath my carers keep me covered with towels so that I retain my dignity. My carers are very, very sensible and show me respect." We saw that staff discussions at team meetings supported an approach that was respectful and promoted independence. For example we saw a discussion minuted about how best to enable a person to regain personal care skills.

People said they felt understood and accepted by the staff. One person told us: "Yes, without any doubt whatsoever, I believe that I do matter to my carers. I think they show it by being so kind and friendly towards me." Another person said: "I am quite sure that I do matter to my carer, she never leaves me without asking if I am comfortable and if there is anything more she can do." They told us they were listened to and that this made the difference. For example, one person told us: "Yes, my care worker does listen to me; she will go that extra mile and do anything I ask of her."

Some people told us that the only time they were not happy with the service was in respect of late visits. Nine people told us that the staff were sometimes late and they were not always told this would be the case. Some of these people felt this was down to how the care was planned, others acknowledged that situations sometimes arose that could not be planned for. They all would have preferred to be told about staff running behind schedule.

People received consistent care that reflected their wishes. People told us the staff did what they needed them to do. One person said: "My helper is more like a friend than a care worker, always has a lovely smile as she comes in, she lightens my day and never leaves me without asking if there is anything else she can do for me. I feel very fortunate to have her." We observed care being delivered as it was described in three people's care plans. We also asked people about the consistency of their care in the questionnaires we sent out. Fourteen people and nine representatives sent us responses. The majority of people told us they felt the staff completed all the care they should on every visit. Two people told us that care was not always given appropriately and this had been due to late or cancelled visits. The person who had visits cancelled had been assessed by the service as not being put at risk by cancelled visits due to the nature of their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People told us that care staff were responsive to their needs. However, the most frequent concern communicated to us during our inspection involved communication from the office. One person said: "There is a problem with the office staff. Messages I have left lately have been missed… no response at all." Another person said: "I don't like to complain but communications are not good between the office and to my carers and me."

People were involved in decisions about their care, treatment and support. For example, one person told us they had discussed which tasks they would concentrate on doing for themselves and which staff would do for them. They told us: "My carers are really professional. They know I like to do as much as I can for myself so I wash myself as far as I can then they finish off." We also spoke with a relative who described how they had been involved in the initial assessment and agreeing the care plan for their family member. They felt they had been listened to and the information they shared had been used. Another relative said: "I feel really involved." We observed that staff checked with people and sought permission before undertaking tasks in their homes.

People received care that reflected their needs and changed as their needs changed. One person told us: "When I came out of hospital I needed time to settle down. When I felt a lot better I reduced the care I was getting because I was able to do more for myself. Staff had realised I was much better and more able." Another person told us: "At my review we discussed the help I needed. My condition has worsened a little so I now get an hour instead of half an hour. The change suits me." We discussed how changes were identified with staff. Staff told us they reported changes to the office straight away, although two staff explained that, in some instances, they discussed small changes with the person's family first. The examples they gave suggested they knew the person well and were using their professional knowledge to make an informed decision about the significance of the change. We saw in team meeting minutes that a discussion amongst staff identified that a person would need a referral to an occupational therapist and this was organised after the meeting.

We observed, during five home visits, that people and their representatives were encouraged to give their views about their care and make decisions where possible. For example we saw people asked what order they wanted to undertake their morning tasks and we saw a family member asked for information regarding the person's welfare. One person discussed this responsiveness with us and said: "I could not praise my carers too highly. If I ask anything of them they always listen to me and respond in doing as I wish them to do."

People who had raised complaints or concerns told us their concerns were taken seriously and they were confident they had been heard although they had not all agreed with the outcome. People who had not agreed with the outcome had been given information about what they could do next, but had chosen not to take their complaints further. Most people were happy with the response they had received. One person said: "When I made a complaint about the attitude of one carer that came to me, then she only ever came once again and I have not seen her since." People who had not complained felt they would be heard. Comments included: "I have never had the need to complain. I have had a first class service, but if it was necessary I would make a complaint." and "No doubt about it, if I was not being treated properly or there was something I was unhappy about, then yes, I would make a complaint."

We looked at the complaints guidance available to staff and saw that it identified putting things right and learning from any mistakes as important parts of the process. There had been nine complaints since our last inspection, the majority of which related to planning and times of calls. We reviewed five of these complaints in detail and found that all had resulted in recorded action at both individual staff and organisational levels. For example, in response to one complex complaint that related to continence care, we saw evidence that individual staff involved had received appropriate training and specific training had been added to the induction all new staff receive to ensure the problem did not reoccur.

Are services well-led?

Our findings

Staff files and care records were audited and we saw these were recorded when completed. We also looked at the records of all the missed calls and saw that each one had been investigated. These records included those visits that were missed when the care staff arrived and the person was not at home and those when the care staff did not arrive. We saw that the majority of calls missed by staff happened at the weekend and because they had been reviewed individually the system had not identified this as a theme to be addressed systemically.

At the time of the inspection the service was actively recruiting care staff. We spoke with staff in a variety of roles about the staffing levels. They told us there were enough staff to cover the calls but this was especially difficult at the weekend. One member of staff said: "It is horrendous at the weekends, we are asking people to work longer, to work extra." Another member of staff said: "It generally is ok, but if a couple of people go sick it is chaos." We were told by staff that goodwill ensured that visits were covered, although as we have noted the majority of missed calls happened at weekends. We spoke with the registered manager who told us they had a rolling programme to recruit and that this was an organisational priority.

Some people told us they were asked for their views on the service. One person told us: "A few months ago I was sent a questionnaire to fill in. I did do so and sent it in. I have had no problems but I do see the positive side of completing such correspondence." Others told us they would do so if asked: "No, not yet, but if I do get a form to fill in then I will do so if it will be useful or helpful to them."

When we visited the service new systems were being introduced to improve support for staff and care delivery. These included a splitting in responsibilities for senior staff between responsibilities for staff support and responsibilities for people that used the service. This was intended to ensure that both areas of work retained priority and had clear management structures. They also included the introduction of clear regular routes for care staff and a technological system to support the updating of paperwork related to care delivery. Staff were positive about the changes and all the staff we spoke with identified that these changes would lead to a better service for the people they supported because they would have access to information more quickly and support would be more available to them. Most staff described that these changes were a response to difficulties that they had been raising as a team. One member of staff said: "The staff involved in the pilot met regularly and talked… they had their say." Another member of staff told us: "The new system is all based on them listening." Another member of staff explained that this was not the first example of the organisation listening. They told us they had identified problems with the previous way new staff were inducted and their concerns had been addressed through increased shadowing when the current system was introduced.

Staff told us they felt able to raise concerns with their managers. One member of staff said: "If you make a mistake you put your hand up... they are very calming." A senior member of staff explained that it was important to make sure everyone learnt when a mistake happened. They said they made sure the person was safe and supported the member of staff. We saw that this approach happened in the records kept for incidents and accidents. This demonstrated that the management enabled staff to develop by identifying learning opportunities.

Team meeting minutes provided further evidence that there was open discussion amongst the whole team about care and organisational issues. For example, one of the contracts the service had was to provide a short term six week reablement service. This had required more hours than expected and staff discussed it as a stretch for the team. We discussed this with the registered manager who told us they were discussing these care packages on the service with both their organisation and the commissioners with the aim of reducing the difficulties the staff were experiencing. We also saw that team meetings were used as an opportunity to share feedback from people using the service. Staff told us they were proud of the care they provided and that they made a difference. One member of staff told us: "We get a lot of praise from the people." Staff told us they were part of a team that worked well. One member of staff said: "I'm really proud of the carers out there." Another told us: "We have some exceptional staff who do very well."

We saw the registered manager had systems to ensure staff were kept up to date with policies and refreshed their knowledge regularly. For example, we saw they highlighted policies at staff meetings and discussed how these were to be implemented. We saw this had happened with a whistleblowing policy in the meetings prior to our

Are services well-led?

inspection. We also saw that, when staff needed to be informed of something urgently, the office had systems to make sure they received the information. For example we saw an example of a memo highlighting an important piece of infection control information. Staff had let the office know that they had received and understood this information.

Staff told us they felt supported by their immediate line managers and by the area manager of the provider organisation. They cited regular supervision, access to training and a colleague on the end of the phone as reasons for this sense of support. One staff member said: "People feel comfortable to ask for help. We discuss problems at team meetings. We have good relationships and people feel able to say if there is a mistake." The organisation was committed to the continued professional development of the staff and training and supervisory issues were recorded to ensure this. We discussed individual supervision and spot checks with senior staff. They identified that this was an area that had been difficult when staffing levels had been low, although they were still doing this work. One senior member of staff described how they undertake spot checks: "I look at use of PPE (personal protective equipment such as gloves and aprons), check they are looking at and following the care plans." We looked at six staff files and saw the staff had received supervision and spot checks regularly. The new structure was designed to help the organisation achieve its targets through clearer areas of accountability. This meant some senior staff had just assumed a responsibility for undertaking staff supervision, spot checks and training and would be developing their skills in this area. This meant there were adequate support arrangements in place which monitored and reviewed members of staff involved in delivering care.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines. People who use services were not protected against the risks associated with unsafe management of medicines, by means of appropriate arrangements for recording, handling, dispensing, safe administration and disposal of medicines used for the purpose of the regulated activity.