Sevacare (UK) Limited

Sevacare - Coventry

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 20 June 2016. The inspection was announced. We gave the provider 48 hours' notice of our inspection. This was to make sure we could meet with the manager of the service and care workers on the day of our visit.

Sevacare-Coventry is a domiciliary care agency which is registered to provide personal care support to people in their own homes. At the time of our visit the agency supported approximately 172 people with personal care and employed 92 care workers.

A requirement of the provider's registration is that they 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. At the time of our inspection there was a registered manager at the service. We refer to the registered manager as the manager in the body of this report.

Systems to monitor and review the quality of some areas of the service people received were not in place. Quality monitoring systems that were in place were not always effective. People and relatives were able to share their views of the service they received. The provider did not always use this feedback to make improvements to the service. People and relatives knew how to complain but were not always satisfied with the way their concerns and complaints were managed.

People's care plans were not personalised and did not always reflect people's current needs. Care workers understood how to protect people from harm or abuse. However, care records did not give care workers the information needed to ensure care and support was provided, safely and in the way people preferred.

People who used the service told us they felt safe with care workers. There were enough care workers to provide planned care to people.

Staff had been recruited safely and completed an induction when they joined the service. Care workers felt supported by the management team during core office hours. Care workers received training the provider considered essential to meet people's needs safely and effectively.

People told us their regular care workers were kind and caring and had the right skills and experience to provide the care and support required. People were supported with dignity and respect.

People did not always received care and support at their pace, or at the agreed time. People told us regular care workers stayed the agreed length of time at care calls and knew how they liked to receive their care.

Staff understood the risks associated with people's care. However, processes to minimise risks to people's

safety were not consistently followed. This meant staff did not always have the information they needed to support people safely and effectively.

The managers had a basic understanding of the principles of the Mental Capacity Act (MCA) and their responsibilities under the act. Care workers encouraged people to be independent where possible and sought consent before care was provided to them. However, some people's capacity to make their own decisions was not always fully assessed.

People who required support had enough to eat and drink and were assisted to manage their health needs. Care workers referred people to other professionals if they had any concerns. Systems were in place to manage people's medicines and staff had received training to do this.

People and relatives were not always involved in planning and reviewing their care.

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.

People told us they felt safe with care workers and there were enough care workers to provide the support people required. Care workers knew how to safeguard people from harm and understood their responsibility to report any concerns. Arrangements to manage the risks associated with people's care required improvement as some care plans were not reflective of people's current needs in order to keep them safe. There were procedures for administering medicines and staff were trained to do this. The provider ensured staff were recruited safely.

Is the service effective?

Good

The service was effective.

Care workers had completed the training needed to ensure they had the knowledge and skills to deliver safe and effective care to people. The managers had an understanding of their responsibilities under the Mental Capacity Act 2005, however people's capacity to make decisions was not always established. Care workers gained people's consent before care was provided. People were supported with their nutritional needs and were supported to access healthcare services when required.

Is the service caring?

Good

The service was caring.

People were satisfied with the service they received from their regular care workers and told us most care workers were caring. Staff supported people to maintain their independence and understood how to promote people's rights to dignity and privacy. People were able to make everyday choices which were respected by staff.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care plans were not personalised and did not inform

care workers how people wanted their care and support to be provided. People did not always receive visits from care workers at the times they needed and as agreed to support them effectively. People and relatives were not always involved in planning and reviewing care needs. People and relatives knew how to make a complaint, but were not always satisfied with how these were managed.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality assurance systems to ensure the effectiveness and safety of the service were either not in place, or were not always effective. Some people and relatives were not satisfied with the way the service was managed. Care workers felt supported by the management team. People and relatives were given opportunities to share their views about the service, however improvements were not always made in response to their feedback.

Sevacare - Coventry

Detailed findings

Background to this inspection

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

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We looked at information received from people, relatives, and we spoke to the local authority commissioning team. Commissioners are people who contract care and support services provided to people. They had no further information to tell us that we were not already aware of.

The provider completed a provider information return (PIR). This is a form that we ask the provider to complete to give us some key information about the service, what the service does well and improvements they plan to make. We received this prior to our inspection and were able to review the information during our office visit.

We conducted telephone interviews with 12 people and six relatives of people to obtain their views of the service they received.

The inspection took place on 20 June 2016 and was announced. We told the provider we would be coming. The provider was given 48 hours' notice hours of our visit. The notice period ensured we were able to meet with the manager and care workers during our inspection. The inspection was conducted by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

During our visit we spoke with a care worker, a senior care worker, a team leader, the deputy manager and the registered manager. We reviewed four people's care records to see how their care and support was planned and delivered. We looked at three staff records to check whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records which related to people's care and how the service operated, including the service's quality assurance checks and records of

complaints.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe with their care workers. One person said, "When my regular carer is here I certainly feel that they are looking after me well and that I am safe." A relative explained how care workers reassured their family member when using equipment to help the person move. The relative said, "It makes [Person] feel safe."

Care workers told us they understood the importance of keeping people who they supported safe because they received safeguarding training. When we talked with care workers, they were able to explain how people might experience abuse. One care worker said, "Abuse could be bruising, neglect, financial. You have to look out for any signs." All care workers told us they would report any concerns to the manager, and that there were policies and procedures in place to help them do so. One care worker told us, "In my training I was told to report any concerns. I got the message." Another care worker told us whilst they were confident the manager would deal with any reported safeguarding concerns, they would use the provider's whistleblowing policy to escalate their concerns if they needed too. Whistleblowing is when an employee raises a concern about a wrongdoing in their workplace which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public.

The provider's recruitment policy and procedures minimised risks to people's safety. The provider ensured, as far as possible, only suitable care workers were employed. Prior to staff working at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff confirmed they were not able to start working at Sevacare–Coventry until all pre-employment checks had been received by the manager. One care worker told us, "I had an interview; I had to wait for references and DBS clearance before I started work." The manager told us, "Sevacare are very strict about recruitment. No one can start work until we have confirmation all the checks have been completed and they are satisfactory."

Care workers, and the deputy manager confirmed there were enough care workers to allocate all the planned calls people required. Care workers told us they were allocated sufficient time to carry out planned calls and had flexibility to stay longer if required. One care worker said, "If there is a problem on a visit, you know if someone needs a bit of extra help, I stay and do it." However, care workers told us they experienced difficulties when covering additional calls. One care worker said, "If it's just my own calls then I have enough time. It's a problem when you have to cover because you're rushing about."

Care workers told us they knew about the risks associated with people's care who they visited regularly, and how these were to be managed. A team leader told us risk assessments included medicines, safety of carers, client and their property. They said, "When a service starts I go to their [Person's] home and meet with them and their family to talk about risks and what they need."

There was a procedure to identify potential risks related to people's care, such as risks in the home or risks to the person. Some risk assessments and care plans instructed care workers how to manage and reduce the risks to each person. For example, one person needed assistance with moving. The risk assessment

included the number of care workers and the equipment required to help move this person safely and to minimise potential harm to the person and to care workers.

However, most of the risk assessments we sampled contained conflicting information. For example, a fire risk assessment on one person's file said the person was not able to walk due to having had a stroke; however the person's care plan stated they walked to the bathroom. We were concerned care workers did not have accurate information needed to minimise risks to people's health and safety. We asked the team leader why these records were not correct. They were unable to give an explanation, but said they would update the records.

Care plans did not reflect people's current needs. For example, specific instructions for care workers about how to support one person to manage a medical condition differed throughout their care plan. Another care plan did not inform care workers of the need to support the person to wear an 'arm sling' to encourage movement. We spoke to the manager because we were concerned the lack of up to date information posed potential risks to people's health and well-being. The manager said they were confident care workers had a clear understanding of people's current support needs. They told us records would be updated.

One person we spoke with told us care workers supported them to take their medicines. They said, "My regular carers are on the ball. No problems. I have to remind the others [not regular carer], but I do get my tablets." A relative told us, "Yes, they help [Person] with tablets". There are no problems."

Care workers told us, and records confirmed they had completed training in the management and administration of medicines as part of their induction. One care worker told us, "I check the medication in the box and then record on the sheet to show I've given it." The deputy manager told us, "All care workers have to complete medication training before they can do medication." The manager told us, and we saw medicine administration records [MAR] were brought back to the office each month for safekeeping and auditing.

Records of accidents and incidents were completed, and regularly submitted to the provider. These were analysed to identify any patterns or trends so appropriate action could be taken. The manager told us, "At a branch level if there are any reported incidents or accidents we would go straight out to review the risk assessment."

Good

Is the service effective?

Our findings

People told us care workers who visited them regularly had the skills and knowledge needed to support them effectively. One person said, "When I get the same carer I am very pleased they [Care worker] know what I need and how to help me." A relative told us, "Some [Care workers] are better than others. Regular ones know how to do things and really get to understand the little ways [Person] likes things done. This is really good, but I'm not as confident about the others who come."

Care workers told us, and records confirmed, they completed an induction when they started work at the service. This included working alongside an experienced care worker, and completing training the provider considered essential to meet the needs of people using the service. One care worker told us, "I started with a three day training induction, it was good. I had the practical training that I needed. Then I went out for two and a half days shadowing (working alongside another worker)."

The manager told us the induction for new staff was linked to the 'Care Certificate'. The Care Certificate assesses care workers against a specific set of standards. As a result of this, care workers had to demonstrate they had the skills, knowledge, values and behaviours expected from care workers within a care environment to ensure they provided high quality care and support. Staff told us that in addition to completing the induction programme, they had a probationary period to check they had the right skills and attitudes to work with the people they supported.

The deputy manager told us senior care workers regularly observed care workers practice. They told us this was to ensure care workers followed policy and procedure and continued to have the skills and knowledge needed to support people. Care workers told us their practice was observed every three months. Records showed these checks had been completed.

Care workers told us the training they received had given them the skills and knowledge needed to do their job. They told us training was linked to people's needs. For example, staff had been trained on how to effectively support people to manage specific health conditions. One care worker described how they felt "educated in understanding dementia" having completed a training course. They told us, "The course gave me the skills I need to work with people who have dementia and I can be supportive to families as they don't always understand about the condition."

We saw the manager encouraged and supported staff to keep their training and skills up to date, and maintained an electronic record of staff training. Individual care workers training records were directly linked to the service's 'electronic rostering' system. The manager told us, "If the care coordinators allocate a call and the staff member has not completed the necessary training the system automatically blocks it." A team leader told us, "Sevacare are very supportive. I have been encouraged to complete training. I'm currently completing a team leading course. There are opportunities to develop here." A care worker told us, "The manager is very good. I asked for extra training and I got it." Care workers told us the provider also invested in their personal development, as they were supported to achieve nationally recognised qualifications.

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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager had an understanding of MCA and their responsibilities under the act. They told us no one using the service at the time of our inspection required a DoLS authorisation. The manager said, "Mental capacity assessments are now part of our initial risk assessment process. If we have any concern we refer to the social worker."

We saw mental capacity assessments on two of the four care files sampled. One assessment concluded the person lacked capacity to make some decisions and a referral had been made to the local authority. The second mental capacity assessment was incomplete and did not confirm if the person had capacity to make decisions or not. However, a referral had been made to the local authority but the reason for this was not clear. We discussed this with the manager who told us, "It has been a hard task to explain mental capacity to staff. They do have awareness of MCA from the specific training they have completed." They told us further training was planned to improve knowledge across the service."

Care workers had competed MCA training and were able to explain to us the principles of MCA and DoLS. They gave examples of applying these principles to protect people's rights, for example, asking people for their consent and respecting people's decisions to refuse care where they had the capacity to do so. One person told us, "They [Care workers] always ask me if I'm ready to make a start when they arrive." A care worker told us a person they visited regularly refused a shower. They said, "I can't force [Person], I respect their decision. I try to explain [they will feel better and fresher after a shower. What I do is try to encourage, but it's always [Person's] decision."

Most people we spoke with prepared their own food, or had relatives that supported them with this. People who were reliant on care workers to assist with meal preparation told us choice was offered and drinks were given where needed. One person said, "The carer will leave me both a hot and cold drink to last until the next carer comes."

People told us they mainly managed or were supported by a family member to manage their day to day healthcare. Care workers said they informed people's relatives or the office if a person was unwell and needed a visit from the GP. Records showed the service involved other health professionals with people's care when required including district nurses and occupational therapists. Where needed people were supported to manage their health conditions and had access to health care services if required.

Good

Is the service caring?

Our findings

People and relatives told us they were satisfied with the service provided by their regular carers. One person told us, "I couldn't ask for more from my regular carers."

We asked people if the care workers who visited them were caring and we received mixed views. Comments made included, "I'm lucky that most of the girls I see are lovely, but a few make me wonder just why they do this sort of job.", And, "To be honest some do and some don't. " A relative told us most of the care workers who visited their family member had a very caring approach.

Most people thought care workers were respectful and maintained privacy and dignity. One person said, "I couldn't ask for more from my regular carer. [Carer] is very respectful." Another person told us, "The carers will always make sure they knock the door and say who it is, before waiting for me to reply and tell them they can come in." A care worker told us, "Thinking about how the person feels is very important. I think about how I would feel if someone came into my home and did things. You need to see it from their side." Another care worker said, "Respect is very important."

Care workers told us they supported the same people regularly and knew people's likes and preferences. Care workers told us, "I mainly get to go to the same people. So I get to know them.", And, "I know the people I visit and how they like things done. It's important to do things the way people like you to."

We asked people if they received care at their pace. One person told us," It would just be nice if when different carers came they didn't rush through everything so quickly." Another person told us, " My regular carer is lovely and will take all the time to make sure everything is done properly and how I like it… unfortunately not everyone is the same and I do, sometimes feel as if a bit of a whirlwind has been here and I'm almost having to stop and catch breath when they're gone."

People were supported to maintain their independence. One person told us, "Because I have the carers coming in allows me to remain at home which very important to me, so from that aspect they do support me to stay independent." A care worker described how they supported a person to maintain their independence by encouraging them to help with tasks. They said, "[Person] needs quite a lot of help but [Person] can do small things, so we do things together."

Requires Improvement

Is the service responsive?

Our findings

People and relatives told us care workers regularly arrived late for care calls. One person said, "My carer is supposed to come at 8:30 am, but to be honest, they can arrive any time between about 7:15 am and 9:30 am and it really does get to be a struggle when one day I could be sitting here forever, and then the next day they arrive before I've even woken up." A relative told us, "Sometimes [Person] can be sitting here in her night dress for anything up to about an hour and a half after the time they are supposed to arrive. I phoned the agency the other day and said that it is supposed to be a morning visit, not an afternoon one."

Staff told us they were not always able to make care calls at the allocated time because they were given extra calls at short notice. One staff member said, "A big issue is at weekends, we are asked to cover at short notice. I have to do lots more visits than are on my planned rota. It pushes back calls and can make me late." Another care worker described the frustration they felt when people were not informed of changes to visit times. They said, "Carers get the flack when they arrive late and that's not fair." A team leader told us care call times were changed when care workers covered additional calls. They said, "We try to let people know." The manager told us, "There can be inconsistencies with call times, particularly when staff request the same time off, but we plan ahead for this. At the moment we are recruiting fortnightly." The manager told us there was a thirty minute 'window' either way for calls times to allow care workers time to travel which people were told about when the service started.

We looked at the call schedules for three people who used the service and three care workers. These showed people were allocated regular care workers where possible. People told us the consistency of care workers at weekends was not as reliable as in the week. One person said, "My regularly carer knows me really well. At weekends, when I have different carers it can be much more difficult." A relative told us, "When [Person] has all different carers, usually at weekends it can be quite tiring for her to have to explain everything over and over again.

Communication log records completed by care workers showed people did not always receive their care calls at the times planned and agreed. Records we sampled showed the actual time of the visits were made differed from those planned and were not within the 30 minute 'window', as per the provider's policy. For example, one person's call was scheduled for 10 pm. Care workers completed the call at 7.40 pm. Another person's received a visit from care workers at 8.30 pm. Their call was planned for 10 pm. These changes in call times reflected what people and relatives told us. A team leader told us, "Sometimes they [Care workers] have to change the times of calls if they have extra calls or it could be people have asked for an earlier call." We asked to see records to show people had asked for their call time to be changed. These were not available at the time of our inspection.

When we asked people if care workers stayed the agreed amount of time we received mixed responses. One person told us, "My regular carer is lovely and will take all the time to make sure everything is done properly." A relative told us, "They [Care workers] rush in, spend only about 10 minutes giving [Person] a brief wash and half dressing [Person] and then they sign to say they been for the full half hour and disappear. It really isn't good enough, and the agency continue to do nothing about it." Staff told us they

were able to stay the allocated amount of time when they did not have to pick up extra calls. One care worker told us, "If we are given too many calls at weekends we are rushed, we could make mistakes."

Records completed by staff in people's homes showed some care workers were not staying for the agreed amount of time. For example, one care worker regularly completed a call in 35 minutes. The amount of time allocated for the call was 45 minutes. We discussed this with the manager who told us, "It's probably because they [People] don't need that long anymore. If they [Person] don't need the amount of time allocated we refer it back for review. But they [Local authority] are very slow at responding." We could not be assured from the information we saw that people were receiving their calls for the correct length of time.

We reviewed care records for four people. We found records were task focused and did not provide care workers with sufficient information to explain how people wanted their care and support to be provided. For example, a care plan on one person's file informed care workers the person required assistance with 'some' tasks, but gave no information about the nature of the tasks, or the type of support the person needed. Another person's care plan said equipment should be used to assist the person to move when the person was 'not in 'good health'. The plan did not detail what 'not in good health' meant for this person, or instruct care worker how use equipment safely.

All of the care plans we sampled, at times, referred to people by the wrong name. For example, three different names were recorded in one person's care plan. We asked the manager if the names recorded were those the person chose to use. They told us, "No, it's an error."

Whilst care records were not up to date care workers spoken with had a good understanding of the care and support needs of people they regularly visited. One care worker told us, "I usually visit the same people who I know." Another care worker told us they always spoke with 'the office staff 'to get information about a person before visiting for the first time. Some care workers said they did not always read people's care plans because they did not have time. This posed a risk that care workers would not support people correctly.

When we asked people and relatives if they had been involved in planning their care we received mixed responses. One person said, "When the service stated they came to talk to me." Another person told us, "I honestly don't recall ever, even when I started with the agency, having anyone come to talk to me about what care I needed, they just seem to have spoken to somebody at the hospital and put together a care plan." A relative told us, "I was involved in talking about [Person's] needs when the service stated about 18 months ago, but I've not heard anything since."

People and relatives told us they were not always involved in reviewing their care. One person told us, "My care plan has never been reviewed by anyone." Another person said, "I don't feel involved in planning my care at all. The carer comes in, things get done and then the next day it happens again. There is no real opportunity to change anything." A relative told us, "The agency would have to contact me to discuss things because [Person] would tell them to, but I've never been contacted."

A team leader told us, people were regularly contacted by telephone to discuss their care needs. They said, "We complete telephone reviews with people every six weeks to make sure they are involved and are happy." We asked the team leader if people understood their care was being reviewed when they were contacted by telephone. They told us, "I think so." We saw 'telephone monitoring' records on the four care files we sampled which showed people were satisfied with the service and had no concerns. This conflicted with what some people and relatives told us.

People and relatives told us they were not satisfied with the way the service managed their complaints. Comments made included, "Someone will pick up the phone and listen to whatever your problem is, but then nothing really ever gets done about it and certainly nobody ever gets back to me to talk to me about what the problem is.", And, "I'm not a complaining person but this agency has made me into one. It wouldn't be so bad if they just did something about the problems.", And, "I've complained about the attitude of my Father's carers…, but no one does anything about it and it just keeps happening."

We looked at the service's complaint record which showed two complaints had been recorded in the past six months. Records confirmed the complaints had been managed in line with the provider's complaint procedure. However, the number of complaints recorded was not consistent with what some people had told us about their experience of using the service. We asked the manager about this they said, "If the office staff talk to people and sort things the information would be recorded in the persons 'general notes' [computer record] as it's not a formal complaint."

Requires Improvement

Is the service well-led?

Our findings

We asked people who used Sevacare–Coventry if the service was well managed. One person told us, "The office side of things seems to be a shambles, and if it wasn't for the fact that my carers are so good, I would've looked for a different agency months ago. Another person said, "To be honest, I think the management is virtually non-existent." A relative told us,"[Person] has used the agency for well over a year now and I've never seen anybody from the management side. Nobody has visited us or picked up the telephone. It's always me that has to pick up the phone to try and talk to somebody at the agency."

The manager's overview of the service did not ensure the service always operated effectively and safely. Effective systems to monitor whether care workers arrived, and remained at care calls for the agreed length of time were not in place and arrangements were not in place to ensure that people received the service they required. Records had not been completed to show how people and relatives' concerns, for example, about the timings of care calls and the management of complaints had been addressed.

We found quality monitoring systems were either not in place, or were ineffective. For example, monthly checks on medicines administration records [MAR] had been completed. However, we found checks were not always accurate. For example, one 'MAR–Audit Form' stated "No concern and no further action required." The audit had not identified care workers used the wrong form to record the administration of 'tablet' medicines. Another MAR audit did not recognise the number of tablets given to the person at each call had not been recorded. We saw recording the number of medicines administered at each care call was a requirement of the provider's medication procedure. We spoke to the manager who told us they would be arranging individual meetings with staff to discuss the correct completion of medicine checks.

The manager did not have a system in place to monitor the quality and accuracy of care plans. Care plans we sampled were not personalised and contained conflicting information. We asked the manager how they ensured care plans were accurate and up to date information. They told us, the service was reliant on people or their family members identifying any errors. The manager told us they would consider implementing a system to check care files.

Improvements to the service had not always been made in response to the feedback from people who used the service. The provider conducted annual satisfaction surveys which asked people to share their opinions about the service. The most recent survey was sent to people in April 2015. The provider had analysed the results of the surveys and produced an action plan showing areas where improvement was required. For example, the survey showed, 45.8% of people were 'quite often' or 'regularly' visited by care workers they did not know. 50% of people said care workers were in a hurry when they visited. This information reflected some of the concerns people and relatives told us about during our inspection. We saw the provider's action plan had not been updated since June 2015. We asked the manager if these improvements had been made. They told us, "These are on-going."

We found this was a breach of Regulation 17 (1) (2) (a) (c) (e) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

The manager told us people and relatives had commented that the records completed by care workers, in people's homes were unclear and difficult to read. In response to this the manager had discussed the concern with care workers and had introduced a system of monthly checks. Communication log records showed improvements were being made.

The provider operated a centralised 'out of hours on call' system to support care workers outside of 'normal' office hours. Care workers we spoke with told us the system was not effective. One care worker said, "They [on call] are useless because they don't know people and don't communicate." The care worker described having arrived at a person's home to find the person upset. They told us, "This was because the procedure was not followed. On call didn't phone them to explain their regular was off sick, but I would be coming." Another care worker told us they [care workers] sought advice and support from each other because they lacked confidence in the 'on call' service. We shared this feedback with the manager who told us they thought the 'on call' system provided good support to the branch. We saw the manager received daily electronic updates from 'on call' staff about issues or changes they had dealt with.

The manager told us the provider was supportive and offered regular feedback and assistance to support them in their role. They said, "I speak with the director on a daily basis and they come in to the branch every week. I do feel supported. It's very good." The manager told us they attended quarterly meetings with other registered managers from within the provider group which they found informative. The manager told us these meetings meant there were opportunities to share good practice ideas and service improvements.

Care workers told us they felt supported by the management team and had individual meetings to discuss their performance and development needs. One care worker told us, "The manager is nice and I do feel I can approach [Manager]." During our visit we observed the manager was available to provide advice and support to care workers who came into the office.

We asked staff if they had the opportunity to attend team meetings. One care worker said, "No, we don't have team meetings." A team leader told us, "Team meetings happen sometimes." We saw the agenda for team meetings in early June 2016. Minutes of these meetings could not be found during our visit. The 'staff attendance' list showed six staff had attended a meeting on 2 June 2016. Since our visit the manager provided minutes of a meeting in February 2016. These demonstrated discussion about a range of topics including, the completion of communication books, confidentiality and professional attitudes.

The provider had sent notifications to us about important events and incidents that occurred. The provider also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations.

We asked the manager what they were most proud of about the service. They said, "What really inspires me is how this branch manages to be so diverse. We try our best to go above and beyond. I am proud that many staff have been here for years, they have stayed the duration. Yes, I'm proud of that."

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 17 HSCA RA Regulations 2014 Good governance The provider did not always operate effective systems and processes to make sure they assessed and monitored the service. Systems to monitor and improve the quality and safety of the service were not in place, or were not accurately completed. Records relating to the care and treatment of each person using the service did not accurately reflect the care and treatment provided. The provider had not made improvements, to the service following receipt of feedback from people.