Lincolnshire Quality Care Services Ltd

Lincolnshire Quality Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Lincolnshire Quality Care is a domiciliary care agency that supports people to live in their own homes. The agency also provides care and support services as the preferred provider for an extra-care housing scheme, Strand Court in Grimsby. This includes providing an emergency response to all the people living in the complex. The office is situated in a central area of the town. At the time of the inspection the service was providing support to 340 people.

The service had a registered manager in post. 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.

This was the first inspection of the service since they had moved the office location. It is an established agency in the area.

Robust systems were not in place to review the quality of service provision and effectively highlight areas to improve such as the care records and medicines. Action plans had not been produced to address shortfalls. Information from incidents and complaints was not reviewed to identify any trends or themes.

Some care plans did not provide clear guidance to staff in how to support people's specific needs and people did not have accurate and up to date risk assessments in place for concerns such as accessing the community safely, pressure damage prevention and malnutrition. This meant staff may not have guidance in how to meet people's needs, staff may not support people in the way they preferred and there was a risk important care could be missed.

Safe systems were not in place for the storage, administration and recording of some people's medicines.

These issues meant the registered provider was not meeting the requirements of the law regarding monitoring the quality of the service and managing risk, providing accurate and up to date care records and the management of medicines. You can see what action we told the registered provider to take at the back of the full version of the report.

The service has expanded considerably in recent months and the transfer of high numbers of new clients and staff from other local care agencies in November 2015 posed a number of challenges which the management and staff have worked hard to meet. Ensuring sufficient staff were employed and deployed has meant a continued focus on recruitment and staff development. The service had effective recruitment policies and procedures in place which we saw during our inspection. Staff were provided with a range of training to ensure they could meet people's needs. The majority of people we spoke with told us they received their care from a small group of regular staff and the calls were on time.

People were involved in decisions about their care and were provided with a choice about how they were supported, as well as day to day decisions. They spoke highly of the staff that supported them and told us they believed the staff to be competent, caring and approachable. Staff respected and maintained people's privacy and dignity.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 and consent was sought for care support, although formal systems to assess people's capacity needed to be put in place.

Staff supported people as required with their nutritional and health needs. They encouraged and respected people's independence. Staff were available to liaise with healthcare professionals on people's behalf if they needed support accessing their GP or other professionals involved in their care.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Members of staff spoken with said they would not hesitate to report any concerns they had about care practices.

Staff were well-supported by their seniors and there was good teamwork. Staff felt able to express their views and opinions, and have open conversations amongst the team. They felt able to approach the management team if they had any concerns and felt supported to manage them.

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 always safe.

Some people's medicines were not managed safely and properly. There had been medicine errors and shortfalls in the medicine records.

Staff were trained and knowledgeable about safeguarding people from harm and abuse.

Improvements have been made to ensure there were sufficient staff to support people's assessed needs and provide consistent care. Staff were recruited in a safe way.

Is the service effective?

Requires Improvement

The service was not always effective.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their legal responsibilities. People consented to their care and support although systems needed to be in place to support formal assessments of people's capacity to consent.

Staff received the training they needed to undertake their role. Gaps in the supervision and appraisal programme were being addressed. People felt staff had the knowledge and skills to support them.

Staff supported people to manage their health needs and access healthcare professionals. They supported people with their meals and drinks as appropriate.

Is the service caring?

Good

The service was caring.

Staff had built positive caring relationships with people. Staff had got to know people and what was important to them. Staff were aware of people's
communication needs and ensured they communicated with

people in a way they understood.

Staff ensured people were involved in decisions about their care, and were aware of the importance of offering people choice.

Staff respected and maintained people's privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were involved with planning and reviewing their care and support. However, some care records did not provide accurate and complete information about people's needs and the risks to people's safety, particularly in regards to pressure damage; malnutrition and accessing the community safely were not adequately assessed.

People indicated the service was flexible. Arrangements were in place to respond to people's changing needs and preferences in a timely manner.

Systems were in place to record, manage and respond to complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The quality assurance processes were not robust enough to enable analysis of key data to focus on continuous service development and learn from previous incidents.

Lincolnshire Quality Care had undergone significant planned expansion in recent months and the management team had focused on the day to day running of the service. They understood changes were needed to the management and administration systems and responsibilities to support the new organisational demands.

Staff told us they were well-supported by their seniors, and there was good peer support.

Lincolnshire Quality Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10, 16 and 19 May 2016 and was announced. The registered provider was given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies.

The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. They telephoned fifteen people who used the service and one person's relative on the 10 May 2016 to gain their views of the service.

On the 16 May 2016 we visited the office and spoke with the registered manager, deputy manager, recruitment and training officer, two care co-ordinators, a senior care worker and two care workers. On the 19 May 2016 we visited Strand Court, an extra-care housing facility, and spoke with five people who used the service and two care workers. We also visited two other people in their homes in the community.

To help us to plan and identify areas to focus on during the inspection, we considered all the information we held about the service, such as notifications. Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well, and improvements they plan to make. We also contacted the local authority safeguarding team and the contracts and commissioning team for their views of the service.

We looked at the care files for six people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and medication administration records (MARs).

A selection of documentation relating to the management and running of the service was looked at. This included five staff recruitment files, the training record, staff rotas, minutes of meetings with staff, complaints, surveys and quality assurance audits.

Requires Improvement

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe when staff were in their homes providing care. One person said, "Yes, I do trust the carers, if I didn't I wouldn't have them in my house." Other people told us, "Very safe indeed, they are very good about the key and ensuring the house is secure" and "I wear my pendant alarm in case I fall, staff come straight away. I feel safe with this."

We received some mixed comments about the timeliness of the calls. People told us, "They are not really ever late, only if something unavoidable has happened on a previous visit", "The girls are pretty much on time, I get the rota the week before for the week coming", "They usually come alright, if someone is off sick or something they can be late, but I ring the office and they say, 'someone will be along later' and they do", "I get a list with who is coming on it and it seems right. I've only had one really late call, they should have come at 7am and they came at 8.30.I did ring and there was a problem. They did apologise, they even sent me a letter to say sorry; that was good", "Sometimes they are a bit late, no they don't ring me if they are", "Usually on time and they ring to let me know if they are running a bit late" and "On time more or less."

We looked at records relating to medicine management and found people's risk assessments and care plans did not always provide clear directions for staff about the support the person required with medication. For example, some care plans detailed staff were to 'enable' the person with their medication, but did not provide directions for staff on the support the person needed. We found medication risk assessments were not always in place. The medication administration records (MARs) were used to record the medicines staff had either administered or prompted people to take. Although staff usually recorded in the daily log records the support provided to people in relation to medicines, we found staff were not always recording this consistently on the MARs, increasing the risk of medicines errors. Checks on records and discussions with the registered manager showed there had been improvements in the completion of the MARs by staff but there was still some way to go. Checks on MARs returned to the office in recent months showed there were still gaps. Incident records showed a small amount of missed calls where medicines were not administered and there continued to be some medicine errors, including a more serious one in recent weeks which necessitated one person receiving medical assessment.

During visits to people who received support from staff with their medicines, we checked their medicines storage and MARs. For one person, we found the medicines were provided in a cassette from the pharmacy but there was no detail of the medicines contained in the cassette or the medicines prescription. There was also a stock of medicines not held in the monitored dosage system which meant there was a risk of medicine errors as staff may not be clear which system was in use. There were a number of different creams in the cupboard and at the person's bedside. The MARs detailed they had not had one cream applied for 10 days but there was no explanation provided.
Not ensuring people received their medicines as prescribed was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a policy and procedure for the safe handling of medicines. Records showed that staff involved in the administration of medication had been trained and had undergone competency

assessments of their practice.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding adults to help them identify abuse and respond appropriately if it occurred. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse and were confident senior staff would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with satisfactorily by the agency.

There had been some safeguarding issues in recent months prior to the inspection. There had been some issues regarding medicines management, missed calls and staff behaviour and attitude. All of the safeguarding alerts had been completed by the Local Authority investigating them.

The registered manager described the difficulties they had experienced in the last six months in relation to ensuring they had enough staff hours to meet the new contractual obligations. These were introduced by the local authority in November 2015, following a re-tendering process and re-provision. The agency was now providing approximately 3,500 hours of care a week, which was a 70% increase. A proportion of staff had transferred over from other agencies with the new clients, however, there had been a serious shortfall and a major recruitment programme had been implemented. Although to some degree this had been successful, the registered manager confirmed staff recruitment was on-going.

There was clear evidence the agency had worked very hard to minimise disruption to existing clients and those clients who transferred to the agency, but the enormity of the task meant there had been some impact. However, from discussions with the staff, management and feedback from people who used the service, overall this had been minimal. Where possible people were receiving care at the times they chose and by a consistent group of staff. Staff rotas confirmed this.

Staff sickness levels had been high in recent months which were being tackled by the registered manager. Where there was short notice sickness, they told us the 'night team' was now used to cover early morning calls, which ensured there was less disruption to the service people received. They said absenteeism was usually covered within the existing staff team. We looked at staffing rotas and were satisfied that the hours commissioned were covered with the staffing arrangements in place.

The registered manager confirmed they had always provided travelling time on staff rotas for their existing clients, but following re-provision this had not always been possible due to the staffing pressures. We checked this during the inspection and found that the care co-ordinators were all working on developing new rotas for staff which included travelling time; 75 % were now completed. We saw calls to people were arranged in geographic locations to cut down on travelling time. This decreased the risk of care staff not being able to make the agreed call time. People who used the service told us the staff generally arrived on time and they received a reliable service.

Records showed there were some incidents of missed calls which the registered manager confirmed was usually due to the member of staff not checking their rota properly and the management team were following up any incidents individually with the member of staff in supervision meetings. During our visits to people in their homes, one person told us their additional care worker had not turned up that morning and they had not been given any explanation from the office. They said this did not happen often. The registered manager followed this up with the office staff and care workers and identified they had not followed staff absence procedures, which they confirmed they would address. Staff lists were provided to some people

each week and other people preferred to phone the office and check which carer would be visiting to support them. Checks on the rotas showed people were provided with a consistent service from a small group of staff.

We found there was a satisfactory recruitment and selection process in place. The staff files we looked at contained all the essential pre-employment checks required. This included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We saw information in application forms was assessed thoroughly and records maintained of staff interviews.

We saw the person's home environment was assessed to make sure it was safe for the person and for staff. This included checking that the property was accessible and that there were no trip or slip hazards. Where accidents or incidents had occurred, these had been appropriately documented and investigated. Where these investigations had found that changes were necessary in order to protect people, these issues had been addressed and resolved promptly.

Requires Improvement

Is the service effective?

Our findings

The majority of people told us they were supported by staff who knew their needs and delivered a high standard of care. Comments included, "The staff all seem pretty well-trained and I'm very happy with the care", "When someone new comes, they come in with another for the first visit; they all seem well-trained to provide good care", "The staff are lovely and I couldn't do without them, my regular [carer] provides excellent care" and "They all know what they are doing, the care I receive is excellent." A relative told us, "[Name of relative] has two staff for each call because of the hoist. Staff are confident and competent in using this and know what they are doing. I would soon report things to the office if I was concerned."

However, we were also told, "There are three who come who are very good, some are better than others" and "My regular girls are good, but the others are a bit of a mixed bag." One person described how they had recently asked a care worker to make them a stir fry meal and were disappointed when the care worker told them they did not know how to cook this meal. We passed these comments on to the registered manager who confirmed they had identified that many younger workers were not always confident about their cooking skills and they would be addressing this.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications for people in the community must be made to the Court of Protection and the registered manager confirmed that no applications had been made.

We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place and staff had received training in this topic. Records showed people who used the service or those acting on their behalf had signed their care plans to confirm they had agreed to the care and support outlined in the records. The registered manager said that most people they supported had some capacity to say how they wanted their care delivered in their own homes. Where people had limited capacity we found they were often living with a spouse or relatives who shared caring responsibilities with the care workers. They confirmed they would involve care management teams when appropriate. However, we found that people's capacity to make decisions was not considered and recorded within the assessment and care planning process which the registered manager confirmed they would address.

People said they were treated well by staff and asked about their care needs and what support they required. Staff told us how they would seek consent prior to assisting people with their support, and that people had the right to refuse care. Comments included, "I always ask people about their care, it's the person's right to say no, and it is their choice" and "I always check with the person and gain their consent. If someone wasn't happy I would stop and let the office know."

Staff provided people with any support they needed at mealtimes and with meal preparation. Staff were able to describe the actions they would take should someone not be eating or drinking sufficient amounts. This included monitoring and recording people's intake and reporting any concerns promptly to the management team and family members. Staff told us before they left their visit they made sure people had access to food and drink.

Staff supported people to manage their health needs. Staff were aware of their responsibility for dealing with illness or injury telling us they would call an ambulance or GP if required and report any concerns to the office. Staff told us they would support someone to contact a health professional if they felt it was needed. One member of staff told us, "I have had to call an ambulance when someone needed it." The registered manager confirmed the senior staff would make referrals if they felt that someone needed additional support or required assessments as their needs had changed. Records showed the service had accessed support from care managers, community nursing staff, occupational therapists and dieticians.

There was evidence that significant improvements had been made in the completion of the staff training programme in the last three months. The registered manager told us many of the staff who had transferred from other agencies as part of the service re-provision in 2015, had not completed all the required training, which they had now addressed. Also the recruitment of high numbers of new staff had provided additional demands on the training programme. We found staff had received training to meet the needs of the people they supported. We saw they had undertaken a four day structured induction when they joined the agency. This was followed by the member of staff shadowing an experienced care worker until they were assessed as being confident and competent in their role. Each member of staff had also been given a copy of the staff handbook which provided them with further guidance.

The training manager provided records which showed staff completed essential training in areas such as: the safe handling of people, safeguarding people from abuse, dementia, nutrition, health and safety, infection prevention and control, diversity, food safety, pressure damage prevention, MCA, medicines, fire safety and first aid. Training courses to meet people's individual needs in areas such as end of life, stoma care and catheter management had been provided. Staff we spoke with felt the training was thorough and provided them with the necessary skills and knowledge to meet the support needs of people who used the service.

The registered manager told us new staff had, or were to be enrolled to complete the Care Certificate; they also planned for all staff to complete this training by the end of 2016. Training records showed 100 care workers had completed a national qualification in care with further staff working towards this.

Staff told us they felt well-supported by the registered manager and senior staff at the office. The registered manager confirmed the re-provision exercise and service expansion had impacted on the staff supervision programme and staff meetings but they were confident this would get back on track in the next few months. Records showed all the care co-ordinators and approximately 30% of the care workers had received supervision in recent weeks. Annual appraisals were also to be carried out once staff had been employed for over a year. These were aimed at assessing their work performance over the past year. We found senior staff had undertaken staff observation assessments to make sure they were attending their calls on time and following the organisation's policies. A member of staff told us, "It has been very full on covering all the day-to-day work, but the managers have been great and very supportive."

Good

Is the service caring?

Our findings

People we spoke with thought care staff were kind, caring, patient and respectful. One person who used the service said, "They are very good my regulars, one I've had for years; we have a laugh and a chat." Another person who used the service told us; "The care is excellent, they are very nice to me, I am very satisfied with everything." One person described their regular carer as an 'absolute angel'. Other comments from people who used the service included; "They are very polite and ask me what I want", "They are all very nice", "The girls are lovely, very kind", "My regular girl is very nice and very kind. Sometimes they are a bit rushed but not often, they are always very kind to me; I wouldn't be without them" and "I'm delighted with all the carers. They couldn't be nicer."

People told us they usually received support from a consistent group of staff. One person said, "Occasionally we have a different carer, but I don't really mind as they are all very nice." Another person said, "Generally I have the same carers, I prefer that so they can get to know my routines." Another person said, "I've met most of them now and they are all lovely. It's good to have a different face, I don't mind who comes." This person particularly liked having different staff support them as they liked to have the social interaction and get to know more people.

Relatives told us that staff treated their members of family with kindness and consideration. Comments included, "They are very patient with my relative. He needs a lot of time and patience and they give that to him" and "The carers really do care, they don't rush and make sure things are done how she likes."

The staff we spoke with knew people they supported well and were able to describe in detail how they provided individualised support. They were able to tell us about people's personal preferences as well as details of their personal histories. The staff confirmed they had access to people's care plans and time to read them. We found some people's care records were more personalised than others. Some contained pen pictures which gave staff an overview of the person's background, family, previous occupation and interests. The registered manager told us they were aware of the improvements needed and had started to address this with the senior care workers.

Staff gave us examples of how they approached people and how they carried out their care, so that they were respectful and maintained the person's privacy and dignity. For example, one member of staff told us how they covered people up while supporting their personal care to them and closed curtains. Another care worker described how they helped people to the toilet, but asked them if they wanted them to wait outside. They added that they assured them they were only outside the door if they needed assistance.

People were encouraged to make decisions about the care they received. Staff ensured people were given the relevant information and explanations in a manner they understood, to enable them to make decisions. One person told us, "Even though I've had the same carer helping me since I moved here, and they know how I like things done, they always consult with me. I can make the decisions about my care."

People's confidentiality was maintained. Staff were aware of the importance of confidentiality and gave us

examples of how they ensured it wasn't breached. For example, by not talking about people who used the service with people not directly involved in their care and support. Records in the service were kept locked in secure filing cabinets, with authorised personnel only having access.

We were given examples of how staff had been matched with people who used the service who had the same interests or personalities and how small teams of staff were allocated to each person. The care co-ordinators told us how information from assessments was used to inform the matching process. For example, the gender preference of the carer, whether they were younger or mature and quiet or outgoing. They also showed us how they recorded on the computerised rota system any preferences people had made about individual care workers.

People who used the service had information available that advised them of what they could expect from the service. Each person we spoke with confirmed they had an information booklet which contained all the contact details for the office and out of hours service. The service also issued regular newsletters to inform people of any changes. The registered manager was aware of how to contact local advocacy services should a person who used the service require this support and this information was contained in the statement of purpose.

Requires Improvement

Is the service responsive?

Our findings

The people we spoke with told us the service they received was flexible and based on the care and support they felt they needed. Comments included, "When the service changed over, the lady came out and we did the care plan, it was what I wanted. They have been last week to check if everything is alright and if we needed to make any changes", "They came out at the start and asked me what I wanted, they have been back a few times to check on things. I have all my paperwork and the phone numbers I need", "I am happy with the times of the calls and if it needs to be changed for any reason, the office will do their best", "They did my care plan with me, I've had reviews and funny enough they've just said I'm due my next one" and "The agency have worked so well with us, they have listened to what we requested, considered the carers they allocate and its worked very well." One person told us, "I have a care plan all written down, but sometimes they [carers] don't read it and I have to tell them and it's a nuisance." We discussed this comment with the registered manager who confirmed they were addressing such issues at staff meetings and during spot check visits to make improvements.

Everyone we spoke with confirmed they had received information on how to make a complaint and told us they would have no hesitation in contacting the registered manager or other senior staff to discuss their concerns. One person told us, "I've no complaints, everyone is very helpful and friendly" and another person said, "I did phone them once when the carer was late, they apologised and it hasn't happened since." People's relatives said, "Everything has been great so far but I would phone the manager if I had any concerns" and "I would raise concerns with the office directly and have done so."

During the inspection, we looked at the way the service assessed and planned for people's individual care needs. Initial assessments were undertaken by a senior manager to identify people's support needs. The care co-ordinators confirmed that where referrals for urgent support had been received, staff used the information in assessments provided by the care manager until care plans were put in place. We looked at six people's care records and found the care plans covered the areas identified in the assessment but they were not consistently detailed to fully guide staff in how to support people. For example, some of the care plans contained minimal directions for staff to provide support in areas such as personal care, catheter care, meals and mobility whereas other care plans were much more detailed.

There were limited records in place to monitor specific areas where people were more at risk. Each person's mobility was assessed, but where there were concerns about a person's nutritional intake there were no specific nutritional risk assessments completed. Similarly, where people's care records identified staff were providing care to prevent pressure damage, there was no assessment completed to identify the level of risk or care plan in place to tell staff how to minimise them. Therefore staff did not have clear written guidance about this subject. One person's care records detailed they regularly wandered and there had been an incident when they had left the extra care facility at night time. Although they had been safely returned, and additional support provided in the evening, records showed they did not have a risk assessment to support safe access to the community and there was no care plan in place to direct staff on this aspect of their care.

People were not always protected from unsafe care because risks to their safety and wellbeing were not

always identified and accurate and up-to-date records were not maintained. This was a breach of Regulation 17(2) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the quality of person-centred information in the care plan records was varied. One person's records contained a lot of information about their choice and preferences in relation to their clothing, appearance and the support they needed with make-up and their hairstyling. But others did not include essential information about what was important to the person and what their likes, dislikes and preferences were such as gender of care worker or times of calls. This meant there was a risk people would not receive their care how they preferred. Despite the gaps in information in the care plans, we found staff were knowledgeable about people's needs and could describe the support required to meet them.

We saw care workers completed a record about the care and support they had delivered after each visit, and the people we spoke with confirmed this. The ones sampled provided detailed information about the care given at each visit and any changes in the person's general wellbeing.

People told us they had been involved with discussions about their care and with the review process. We saw some people's care packages had been reviewed and changes made to the support they required and the times and frequency of visits as needed. Staff told us they were kept informed about any changes in visits and the support people required. This was either by face to face discussion with the office staff or via phone conversation or text.

We looked at the way the registered provider managed and responded to concerns and complaints. Information about how to complain had been shared with people in their information pack and included the expected time-scales for the investigation and response. Reference was made to other agencies that may provide support with complaints. We looked at the complaints file and found that the service had a robust procedure in place to manage the concerns and complaints received. Complaints were documented, investigated by the registered manager and appropriate actions were taken to positively resolve the complaint. At the time of the inspection, the service had received 12 complaints in recent months around issues such as confidentiality, medicines and financial issues. We saw where possible these had been resolved to people's satisfaction and changes to care packages had been made if required. Staff had been informed about issues and any changes or improvements needed with their practice through supervision. Wider learning took place by discussing issues within staff meetings where appropriate.

We found staff encouraged people's social inclusion by supporting them to access and participate in recreational or social engagement opportunities where appropriate. This was included in some people's care packages. We saw at Strand Court, people could have their meals in the dining room and participate in group activities in the lounge. There were links with the local community which helped people to maintain their general well-being by keeping active. The registered manager confirmed they had taken over the contract to provide social support on a weekly basis for people in another housing scheme in the area.

Requires Improvement

Is the service well-led?

Our findings

People who used the service said they were satisfied with the service overall and the contact and communication they had with the office. They told us the office staff had been friendly, helpful and approachable when they had spoken to them. Comments we received included; "The office are okay when you ring them, polite enough", "It's been alright since the changeover", "The girls in the office are very good, they sort stuff straight away" , "This is a much better agency, a few hiccups, but overall a much better service", "They are nice on the phone to me and let me know if there are any changes", "I've had surveys and things, I fill them in and send them back" and "The manager is very good, she has been to visit me a few times. She listens and you know she is trying her best for us."

However, we received comments from two people who considered they received a better service from the previous agency. They felt the carers had more time and the calls were better organised. We discussed these comments with the registered manager who confirmed they were working hard to ensure people's care call times were suitable and to ensure appropriate travelling time was factored in. They were in the process of completing a programme of visits to everyone to discuss their care provision, prioritising on clients who had transferred from other agencies.

The service did not have sufficient systems in place to review all aspects of service delivery and ensure a focus on continuous improvement. There was evidence the management team had been focusing on meeting the day-to-day service demands in recent months and had less capacity to develop the management and administration systems. Whilst we saw audits were undertaken on medicines records and the completion of log books to review the quality of support staff provided, we found systems were not in place to review key data including spot checks, supervision and training, complaints, incidents and accidents to identify any learning and areas for service improvement. We also saw the current systems to review the quality of care records were not robust enough to identify the concerns we found. This was especially in regards to identifying and mitigating risks to people's safety and ensuring care plan records were accurate and sufficiently detailed. Spot check visits focused on the member of staff attending the call on time and their adherence to uniform policy. They did not include any discussions with the person receiving the service about their care, observation of interaction and care support, checks on records or medicines storage.

An external audit of the office facilities had been carried out in February 2016. We found some shortfalls around fire safety had been addressed but a detailed action plan with timescales had not been put in place by the registered manager.

The registered provider did not have effective quality monitoring arrangements in place. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During feedback, the registered manager confirmed she had already networked with other agencies to view their quality monitoring programmes to learn from them. They had also contacted their own information technology systems provider to increase the management software to support improvements to the

governance systems.

There were systems in place to seek people's views and opinions about the running of the service. These were sought through meetings or telephone conversations, during review meetings and through surveys. We saw surveys were linked to the KLOEs (Key Lines of Enquiry are a set of question formats the Care Quality Commission (CQC) has developed to focus inspections and judgements on the fundamental standards). Responses to surveys about the service being 'Caring' and 'Well-led' were generally positive. The registered manager confirmed they had recently issued a staff survey.

It was apparent when speaking with some people who used the service in Strand Court that due to the environment care was delivered in, that is, within an extra care housing setting, there was a perception that staff should be more visible throughout the course of the day. However, the service is registered to provide domiciliary care to people at set times, the same as within any community setting. The exception to this being that an emergency response service was also in place. All of the people we spoke with who had used the emergency response service were satisfied that staff arrived in a timely manner and they found the peace of mind this service gave them to be important. The deputy manager confirmed they worked from an office at Strand Court for the first months of the new contract and now held a surgery there twice a week, although they received very few enquiries when they attended the facility.

The registered manager was open and transparent about the difficulties experienced by the service in recent months due to the service expansion and the transfer of high numbers of new clients and care workers. They were positive and enthusiastic about the on-going challenges they faced and demonstrated a clear commitment to developing the management systems in place which would support improvements to the quality of service.

There was a supportive and open culture in the service. Staff we spoke with said they were supported by the management team. There were daily handover and weekly meetings for senior staff. Team meetings for care workers had not been held in recent months, and the registered manager confirmed they would be holding meetings for care workers in the near future.

Care workers told us there had been a lot of changes at the service with the office move, new staff and new clients which had not been easy, but they enjoyed working for the organisation and the management were supportive. They also told us of the positive peer support and team approach which they appreciated. Comments included, "We have experienced some difficulties in recent months, but our priority is to make sure the care is good. The managers are great and do calls if they have to, we all pull together" and "The manager is really supportive, we can go to her with concerns and she will listen and try and sort things out. They are looking at the rotas and travelling time, it's getting much better. "

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who used the service were not protected against the risks associated with ineffective management of medicines.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: The registered provider did not have effective recording and monitoring systems and processes to ensure the service provided was safe, effective, caring, responsive or well-led.