Unity In Care Limited

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Unity in Care Limited domiciliary care agency provides care and support to children and adults in their own homes on a short and long term basis. At the time of our inspection 58 people were using the service. We undertook an announced inspection of the service on 27 April and 6 May 2016.

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

When we last inspected the service on 14 and 16 January 2015 we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found robust contingency plans were not in place to ensure people would be safe if their care visits were late or missed and the provider had not sought people's consent prior to delivering their care. People had not always received support when needed to remain well-nourished and the provider had not operated effective systems to monitor the quality of the service and drive improvement. The provider sent us an action plan and told us they would make the required improvements to meet the regulations by 5 May 2015. At this inspection we found the provider had made improvements to address the concerns we found at our previous inspection. However, we found one ongoing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to the governance of the service at this inspection. You can see what action we told the provider to take at the back of the full version of this report.

People and relatives told us people's risks were understood by staff and arrangements were put in place to provide safe care, prevent harm to people and to ensure people received their medicines as prescribed. However, we found people's care records did not always reflect their current needs and the support they required to stay safe and receive their medicines. New care workers and care workers relying on people's care plans for guidance, would not have all the information they needed to know how to support people appropriately. People might therefore not have received the care they required to stay safe, if staff had to solely rely on the information in people's care plans to know how to keep them safe.

At our previous inspection we found the service did not always have systems in place to pro-actively identify shortfalls in the service and drive improvements. The provider was eager to develop and improve the service and had introduced some additional governance arrangements following our previous inspection. However, we found further improvement was needed to improve the effectiveness of these systems in identifying shortfalls so that action would be taken promptly to address risks and improve the service for people. For example, in relation to care plan and medicine record audits.

Staff, people and relatives told us they were experiencing a cultural change in which people, relatives and staff were increasingly working together as a team and people told us the longer they used the service the more confident they felt to influence the way their care was delivered.

At our previous inspection we found although the provider had plans in place to deal with foreseeable emergencies, these were not sufficiently robust to ensure the needs of people who used the service would continue to be met as needed. Where delays in care delivery had occurred people had not always been informed promptly to determine whether they could remain safe until staff arrived. At this inspection we found improvements had been made. Changes had been made to the scheduling of people's visits to ensure staff had sufficient travel time between visits and when visits were changed staff had to confirm that they were aware of the changes to their schedule. This had decreased the number of missed visits over the past 12 months. The registered manager had put a procedure in place for people and staff to follow when people's care visits were late. They were working at ensuring staff would contact the office when they were running late so that people could be informed and action taken to keep people safe.

At our previous inspection we found people did not always receive the support they needed to eat and drink sufficient amounts at the times they needed it. At this inspection we found improvements had been made. People and relatives told us people were supported to have enough to eat and drink. The registered manager had reviewed the visiting schedules to ensure people living with diabetes, who needed to eat regularly to maintain their blood glucose level, would receive regularly timed visits to ensure they would have the support they needed at the required time.

At our previous inspection in January 2015 we found the provider did not have suitable arrangements in place to obtain consent from people in relation to the care provided. At this inspection we found improvements had been made and the provider had assured themselves people could consent to their care arrangements.

People and their relatives told us they felt they were safe, cared for and supported by care staff in their own home. They told us they were involved in decisions about any risks they may take. People and relatives told us their preferences were met and care workers had a good understanding of people's care needs, their likes and dislikes. They were treated with kindness and respect. They told us the service was increasingly reliable, there were sufficient care staff and visits were never missed. People were satisfied with the personal care service they received.

People and their relatives knew how to complain if they had any concerns about the service. People had received a copy of the provider's complaints policy. The registered manager monitored individual concerns received to identify any trends or patterns in the concerns raised by people or their relatives. They told us and records confirmed that the majority of concerns received related to visits running late and concerns relating to specific staff members. This confirmed what people told us. The registered manager monitored the concerns received in relation to late visits and staff members monthly. They had discussed lessons' learnt and further improvements needed at the monthly management and senior care worker meetings to address these two trends they had identified.

The provider had a staff recruitment process in place to identify applicants who were suitable to work with people using care services. Staff had received induction training which gave them the basic skills to meet people's needs effectively. They told us they felt supported and received regular supervision. The registered manager was taking action to ensure staff would attend their planned supervision sessions.

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.

Staff understood the risks associated with people's care and arrangements were in place to minimise risks identified. However, some care plans lacked some risks management information and staff who were not familiar with people's needs would not always be able to tell from people's care plans how to provide people with safe care.

There were sufficient staff to support people and the registered manager was working to ensure contingency arrangements would be available to minimise the impact of unexpected staff absences on people's agreed visit times.

Staff took action to protect people from abuse and were aware of the procedures to follow to report any concerns.

Is the service effective?

Good

The service was effective.

Staff had received training and had the knowledge and skills to effectively support people. Supervision arrangements were available to staff to support them to develop their practice and identify any learning needs.

People gave consent to be cared for. Staff had an awareness of the Mental Capacity Act (2005) and knew when to report any changes in people's capacity to make informed decisions about their care.

People received on-going support from a range of external healthcare professionals when required.

People made choices about their food and drink and were supported at the times they required to maintain a healthy diet.

Is the service caring?

Good

The service was caring.

People and relatives were happy with the care provided. They said staff treated them with kindness and respect.

People had developed caring and meaningful relationships with staff.

People felt they worked as a team with the staff and were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People' received a service that was based on their needs and personal preferences.

People and relatives told us people received their care visits and care staff gave people sufficient time to complete tasks at their own pace.

People were aware of who to contact if they wished to make a complaint and were confident their concerns would be listened to. They were aware that the service was working at further improving the timeliness of care visits.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems were in place to regularly monitor the quality of the service to ensure good quality care was being provided.

Some improvement was needed to ensure these systems would always be effective in identifying potential shortfalls in relation to people's care plans and medicine management, so that improvements could be made as required.

People, relatives and staff described a change in culture since our previous inspection with improved joint working and openness.

Staff told us they felt valued and supported in their roles and they described the registered manager as a good leader.

Unity in Care Limited

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.

This inspection took place on 27 April and 6 May 2016 and was announced. We gave the service 48 hours' notice of the inspection because it was a small service and the manager was often out of the office supporting staff or providing care. We needed to be sure that they would be available. The inspection was completed by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events which providers are required to notify us by law.

We did not request a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information on the day of our inspection.

During our inspection we spoke with four people using the service and the relatives of seven other people who received care from the service. We spoke with the registered manager, the business administrator and seven care staff.

We reviewed a range of records about people's care and how the service was managed. These included ten people's care records, three staff recruitment files, staff training records, minutes of meetings and a selection of policies and procedures relating to the management of the service. Before the inspection, we received feedback from one health professional and one commissioner.

Requires Improvement

Is the service safe?

Our findings

During people's initial assessment staff identified risks to people's safety relating to the care they received and any risks associated with people's home environment. People and relatives told us risks identified were discussed with people and they had been involved in the development of their risk management plans. People and relatives told us people's risks were understood by staff and arrangements put in place to keep them safe. Their comments included ''They know what to do to keep me from falling and they always make sure I have my emergency pendant by my side before they leave'', ''I feel very safe when they are here'' and ''Staff know what to do if I have a seizure and when to call for help''.

However, we found people's care plans did not always inform staff how to manage all the risks to people which were identified in their assessment and did not always include up to date information about changing risks to people. For example, people told us how staff identified when their skin was at risk of pressure damage and took action to protect their skin and identify any concerns that needed health professionals input. At our previous inspection in January 2015 we did not identify a breach but noted that improvements were needed in people's care plans to ensure staff would know how to keep people's skin safe. At this inspection we found people at risk of skin deterioration still did not always have the required information in their care plans to ensure staff, who did not know them well, would know what preventative action to take to protect their skin. This could present a risk to people of experiencing preventable skin damage.

People were prescribed topical creams to hydrate and protect their skin to minimise the risks of them developing pressure ulcers but their care plans did not accurately reflect the preventative action to be taken. Care plans did not inform staff what type of topical cream people used, when and where it needed to be applied and the necessity to record that people had received their cream as prescribed. Information was not always available to inform staff how to identify any skin concerns so that timely and appropriate action would be taken to minimise the risk of deterioration in people's skin integrity.

Two people were at risk of choking and were supported by staff to eat and drink. Although staff could describe how they would support people to eat and drink safely, their care plans did not make it clear to staff, who did not know them well, that they were at risk of choking and what action they had to take to minimise this risk. One person had Speech and Language Therapist (SALT) guidance in place informing staff of how to support them to reduce the risk of choking and what to do if the person was to choke. However, their care plan did not inform staff that SALT guidance was in place. There was a risk that this person would not be supported to eat and drink safely if staff relied exclusively on their care plan for guidance.

Two people were supported to stay safe when they experienced an epileptic seizure. Staff understood what support people required when they had a seizure to keep them safe. However, their care plans did not inform staff, who might not know them well, what action they needed to take to keep people safe until the emergency services arrived or that if a person had a seizure that they needed to record the length of the seizure so that this could inform the emergency service's treatment decisions. One person's epilepsy care plan had not been updated and still instructed staff to administer emergency medicine which the registered manager told us was incorrect. There was a risk that staff who might not know this person well might not be

aware of the changes in their emergency epilepsy plan. They would not know that the information in their care plan was incorrect and would not know what action to take keep this person safe if they were to experience a seizure if they relied on the care plan for guidance.

We looked at the arrangements in place to ensure people would receive their medicines safely as prescribed. Some people managed their own medicines, but other people needed support to do this. People who were assisted to manage their prescribed medicines said they received their medicines when they should. Their comments included, ''They always make sure my tablets are popped out and give them to me to take'', ''I always get my pills'' and ''They give me my medicine then write down that I have taken them''.

Staff had completed training to administer medicines and had their competency checked by a senior member of staff to ensure they did it appropriately. There was a procedure for supporting people to take their medicine safely. However where people required assistance to do this, it was not recorded in their care plan that they took medicines and how they were to be supported to take their medicine. Staff relied on the information in people's medicine administration boxes to know what medicines people required and people and relatives informed them of what assistance they needed to take their medicines. New care staff and staff who did not know people well did not have sufficient information in people's care plans to know how to support people to take their medicines appropriately. For example, people's care plans did not direct staff to people's medicine administration boxes so staff would know what medicine people took. If staff were to solely rely on people's care plans they would not know that people took medicines, that they needed support to take their medicine or the level of support they needed to do this safely.

Although people told us staff knew how to keep them safe and staff told us they were kept up to date with people's changing risks during supervision, records confirmed that some staff had failed to attend their regular supervision sessions. These staff would therefore need to rely on peoples care plans for information about people's risk management arrangements. Improvements were needed to ensure people's care plans provided staff with sufficient information about how they should provide safe care and prevent avoidable harm or risk of harm to people.

The evidence above shows that the provider did not maintain an accurate, complete and contemporaneous record for each person, including a record of the care provided and of decisions taken in relation to the care provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we found robust contingency plans were not in place to ensure when foreseeable events, such as staff absences or client emergencies occurred, the needs of people who used the services would continue to be safely met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

During this inspection we found improvements had been made. The registered manager had completed a service risk assessment following our last inspection. This assessment informed staff of the risks to people when they were running late or missed their care visits. The registered manager had identified that visits had been missed when staff had not checked that their schedules had been changed. A new system had been introduced whereby staff needed to confirm with the office that they were aware of these changes and would be completing people's visits. Staff told us this new system had been effective in reducing missed visits and the registered manager confirmed that the service had reduced the percentage of missed visits to 0.06% of total visits over the past 12 months.

The service had emergency arrangements in place for each person so that the office staff would know who to contact if people were at harm if staff were running late or visits would be missed. Staff we spoke with were aware of people who were at high risk if they did not receive their visits on time and told us the registered manager had reviewed the daily visit schedules to ensure these people's visits would be a priority. People had received a copy of the services 'lateness procedure' informing them what action to take if their care visit was running late. Arrangements were in place if people refused their care or if staff could not gain access to people's home at their allocated visit time to ensure people would remain safe. Records showed that staff promptly raised these concerns and the registered manager took action as required to protect people from harm.

The service relied on staff informing them if they were running late or going to miss a visit so that action could be taken to inform people and gain assurances that they would be safe. The registered manager told us some improvement was still needed to ensure all staff would always inform the office appropriately. The quarterly staff newsletter showed that they continued to address this concern with staff. The provider continued to monitor all late and missed care visits for trends and agreed what action needed to be taken to make improvements at the monthly management and senior care worker meetings.

Staffing levels were determined by the number of people using the service as well as their needs. These levels were adjusted accordingly when people's needs changed. For example, the registered manager told us if a person's mobility decreased, they would request a re-assessment from the commissioning team to determine if additional staff would be required. The registered manager told us the service had accepted 20 new care packages at short notice in December 2015 and had been able to provide the additional care within their current staffing levels. However, care visits ran late at times if there were unexpected staff absences as the service was still recruiting additional staff to provide staff cover for the increase in care packages. This was confirmed by people who told us they had not experienced missed visits but their visits had at times been late. Although there were sufficient numbers of suitably qualified and experienced staff to meet people's needs, the registered manager was working to ensure contingency arrangements would be deployed effectively so as to minimise the impact of unexpected staff absences on people's agreed visit times.

People and their relatives told us they always received care from the appropriate number of staff required to deliver people's care safely. The registered manager also considered potential sickness levels and staff vacancies when calculating how many workers needed to be employed to ensure safe staffing levels. There was an out of hour's service which responded to any issues arising outside working hours. The registered manager had reviewed the staffing structure as they had identified that they required more support with the management tasks. They had allocated additional responsibility to the senior care workers to support with training and staff supervision. They told us this was still a new arrangement but had already been effective in increasing the day to day staff performance monitoring.

Staff took action to minimise the risks of avoidable harm to people from abuse. They understood the importance of keeping people safe and could describe how they would recognise and report abuse in line with the service's protocols on identifying and reporting abuse of adults and children. Staff said they would report any poor practice or abuse they suspected or witnessed, to the office or directly to the registered manager. Staff were also aware they could report externally if needed. One member of staff said "If I am worried about something I can always report to the police or CQC (Care Quality Commission)''.

The registered manager was aware of their responsibility to report allegations or suspicions of abuse to the local authority and had undertaken safeguarding investigations when instructed by the local authority. The registered manager told us they had reported some safeguarding concerns to the local authority in the past

year but none of these had related to the service or staff.

There was a recruitment process in place which ensured staff were safe to support the people who used the service. We found appropriate pre-employment checks had been completed before staff were offered employment and started worked with people in their homes unsupervised. These checks included up to date criminal record checks, fitness to work questionnaires, proof of identity, right to work in the United Kingdom and references from appropriate sources to determine applicant's character. Staff had filled in application forms and the provider had used the interview process to demonstrate staff's relevant skills and experience and to support the registered manager to plan their induction. This made sure that people were protected as far as possible from individuals who were known to be unsuitable to work with people using care services.

Good

Is the service effective?

Our findings

At our previous inspection in January 2015 we found people did not always receive the support they needed to eat and drink sufficient amounts at the times they needed it. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2010, which corresponds to Regulation 14 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

We found at our previous inspection that people living with diabetes, who needed to eat regularly to maintain their blood glucose level, could not be assured that they would have the support they needed at the required time due to the inconsistent timing of visits. At this inspection we found improvements had been made. The registered manager had reviewed the timings of visits and had ensured people living with diabetes were scheduled to be visited first at the start of the morning, afternoon and evening care visit schedule. Staff told us this had ensured they saw the person on time to support them to take their glucose reading so that they could adjust their food intake accordingly. All staff we spoke with were aware of the importance of keeping to this person's schedule and told us they would contact the office if they were running late so that alternative arrangements could be made to ensure they received their visits on time.

People and relatives told us people were supported to have enough to eat and drink. Staff assisted some people with meal preparation and people told us they either told staff what they wanted to eat or staff offered them the meals available which they could choose from. One person told us ''They know what I like for breakfast. Usually I eat the same thing but they know occasionally I have something else. They never assume I am just going to have my usual and always ask me and get it for me while I get washed''. People told us staff always ensured they had drinks left within their reach so that they remained well hydrated. One person said ''They are always reminding me to drink something. Even if I don't want a drink when they are there they leave me with one in case I get thirsty''. Staff told us they were still getting to know new people and their food and drink preferences.

At the time of our visit two people required support to eat and relatives told us staff knew how to support people appropriately at their own pace. Staff could describe how they would support one person who had been assessed by a Speech and Language Therapist (SALT) in line with their professional guidance. The SALT told us she would be delivering training on 4 May 2016 for staff supporting this person so that they could again familiarise themselves with the person's eating and drinking guidance following a recent choking incident.

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.

At our previous inspection in January 2015 we found the provider did not have suitable arrangements in place to obtain consent from people in relation to the care provided. This was a breach of Regulation 18 of

the Health and Social Care Act 2008 (regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider had assured themselves that people had the mental capacity to make decisions about their care arrangements. The provider had reviewed their decision making process and people's involvement in decisions about their care arrangements. All care plans now noted whether people were deemed to have the capacity to make decisions about their care. It was noted whether people would require support to make decisions or whether they had appointed a legal representative to support their decision making if they were to lack the mental capacity to make decisions independently in the future. Children's care plans clearly stated that their parents would make all decisions about their care.

The registered manager told us all people using the service were able to agree to their care arrangements and they were aware of the people that staff and relatives had told us might lose their mental capacity in the near future. They told us they kept people's decision making ability under review and would refer people externally when their condition deteriorated and they were deemed to lack capacity to make specific decisions about their care. In that event the person would be referred to and assessed by the commissioning or mental health team to determine if their care was to be provided in their best interests.

Care staff were aware of their responsibilities in relation to the MCA and adhered to the MCA code of practice. They were aware that they needed to assume people had capacity to make decisions unless they had any information that suggested otherwise. We saw from the information that was included in people's care records that people had been involved in decisions about their care and had consented to the support they received. The registered manager was in the process of ensuring all reviewed care plans were signed by people to evidence they had consented to their care arrangements.

People at the time of our visit were supported by relatives to make their own decisions about the healthcare services they wished to access. Community health professionals visited people at home when required to provide on-going healthcare support. People and relatives told us care staff would raise any concerns relating to people's health with them and contact the relevant community health professionals if required. One person told us ''They noticed when my skin started getting red and told me how I needed to take care of it and to speak with my GP''. Records showed that the service worked with a range of health professionals for example, with the occupational therapist when people received new equipment or when staff raised concerns about people's deteriorating mobility, as well as district nurses and mental health professionals. Staff were able to describe how they would call for help during a care visit if someone became seriously ill or needed medical assistance.

People and relatives told us that they were confident in the knowledge and skills of the staff who were caring for them. They described staff as ''Well trained'', ''Experienced'', ''Skilled and confident'' and ''Always able to answer my questions or telling me who I needed to contact to get the advice I need if it falls outside of their role''. Staff told us the training they had received was good and had enabled them to support people effectively. Inexperienced care staff worked alongside more experienced care staff to observe and learn how people liked to have their care delivered.

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely in the community. Training records showed there was a programme of on-going training for all care staff covering health and safety related topics and also topics relevant to the support needs of the people living in the home. Staff received training in for example, medicines management, moving and handling, infection control and health and safety. Records showed the majority

of staff had completed the service's mandatory training and training dates were in place for those who still needed to complete the training.

Staff were supported to complete a relevant qualification such as Qualifications and Credit Framework (QCFs) in care. The QCF has replaced National Vocational Qualifications (NVQ's) and is a flexible work related qualification made up of units which can then be used to build up to a credited qualification.

Staff told us they received ongoing management support and enough opportunities to reflect on their work so that they could identify the improvements they needed to make when delivering people's care. Individual supervision, performance appraisal and peer support arrangements were in place. Staff told us the registered manager and senior support workers routinely worked with them to observe their practice and addressed any concerns promptly. Regular supervision was arranged often in a group to discuss a specific person's needs and care requirements. Staff told us they benefitted from the peer support and these meetings ensured they worked consistently when supporting people. Although staff were satisfied that they received sufficient support, the registered manager told us and records confirmed that some staff had failed to attend their regular supervision sessions. The registered manager was keeping this under review and had informed staff that they would be taking disciplinary action if staff did not adhere to the provider's supervision arrangements.

Good

Is the service caring?

Our findings

Although we did not find a breach of regulations relating to the Caring domain when we last inspected the service in January 2015, we found improvements were needed. We found some people and relatives had experienced staff as being rushed and impatient during their care visits. During this inspection we found improvements had been made. People and relatives were complimentary about the care service people received and the attitude of care staff. They described care workers as ''Very kind'', ''Always chatting and smiling'', ''Respectful'' and ''Caring, like friends''.

People and relatives gave us examples of where staff had supported people with kindness, tenderness and patience. One person told us ''Some days I am not that steady and I take longer to get things done. They know me well and can see when I am having a bad day. They are always patient with me, telling me not to worry and not to rush, if needed they will stay a bit longer till everything is done''.

A system was in place to enable people and their relatives to raise concerns about staff when they felt their approach was not caring. We saw from the service's contact log that concerns raised about staff by people, relatives, professionals and other staff were investigated by the registered manager and action taken to improve staff's approach. The service's disciplinary process was used when needed to address concerns with staff conduct. One relative told us the registered manager was aware of their concerns and had contacted them to discuss how improvements could be made. The registered manager used team meetings and supervisions to ensured staff were aware of any concerns raised about their approach and attitude and the action that was needed to address these concerns. One staff member told us ''The manager always reminds us not to rush people, to be patient and respectful even if we are having a very busy day. It helps to just be reminded''.

People and relatives told us interactions between people and care staff were good humoured, considerate, warm and relaxed. One relative told us ''They are always chatting and laughing. They keep it light and she enjoys spending time with her carers''. Another person said ''They always show concern. They are always interested in making sure I am well and will reassure me if I am worried or encourage me to see the doctor''. Care staff spoke with kindness and affection when speaking about people. They were able to describe people to us in a very detailed way and knew people well. Their descriptions included details about people's care needs, as well their personal histories, why they were using the service and specific details about their likes and dislikes.

Staff told us they enjoyed their job and were enthusiastic about providing good quality care and to ensure people were involved in their care. One staff member told us ''It is important to give people control over their life and to support them to make their own decisions about how they want us to support them''. One person told us ''Sometimes I want staff to leave when all the tasks are done even if they have not stayed the full time. They will always ask if they are sure I do not need anything else, but if I am clear they let me make the decision and respect it''. People and their relatives told us that staff always asked people how they wanted their care to be delivered. They told us people were supported to maximise their abilities and to remain independent for as long as they can with some aspects of care such as washing and dressing. One person

told us ''My staff know I am fiercely independent and they let me take the lead and only help me when it is absolutely necessary''.

Staff told us how they were given time to build relationships with people and get to know their preferences. One relative told us ''They always take the time to chat and ask how things are and they know her very well''. Another person said ''They have become like friends, they know me and what is important to me and respect my wishes.'' People's individuality was recognised by care staff and people were supported to make day to day decisions that reflected their preferences. One person told us ''I am very specific about how I like my morning routine. I like to have a long soak, they know that and make sure I get the time I want''.

Some people and children supported by the service found it difficult at times to communicate their needs. Staff could describe how they would give them time to respond to their questions and use short sentences to aid people's decision making. Relatives told us staff knew how to communicate with people and would ask relatives to interpret people's communication if they were finding it difficult to make their wishes known to staff.

One person who spoke with us and relatives told us people were treated with dignity and respect by care staff. Their comments included; ''Staff are always respectful towards me and [my loved one]'' and ''They are always making sure people have their privacy''. Staff described how they ensured people had privacy and how their modesty was protected when undertaking personal care tasks. Relatives told us that staff closed curtains and doors before undertaking bathing tasks. Relatives said staff would respect and be conscious of other people in the house, at the time of their visit. Staff knew people's individual dignity needs and adjusted their approach to accommodate these. They gave examples of how they were aware some people become self-conscious when supported with personal care tasks ensuring were reassured and approached with sensitivity.

Good

Is the service responsive?

Our findings

Although we did not find a breach of regulations relating to the Responsive domain when we last inspected the service in January 2015, we found improvements were needed. We found some people and relatives had experienced late visits which impacted on their day as they could not plan other activities until their care had been completed. People who received multiple visits did not always get the time agreed between visits and people told us they felt rushed at times and did not always get the time they needed to complete their care tasks at their own pace.

At this inspection we found improvements had been made. People, staff and relatives gave us positive feedback about the improvements to the timeliness of care visits. Comments included ''They are seldom late'', ''If they run late they let me know'', ''I now know if they are late there is usually a good reason'' and ''When I spoke to the manager about the timings of my calls she made sure they improved''. Some people told us they were not always informed when staff were running late. The registered manager was aware that improvements were needed to ensure staff would always inform the office when they were running late so that people could be contacted in a timely manner and records showed she was addressing this with staff.

Staff told us the registered manager had reviewed all of the care routes following our last visit and staff worked in teams in specific areas. One staff member told us ''This has cut down on the travel time, we stay in one area so if you do run a bit late it is seldom over the agreed 30 minutes because you are much closer to the next person''. The new schedule also allowed sufficient time between visits for those people who required several visits during the day. One person told us ''They know I want enough time between my visits and stick to it. The other day they were an hour early for my last call. I explained that it was too early for me and I did not want to go to bed yet, the carer then waited in her car till it was the agreed visit time and then came back in to support me''.

People told us staff stayed for the allocated time agreed for the visit and people were not rushed but supported at their own pace when care tasks were completed. One person told us ''I am never rushed. They tell me to take as long as I need''. They were satisfied that the service met their needs and supported them with their personal care in line with their wishes and preferences. One person said ''They know how I like things done, which products I use and how I like my wash in the morning''.

People told us the service was flexible and adjusted people's care times when requested. One relative told us ''If my mother has a hospital appointment and needs an earlier call they always try to accommodate the change''. People and relatives told us staff always came and they were assured people would receive their care as needed. They told us when they had concerns this usually related to a specific member of staff and not the service as a whole.

People and relatives told us they felt they had contributed to planning people's care. They told us people had received a visit from the registered manager to discuss their care and the service had used the referral assessment of the commissioning team as the basis of their assessment. One relative told us ''They always involve me and will always ask if there is anything that has changed or needs to be done differently''.

People's care plans included some personal information about their preferred routines, likes and dislikes relevant to their care. Staff told us they had sufficient time to read people's care plans and familiarise themselves with their preferences through discussion with people and relatives.

The registered manager told us people's relatives' views about people's care were sought with the consent of the person receiving the care. Where people had communication difficulties staff could describe how they would support them to enhance their decision making and participation during care visits.

Staff kept the registered manager informed of any changes in people's needs or preferences to ensure their care arrangements could be reviewed and would continue to meet their needs. For example, when people's mobility, skin or health changed the registered manager had contacted the relevant health professionals to request their guidance on how best to support people.

People and their relatives we spoke with knew how to complain if they had any concerns about the service. They told us they had the contact details for the registered manager and would feel comfortable about complaining if something was not right. People and their relatives were confident that any concerns would be taken seriously. One person told us ''I have the manager's number, if I am not happy with anything I discuss it with her and I know she will look into it''. The service had again informed people of the complaints process following our previous inspection and people told us they had a copy of the complaints process in their home records.

Records showed where people had raised concerns about the way their care or support was provided the registered manager took action to resolve their concerns. People and relatives we spoke with told us they were satisfied that the service had addressed their concerns relating to people's care and was aware that further work was taking place to improve the timeliness of visits. Following our inspection in January 2015 the provider had written to all people informing them that they were working at reducing late and missed visits and requesting people to call the office if their care visits were running later than the agreed 30 minutes. The registered manager told us people had responded well to this letter and that people now informed them when visits were running so that they could investigate each incident and make any improvements that were needed. They told us since our previous inspection the service had received no formal complaints and were aware of the concerns that people had raised with us.

The provider had improved their system for logging and responding to concerns raised. The registered manager told us ''We now respond in writing to any concerns raised by professionals or people so that we can be clear what our responsibility is, we can better monitor our response and if our action resolved people's concerns''. The registered manager monitored individual concerns received to identify any trends or patterns in the concerns raised by people or their relatives. They told us and records confirmed that the majority of concerns received related to visits running late and concerns relating to specific staff members. This confirmed what people told us. The registered manager monitored the concerns received in relation to late visits and staff members monthly. They had discussed lessons' learnt and further improvements needed at the monthly management and senior care worker meetings to address these two trends they had identified.

Requires Improvement

Is the service well-led?

Our findings

Providers are required to have systems and processes in place to assure themselves that the service people receive meets the regulatory requirements, is safe and of a good quality. These systems should enable the registered manager to identify risks and shortfalls in the service promptly and take action to drive improvements when needed. At our previous inspection we found the provider had not effectively operated such systems. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made. The registered manager had implemented an action plan following our inspection and had made the improvements as noted in the previous domains. They had increased their contact with people and relatives following our feedback about the culture of the service not always being open and supportive and encouraged people to share their experiences of the service. Staff, people and relatives told us they were experiencing a cultural change in which people, relatives and staff were increasingly working together as a team and people told us the longer they used the service the more confident they felt to influence the way their care was delivered. New people told us they were still developing their relationship and trust in the service and the registered manager told us they kept in regular contact with new people and relatives to ensure they could promptly resolve any concerns. People told us they had experienced the values of the service of teamwork, integrity and reliability.

People and relatives had the opportunity to feedback to the provider on the quality of care provided during the annual satisfaction survey completed in January 2015 in which 90% of questionnaires were returned. The feedback was predominantly positive, for example, 97.5% of people felt that when they raised an issue it was dealt with promptly and effectively and 94.2 % said they would recommend the service to family and friends. This survey had effectively identified that 15.5% of people believed the timings of care visits could be improved. The registered manager wrote to people following the survey to tell them what action they would be taking in response to peoples feedback, including ensuring that there would be a clear procedure for staff to follow when they were running late.

The provider had introduced additional systems to review and evaluate the service to support them to pro-actively identify any risks or quality concerns. For example, the information recorded in the service contact log from people, relatives, professionals and staff were reviewed monthly for any trends or patterns. From this analysis the registered manager had identified the main areas for improvement were to reduce late visits, to reduce staff sickness, ensuring staff would attend supervision and reducing the number of concerns raised about staff. The registered manager had plans in place to address these concerns and monitored progress at the monthly management and senior care workers meetings and shared this with the staff team through the quarterly staff newsletter. Some time was still needed before we could judge whether the registered manager's action would bring about the desired improvements in the areas they had identified as requiring improvement.

Some of the monitoring systems introduced by the provider still needed some improvement to ensure they

would be effective in identifying shortfalls so prompt action could be taken to address concerns. For example, the registered manager had reviewed all care plans but had not identified that the current care plan format did not allow for the sufficient recording of arrangements for people's skin, diabetes, epilepsy or medicine management. They had not identified that staff might not have all the information they needed to meet people's needs consistently. The registered manager had checked people's medicine administration records (MAR) each month when staff returned them to the office from people's homes, to assure themselves that people had received their medicine as prescribed. However, people's care plans or MAR did not record what medicine people were taking so that the registered manager could check that the MAR returned was accurate. Their monthly MAR check might therefore not always be effective in identifying medicine administration concerns.

The provider did not operate effective quality assurance systems to assess, monitor and improve the quality and risks related to the service. Although some improvements had been made further improvement was needed to ensure the effectiveness of the service's governance system. This was an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The commissioner we spoke with told us they had not been notified of a recent choking incident. We discussed this with the registered manager who told us they had identified that the service's accident and incident reporting procedure was not appropriately followed when this incident occurred. They were investigating the reason for this and told us they would again remind all staff to promptly report all potential safety incidents to the office.

Staff told us that the registered manager was a good leader and gave them direction and a sense of value. Their comments included ''She is always on the other side of the phone'', ''I can always ask her for advice'' and ''She always makes it clear what she expects from us''. An annual staff recognition event took place following people's nominations, to thank staff for their work and commitment in providing quality care to people. Staff told us they had clearly defined roles and understood their responsibilities in ensuring the service met the desired outcomes for people. They felt encouraged to question decisions and share with the registered manager any concerns. The staff culture survey completed in April 2015 indicated that staffs experience was less positive about some aspects of the staff culture than the previous year for example, in relation to communication and team working. People might not always be supported by staff who felt happy in their work, were motivated or had confidence in the way the staff team worked together. The registered manager told us they had appointed three senior care workers to start addressing some of these concerns.

The registered manager kept themselves informed of current good practice guidance by working closely with community health and social care specialists like the district nurse and physiotherapists. The service took part in national good practice initiatives to drive improvement including the Dignity in Care and the Social Care Commitment projects. These supported staff to understand dignified care and how to ensure people were involved in their local community. Actions from this learning had been included in the service plans to ensure staff responsible for completing actions were held accountable by the registered manager. People could be assured that the provider would keep the culture of the service under review and take appropriate action without delay where progress was not achieved as expected.

Staff had confidence in the registered manager's practice knowledge. They kept staff informed of current best practice through quarterly staff newsletters. For example, the March 2016 newsletter included information about the Care Certificate and the December 2015 newsletter had information on understanding dementia when supporting people in their home. People benefitted from a service that

implemented relevant nationally recognised guidance and was aware that quality and safety standards change over time when new practices were introduced.

Offices were organised and documents required in relation to the management or running of the service were easily located and well presented. People's records were kept securely and were only accessed by staff authorised to handle people's confidential information.

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 operate effective systems or processes to assess, monitor and improve the quality and safety of the service. The provider had not always maintained an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided to each person and of decisions taken in relation to the care and treatment provided. This was a breach of Regulation 17(1)(2)(a)(b)(c).