Somerset Care Limited

Somerset Care Community (Sedgemoor)

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was announced and took place on 11, 12, 13 and 14 July 2016. We gave the provider short notice of the inspection as we needed to make sure we were able to meet with key staff, access records and gain permission from people who used the agency to telephone them.

The last inspection of the service was carried out on 18 May 2015. At this last inspection a shortage of staff at all levels had impacted on the service's ability to provide a safe service. At this inspection there had been key appointments made at management level. Recruitment of planners, supervisors and care staff had also been successful. Some vacancies remained and the service continued to pursue targeted recruitment to areas where staff were short. The recruitment of staff was pro-active and professional with a variety of initiatives being used to attract and retain staff.

Somerset Care Sedgemoor provides personal care and support to people living in their own homes. At the time of this inspection this large agency was providing support with personal care to approximately 550 people in Somerset. The area covered by the agency extended from Porlock to Burnham and Cheddar and included towns, villages and widespread rural areas.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.There had been effective interim management arrangements in place. An experienced and enthusiastic manager had taken up post two weeks before the inspection and their registration process with us had commenced. Further time was needed to embed the new structure of the service and to complete planned improvements.

This was a very large service and most people and their relatives were very complimentary about the quality of the service provided and of the management and staff team. Whilst the majority of the people felt safe and comfortable with the way staff supported them they did not always feel the service was delivering a service that was fully responsive to their needs and preferences. Improvements were still required in this area. There were two recurrent themes that had an impact on how satisfied people felt. These were the timing of visits and the continuity of care. This meant having a team of regular staff who knew them well.

People did feel they were cared for by kind and understanding staff. There was a wealth of evidence to show people found staff helpful and supportive. People valued their relationships with the staff team and felt they would help them in any way they could. People told us "Staff are lovely", "Staff are kind and caring". "Nothing is too much trouble". "They couldn't do anything better". "They are marvellous. I don't know what I would do without them." "They are always cheerful" "They have been absolutely wonderful."

Staff knew how to recognise signs of abuse and all said they were confident that any issues raised would be appropriately addressed by the manager. People felt safe with the staff who supported them. Where

allegations or concerns had been bought to a care manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

Care was planned and delivered in a way that was personalised to each person. Staff monitored people's healthcare needs and supported them when they were unwell or had health emergencies. Where changes in needs were identified, care was adjusted to make sure people continued to receive care which met their needs and supported their independence.

New staff received a thorough introduction when they began work and there was a system of training and up-dating staff so they maintained and developed their skills.

There were systems in place for people using the service and staff to make suggestions or complaints about the service. When people made complaints most of them were satisfied with the action taken by the service.

There were systems in place to monitor the quality of the service and plan on-going improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by sufficient numbers of suitably experienced and trained staff to meet people's needs. When there were unplanned disruptions to staff availability this was managed by the provider.

Risk assessments were carried out to make sure people received their care safely and were able to maintain their independence.

Staff were knowledgeable and confident about the way they kept people safe.

There were robust staff recruitment procedures which helped to reduce the risk of abuse.

Is the service effective?

Good

The service was effective.

People received care from a staff team who had the skills and knowledge to meet their needs.

People were always asked for their consent before care was given.

Staff liaised with other professionals to make sure people's healthcare needs were met.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were polite and kind. .

The manager and staff were committed to a person centred culture which put people first.

People had positive relationships with staff that were based on respect and promoting people's well- being and independence.

People were involved in decisions about their care and support.

Is the service responsive?

Requires Improvement

The service was responsive however some improvements were needed to the way some aspects of the service wais delivered.

People were not always cared for by a team of staff they knew. They did not always know who was visiting them and times of calls were not always as they had requested.

People received a variety of care and support according to their needs which was personal to them and took account of their preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People felt comfortable to make a complaint and felt any concerns raised
would be dealt with.

Is the service well-led?

Good

The service was well-led.

People receiving a service told us improvements to timing of visits had not yet been fully implemented.

While the service had not had a registered manager interim management had been effective.

People benefitted from a staff team who were supported in their role.

The manager and staff team were committed to providing people with a high quality service.

There were systems in place to monitor the quality of the service provided which resulted in action to improve it.

Somerset Care Community (Sedgemoor)

Detailed findings

Background to this inspection

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The last inspection of the service was carried out on 18 May 2015. At this last inspection a shortage of staff at all levels had impacted on the service's ability to provide a safe service. At this inspection there had been key appointments made at management level. Recruitment of planners, supervisors and care staff had also been successful. Some vacancies remained and the service continued to pursue targeted recruitment to areas where staff were short. The recruitment of staff was pro-active and professional with a variety of initiatives being used to attract and retain staff.

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There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.There had been effective interim management arrangements in place. An experienced and enthusiastic manager had taken up post two weeks before the inspection and their registration process with us had commenced. Further time was needed to embed the new structure of the service and to complete planned improvements.

This was a very large service and most people and their relatives were very complimentary about the quality of the service provided and of the management and staff team. Whilst the majority of the people felt safe

and comfortable with the way staff supported them they did not always feel the service was delivering a service that was fully responsive to their needs and preferences. Improvements were still required in this area. There were two recurrent themes that had an impact on how satisfied people felt. These were the timing of visits and the continuity of care. This meant having a team of regular staff who knew them well.

People did feel they were cared for by kind and understanding staff. There was a wealth of evidence to show people found staff helpful and supportive. People valued their relationships with the staff team and felt they would help them in any way they could. People told us "Staff are lovely", "Staff are kind and caring". "Nothing is too much trouble". "They couldn't do anything better". "They are marvellous. I don't know what I would do without them." "They are always cheerful" "They have been absolutely wonderful."

Staff knew how to recognise signs of abuse and all said they were confident that any issues raised would be appropriately addressed by the managers. People felt safe with the staff who supported them. Where allegations or concerns had been bought to a care manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

Care was planned and delivered in a way that was personalised to each person. Staff monitored people's healthcare needs and supported them when they were unwell or had health emergencies. Where changes in needs were identified, care was adjusted to make sure people continued to receive care which met their needs and supported their independence.

New staff received a thorough introduction when they began work and there was a system of training and up-dating staff so they maintained and developed their skills.

There were systems in place for people using the service and staff to make suggestions or complaints about the service. When people made complaints most of them were satisfied with the action taken by the service. There were systems in place to monitor the quality of the service and plan on-going improvements.

Good

Is the service safe?

Our findings

People were confident they were safe with the care provided by the agency. All people and relatives spoken with felt safe and confident they would receive their allocated support. Comments included "They are good girls. They never let me down. They are always polite and kind. They do try to be on time." "Yes, I definitely feel safe. They really do their best." A person using the service told us "If I have any concerns or need additional support I will ring up the office, they are always good and help out when they can".

Staff talked about the ways in which they kept people safe. These included understanding how a late or re-scheduled call may affect someone who had diabetes or dementia and being conscientious about the security of people's homes. Staff understood about the vulnerability of people who lived alone and received support from them to stay in their own homes. There was a "banding system" on the computer system that identified when people were particularly vulnerable and must always have their calls.

Since the last inspection although there have been some concerns expressed about the timing of care visits there had been no reports of unsafe care. Systems in place to keep people safe were reviewed and up-dated regularly to increase the safety of the service. There were occasionally "blips" in the planning or delivery of care but when these were identified staff responded promptly and took action to ensure the person was safe and received a visit as soon as possible.

When people required support from two care workers to assist them to move safely with the use of a hoist, care workers always arrived together and there were no occasions when only one care worker had arrived. One relative said "We have double ups, I may not know the second carer but I always know the first". They explained it was extremely important to their relative there was a continuity of care. Their relative no longer recognised people but seemed to remember faces. The relative said "I think it makes (family member) feel safe being transferred by people seen on a regular basis."

At the last inspection a shortage of staff at all levels had impacted on the service's ability to provide a safe service. At this inspection there had been key appointments made at management level. Recruitment of planners, supervisors and care staff had also been successful. Some vacancies remained and the service continued to pursue targeted recruitment to areas where staff were short. The recruitment of staff was pro-active and professional with a variety of initiatives being used to attract and retain staff.

Whilst some teams were fully staffed there were still localised staff shortages which had to be managed and this often resulted in staff changes at short notice. For example one weekend six members of staff rang in sick and additional staff were brought in from another branch. There were continuing management challenges related to sickness and annual leave coverage. The management and planning teams were aware that the retention of staff was vital to the provision of the service and had introduced a number of changes to promote this. For example the induction structure had been changed and small units of staff and people receiving a service had recently been created.

There was a system in place to monitor any missed calls to people and any calls that could not be met

because of staff shortage. Each recorded missed call showed the reason the call had been missed and the action that had been taken. The main reasons calls were missed was either an error by the planners or poor communication by care staff. Some planning staff were new to their post and further training and support was planned. We spoke with the senior planner who demonstrated how staff illness or change s of circumstance could impact on the people's schedules of visits. Numbers of recorded missed calls and unable to place visits represented a very small part of the work of this large service. For example in April 11 calls were missed across the whole service which delivered 27938 hours of visits. This was 0.04% of the total. In June the number of recorded missed visits had increased to 28 and this represented 0.09% of visits.

We spoke with people who said they were happy with the service. These people had not experienced any missed visits. Two people said that on the odd occasion when the agency was experiencing difficulties they received a phone call from the agency to explain and ask if they were able to manage without a call. People said in these instances they had asked a relative to help them and this had not been a problem.

People and staff still had some concerns about the deployment and organisation of staff although there was no evidence these impacted on people's safety. A member of staff said "Planning (of rotas) can be a real nightmare. Sometimes there is a lack of consistency."

Despite having a computerised system to calculate mileage between visits staff told us they were not allocated sufficient travel time between visits. Some staff who walked or rode a bicycle said the people they visited usually lived very close to each other and therefore travel time was not a problem for them. However, those staff who travelled longer distances between each visit by car said the lack of travel time was a big problem for them and could make them late for calls.

Some staff we spoke with said the only way they could manage to visit people on time was by cutting visits short. For example, if people were allocated 30 minutes for a visit they often managed to leave within 15 minutes if the person agreed the tasks had been completed. Some staff worked very long hours each day, starting around 7am and finishing around 10pm. If they had not been allocated enough travel time staff said this sometimes meant they finished as late as 11pm. They "worked around" the system so people received care and were kept safe.

Staff also told us weekends were particularly difficult and they were usually expected to carry out "Back to back calls." This meant that one call finished at the same time the next call started. Managers told us there should not be back to back calls and if the planners and managers were aware of this on the rotas changes would be made.

Sedgemoor Community base employs 190 staff and we were able to speak to a small sample. The hours staff worked varied. Staff hours were routinely monitored, for example to ensure compliance with Working Time Directive. An audit of the average working hours for each member of staff was undertaken and this showed the average hours worked was 27.76 hours per staff member per week.

The audit showed there were 5 staff working in excess of 60 hours per week. Staff working longer hours often worked in our Extra Care Housing schemes and the hours included sleep in duties. Staff who worked additional hours chose to do so and signed a disclaimer to that effect. Line managers conducted regular reviews with staff working long hours to ensure the safety and welfare of both themselves and the people they supported.

Staff working long days from 0700 – 2200 would have a break from 1400 – 1600 and this was monitored through reviews.

People receiving a service told us the arrival times could vary as much as two hours from one day to the next. However, when we looked at the daily reports completed by the care staff we saw the evening visits varied by as much as four hours. This meant people could be staying up much longer than they planned. There were systems in place to ensure that people who had to have a call at a certain time to ensure their safety were identified. These calls were "time critical" and could be seen by the planners on the computer and were marked on staff rotas.

Staff received a paper copy of their rota for the following week every Friday. They told us they received text messages and phone calls most days with changes or additions to their rotas. There were often changes to the rota and staff relied on phone calls to or from the office staff or texts to tell them where they were expected to go each day.

People told us that on the whole the staff who visited them were fairly consistent. One person told us they received support mostly from one care worker who knew them well, and who they trusted completely. They described this care worker as a friend they could rely on and said "She is very good." However, one member of staff said that rotas are often changed without consulting staff or the people they visited. This had resulted in people becoming very upset because they did not understand why they had suddenly lost a trusted member of staff who had visited them for a long time.

Risks of abuse to people were minimised because there was an efficient and thorough system of recruitment and induction in place. All new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. Staff told us, and records confirmed, they had not been able to begin work at the agency until all checks had been carried out. Staff completed shadow shifts until they felt confident to deliver care to people on their own.

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been bought to a care manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

The safeguarding policy was comprehensive and very clear providing staff with all required information and guidance on actions to be taken if they were concerned about anyone. We saw evidence that when any concerns about people's safety were raised staff attended safeguarding meetings and took appropriate action. The service worked with the local authority and multi-disciplinary teams to keep people safe. Staff were supported when there was abusive behaviour directed at them by people using the service. Care managers reported any safeguarding concerns to us and communicated up-dates and outcomes regularly.

Care plans contained risks assessments which outlined measures which enabled care to be provided safely in people's homes. Care plans provided details about people's needs and associated risks. When risks had been identified management plans were in place. In some people's homes community nurse files were kept with the care plans. Communication was recorded between the different agencies providing the support, ensuring the person remained safe. Risk assessments relating to assisting people with mobility recorded the number of staff required and the equipment needed to minimise risk. To protect people from the risks associated with unsafe moving and handling procedures all staff received regular training in safe moving and handling procedures.

Some people were at risk of pressure damage, care plans recorded when people were at risk and identified contact with district nurses. One relative said "My husband does not have any pressure sores; the girls [staff] keep a close eye on him to prevent them". Other people did have pressure damage. Some carers recorded in the daily progress records they had changed people's dressing when necessary. Community nurse recording also stated that some carers had changed people's dressing when needed to keep them comfortable and safe. People confirmed staff used protective clothing to ensure they were protected from infection.

People who required support to take their medicines received support from staff who had received training in this area. There was a system in place to show the level of support people required with taking medicines. People were encouraged to be independent when possible and administer their own medicines with prompting and monitoring. Where staff administered medicines to people they recorded this on a medication administration record. Records seen were completed accurately meaning it was easy for other carers or visitors to see if the person had taken their medicines.

There were policies and procedures in place to be followed in the event of any type of medication error. There was evidence in the records of error investigations that action was taken by the senior staff to minimise the risks of re occurrence. A member of staff told us they always contacted the agency office if they found an unexplained gap in the medication administration records. One member of staff told us they were concerned about the times of visits to people who required support with their medication. They felt the gaps between some visits meant people did not receive their medication at safe intervals. This was investigated by the care managers and a note placed on the person's care plan on the computer. Records were kept when people required creams applying each day. The Medication Administration Record charts listed the prescribed creams and signatures showed these had been applied.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very positive about the staff who supported them. Some people told us they were confident the staff were well trained and had helped them to improve their health. One person said "I don't know what I would have done without them. This has been a very positive experience. It is nice to know a constant group of people are coming. They have helped me to get better. I am becoming more independent."

Another person said "They are always reliable. All good. I was very poorly when I came out of hospital but they never let go of me. They check before they go. Is there anything else you need?"

One relative praised staff for the way they cared for their family member's skin. When the person had been discharged from hospital their skin condition had been poor. The relative told us "skin is perfect now. They are really good."

Where people needed additional support with mobility staff had received the appropriate training to support them. Comments included "Staff always talk to me when they are supporting me to move". "The staff are skilled when helping my (family member) transfer, they do it in a skilled manner". Another relative told us all of the staff had the necessary skills and competence to use the hoist to help their family member to move safely. Moving and handling plans in the care plan folder were clear and reflected support being offered. .

Another person said they could rely on staff skills. They said "The carers are extremely careful with me because they know my balance has gone. They check I am Ok." They said they had been diagnosed as having 'type 2' diabetes and the staff were very careful to check their skin each time they supported them with personal care.

Staff demonstrated their knowledge of people and used the knowledge to provide skilled care. One carer described how they supported a person with dementia by understanding how they responded to requests and suggestions about their daily living. They knew what "worked" and what would result in the person refusing care. They spoke respectfully and kindly about the person and their actions reflected best practice.

Staff told us they received training and regular updates on all topics relevant to their jobs. They praised the quality of the training, especially the induction. Comments included "It's very good." and "The training is very thorough." Staff told us they felt the quality of the induction had resulted in lower staff turnover, as staff had a thorough understanding of their roles right from the start. Staff told us their induction had lasted for three weeks and included a number of shifts when they had 'shadowed' experienced members of staff.

One senior member of staff told us "We ensure staff have a comprehensive induction period, we have three week reviews followed by a six week review and then the six month probation period, the planners ensure they are with an experienced member of staff for the first few week to ensure they are confident to support

people in their own home".

Staff training sessions were held regularly at the service bases so as many staff as possible attended. Staff told us topics covered recently had included manual handling, medication administration and adult protection. They also told us about nationally recognised qualifications they hoped to obtain in the future. Staff told us staff meetings were often held at the same time as training sessions. They found the meetings very useful, and an opportunity for staff to speak out, raise concerns or make suggestions for improvement.

Since the previous CQC inspection the Sedgemoor management team have implemented an action plan to ensure at least quarterly supervisions (in line with our policy of minimum of 4 supervisions per year) and annual appraisals are conducted. The manager confirmed records showed only 5 out of 190 staff had not had a review within the last 3 months. The figures related to routine reviews and did not include ad-hoc reviews scheduled to address issues. Staff were free to request a supervision or ad-hoc review at any time.

17 out of the 190 annual appraisals were currently due and had been scheduled or had been delayed due to an issue such as long term sickness.

Observations of practice, team meetings and training offered staff other opportunities for support. When staff had concerns or there were any issues senior staff wanted to address meetings occurred and were recorded.

There was support available when staff were on duty by calling the community staff supervisors mobiles. Staff said there was always someone to talk to if they had any worries. Staff could ring the out-of-hours team for advice and support when the office was closed.

Managers and staff had an understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for them had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

People received care with their consent. Care plans contained copies of up to date consent forms which had been signed by the person receiving the support or a relative if they had the relevant authority. Care plans showed if a person lacked capacity a best interest meeting had been held with the people relevant to them.

Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. Staff recorded clear information about any health issues, action taken and the outcome of people's contact with health care professionals. One person told us "(regular carer) phoned the doctor. She can see straight away if I am poorly. She knows in a minute if I am not well. There is more of a variety at weekend but they always know what they are doing although new ones might need a little jog. I am very satisfied. "

The compliments file contained records of staff assisting people with health emergencies. One person said care staff had stayed with them till midnight when the paramedics had left them. Another person had been supported through a hypoglycaemic episode. (An emergency related to their diabetes.) A relative thanked staff for the flexibility of the service and the ability of staff to respond to a crisis. Staff had stayed with their family member whilst waiting for the ambulance to arrive.

Staff assisted people with their meals when required. Staff offered people choices of meals from their freezers and assisted them to get ready for lunch time. People were left with access to a drink and arrangements made for any meal that was needed until staff arrived again.

Care plans contained details of people nutritional support needs. However guidelines were not in place for people who consistently refused to eat or drink. In one care plan care records clearly recorded when a person had refused to receive support to drink and eat. There was no risk assessment in place that guided staff in the process to use to protect the person or themselves from neglecting to give the agreed care. Formal recording of the amount of fluid and food offered were not implemented to enable staff to monitor safely what a person was eating or drinking. Speech And Language Therapy assessments were not in place for this person. We discussed this person's care with the manager and care manager and agreed action to be taken.

Good

Is the service caring?

Our findings

People were cared for by kind and understanding staff. There was a wealth of evidence to show people found staff helpful and supportive. People valued their relationships with the staff team and felt they would help them in any way they could. People told us "Staff are lovely", "Staff are kind and caring". "Nothing is too much trouble". "They couldn't do anything better". "They are marvellous. I don't know what I would do without them." "They are always cheerful" "They have been absolutely wonderful."
People especially valued regular staff who they had got to know well. "They are all lovely, but one carer (staff name) is especially nice. She knows what we like. For example she always comes in with a smile and asks 'Would you like a cup of tea?'"

Relatives spoke highly of the staff who were supporting their family members and the importance of cheerfulness was acknowledged. "I listen from another room, I can hear them speaking in a kind and caring manner", "They always have a lot of banter. It a pleasure to see them [staff]". "They [staff] are like an extension of our family" A relative said "I have never heard (my relative) laugh so much as when X visits." "Another relative wrote "Thank you for looking after (relative) with patience and kindness. She will miss you all." One relative whose partner had only had a service for a short time told us that they had not been sure about other people looking after their relative but said that the service had been ''brilliant'. They explained that "'they know about their needs. They treat them like an old friend. I really couldn't wish for any better care for my relative. They are so lovely, kind and gentle. I'd give them a gold star if I could!"'

Staff had an understanding of what was important to people and provided support in line with people's agreed care package. One family member told us "The carers listen to us, my husband wished to be given support at earlier times whilst the football was on TV, the carers were happy to come along earlier so he was settled and could enjoy his football."

People discussed feeling valued and respected by staff although they were aware the staff were always busy. They said "Staff never rush him and encourage him to take his time although you can see they don't have a lot of time. Travel is a key area of concerns for the staff that come here, if they get stuck in traffic it throws their timetable out. They are not allocated a lot of travel time."

People told us staff assisted them in a way which maintained their dignity and respected their privacy. Care plans emphasised the discussion with people about the amount of care they required. When a person was able to shower themselves just the required amount of assistance was offered to maintain their independence and dignity.

We telephoned 20 people and found most people who responded to our phone calls were happy with the carers. Comments included: "The carer who comes in the morning is very good - very kind and thoughtful. All are very good. They will always ask if I need anything else doing"; "I have never found any of the Somerset Care ladies unfriendly"; "I've always found them perfectly OK They are all very friendly, all very efficient, all very happy to help". "I do appreciate the help"; "the girls themselves are polite and good - they do their job. They are doing the best they can".

"I can't fault the girls who come in. We did have one good carer and they developed a lovely friendship - she could persuade [my relative] to eat. It is so useful and valuable to have a carer who can coax [my relative] along"; "Generally very good and the carers are caring and kind"; "the carers are very good. They know what they are doing. They do a good job"; "[My relative] has the same ones pretty much all the time and they are lovely and some go above and beyond."

One person who had a speech problem liked her 'regular person' because it was difficult for them telling new staff what to do. This person explained that a lot of people did not listen because she takes so long to say something however in terms of their care overall they were 'more than happy with what they do'.

There were ways for people to express their views about their care. People said they could talk to care staff and had a visit from a senior member of care staff to review their care plan. Each week twenty people were telephoned to check they were satisfied with the service. We followed up some calls where people had asked for changes to be made or issues to be addressed. There were exceptions but overall action had been taken and requests had been actioned.

Some issues remained outstanding and difficult to resolve. Some people continued to express dissatisfaction with not receiving a rota, were concerned about the number of people who provided care to them and found time keeping to be erratic.

Staff respected confidentiality. One relative said "I would presume they are very confidential as I have never heard them talking about any of their other clients." One family member said "The care team are very supportive to me as well as my husband. I have made friends with the carers, at what is a difficult time in our lives. To have to have someone come into your home can be very intrusive, but the dignity and respect that has been shown to both of us and our family has made the carers welcome guests in our home".

One more relative said their relative had always been a private person so dignity and respect was paramount to their support. They said their regular carer gave this to both of them.

Requires Improvement

Is the service responsive?

Our findings

Whilst the majority of the people felt safe and comfortable with the way staff supported them they did not always feel the service was delivering a service that was fully responsive to their needs and preferences. There were two recurrent themes that had an impact on how satisfied people felt. These were time keeping and lack of a regular staff team they knew well.

For some people time keeping was not an issue. One person said "they arrive on time and are never in a hurry - unless there is a problem". Another person who had a service from Somerset Care for many years said schedules were not sent out like they used to but that staff were "pretty good at timekeeping"'.This meant that they would expect a carer at lunchtime any time between 11.45 and 1.00. A relative said timekeeping was "'a little erratic at times"' but felt that '"I have had to go along with that although it is a little inconvenient'".

None of the people we visited received a rota to let them know who would be providing care the following week, or the times of the visits. This meant they had no prior knowledge of the time their call had been planned for. Their only guide was the time noted in their care plan. The provider had posted weekly rotas to people in the past but this had been discontinued due to the cost. People told us they would like to have a timetable. They said it would be helpful to know the names of the care workers and the times they could expect to receive a visit. Without a timetable they never knew who would be visiting, or if they agency had experienced difficulties allocating a member of staff for the visit. Comments included "I don't know when they are coming." Some people did receive a rota by email or a member of staff took a printed rota to the person but this was not universal and many people raised this issue with us.

Every quarter all clients received a schedule of their regular visits and carers. The option to receive a weekly schedule was available to all customers who had been communicated with at the time that posted weekly schedules had been stopped. The new manager told us they would make sure people receiving a service were aware they could request this. The manager informed us that "Unfortunately due to the numbers of visits and staff delivering them it is not possible to guarantee that any schedule supplied won't change but our planners, customer service advisors and Out of Hours service make every effort to ensure any significant changes are communicated to the customer involved."

There are long term plans in place to introduce an electronic care planning solution which will help to address many of the areas highlighted for improvement through our internal quality monitoring and by our customers. A pilot is commencing soon in the West Somerset locality.

Each person's care plan showed the times the person had requested staff to visit. The policy of the service was people could expect staff to visit within 30 minutes either side of the agreed time. People understood staff may get held up and they felt the times of the visits were generally acceptable. There were plenty of examples however that showed the timing of visits impacted on people's lives however patient and grateful they were for the care provided. One person said they had requested staff to arrive at around 10am but if staff did not arrive by 10.30am they went without a shower and managed to get themselves dressed. We

looked at their daily records for the last three weeks and saw that on some days staff had arrived at 8.45am or 9am while some visits were as late as 10.55am. On one occasion when the care worker had arrived at 10.55am the records showed they had not provided care because "Call too late". Another person found that despite the time of their call being "locked" into the computer as the timing of their care was critical to their well-being staff arrived 50 minutes late as the call had not been booked at the correct time.

A service user who needed one daily specific service said staff were generally on time but explained "'it is not something I'm particularly worried about'". This person explained that they would rather the carers had the time and respect for other service users who needed more support which could make them later arriving to the next call.

Sedgemoor Community delivers in excess of 6665 separate visits per week and the proportion of calls that are late (outside of the agreed 30 minute threshold) or missed is very small, even though staff frequently get held up supporting other customers with unplanned occurrences or emergencies. The service was always willing to discuss, and endeavour to give clients their preferred times. The manager said that unfortunately this wasn't always possible or realistic. With over 595 customers they had to prioritise time critical visits. Certain times were always particularly popular, and some people lived in hard to reach rural areas. The service constantly reviewed the timing of visits with people to accommodate their needs.

Many of the people were supported through the contract with the local authority. The local authority contract states that delivery of personal care is between the times of 0700 and 1030 unless stated as time critical. This is explained to people but can occasionally result in a visit being scheduled for time that would not be their first choice.

When we looked at the numbers of care staff who attended each person they varied considerably. Some people had very regular staff teams. There were guidelines in place to indicate the size of staff team who would reasonably be able to cover the calls for a person. A person receiving four calls a day from two people for example might expect to see 16 people. However some people did receive more than the suggested number. The Provider Information Return (PIR) stated the planners were working towards improving continuity of care. During the inspection managers and planners confirmed this was a priority but there were many influencing factors.

People said they often raised concerns around staff timing and travel with the managers but "they don't seem to hear or listen". Another relative said "Staff are good although you can see they are under pressure".

When people had found a carer not to suit them in some way or had issues with their skill they had contacted the office and stopped having them as carers. For example some people preferred to have (or not have) a male carer. People overall had a good experience. Only one person was particularly unhappy saying ' "they are always smiley in a helpful manner but in a patronising way"'.

People were able to make choices about how the service supported aspects of their day to day lives. Each person had their needs assessed before they started to use the agency. This was to make sure the agency was appropriate to meet the person's needs and expectations. These assessments gave details about the assistance the person required and how and when they wished to be supported.

The amount of support required by each person was commissioned by the local authority or purchased directly by people or their relatives. People were able to choose how much support they required and when it was delivered. People received support up to four times a day seven days a week. Others requested a single regular daily visit or assistance once or twice a week. The agency aimed to accommodate people's

wishes. Personal care was supplemented by support with cleaning and shopping which is not inspected by us.

Each person we visited had a copy of their care plan in their home which gave information to staff about the care and support the person needed. People told us they received a visit from a care supervisor at least annually to carry out a review of their care needs with them and agree any changes necessary to the care plans. Staff assured us most care plans were up-to-date. If they noted any changes necessary to the care plans they notified the agency office and the care plans were amended promptly. Since the last inspection all people had been supplied with care plans in a new format which had been designed to be more accessible to staff whilst recording all required information.

People's care plans were detailed and informative. Care plans had been developed from the information people provided during the assessment process. The care plans were reviewed by supervisors with people and their families. One person's representative said "Although my husband's care plan is not currently up to date, his condition is changing so quickly it would be impossible to keep it up to date". They said the care remained consistent due the family network and support and continuity of care by regular carers.

People were involved or consulted about their care plans and people and their families had signed to say they agreed with them. Where people needed staff to support them with tasks such as bathing, washing and dressing, the person's preferred method of support was clearly explained.

Care plans contained information 'All about me'. This gives information about the person, their needs and likes. It can be used by other professionals, such as hospital staff, if people's care needs to be provided away from the home. This meant that anyone involved in the persons care would have clear information about the person, their aStaff had a good knowledge of the needs and preferences of the people using the service. This enabled them to provide care that was responsive to people's individual needs and wishes. One person said "I have one particular member of staff who always comes to me at 7:15. I like them to come early. They are very good. All the staff are always polite and kind. They have become friends I have known them so long."
Another person told us they would not be able to remain in their home without the support of the agency. They said "They are first class. Staff were always reliable and they could always be counted on."

People and their relatives said they were confident if they needed to raise issues they would be listened to. All knew a contact to ask for in the main office. One relative told us "Once we had a carer who was not very nice, we rang the office and never saw that carer again". Another person told us "If I was not happy I would contact the office, I have done this the staff looked into my complaint and rang me back".
People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. Most people told us they were confident they could ring the agency at any time to raise an issue and they were confident these would be listened to and addressed.

The provider had a complaints procedure in place. There were records of complaints that had been logged and investigated. Appropriate action had been taken and the complainant had been responded to. Overall the number of complaints was reducing although there was a sudden rise of complaints for one month. In May 2016 there had been one complaint and in June two. Very few people needed to complain more than once as their issues were resolved.

We looked at records of complaints that had also been sent to us and found action had been taken. For example the time of a call had been changed and "locked" in the computer. The name of a carer deemed a

"bad match" with one person had been recorded on the computer.

Sometimes the resolving of a complaint did not go quite so smoothly. One person told us they had rung the agency office twice to say they did not want a particular care staff. They said they had been reassured after the first call that the member of staff would not visit them again. However, the agency had sent the staff a second time. We spoke with a member of the management team at the agency office to find out what had happened to this person's complaint. They checked their records and said they had only recorded one phone call from the person about this issue. They assured us they had recorded the person's wishes on their computer records, and their computer system will in future alert the planning team that they must not send that member of staff to the person again.

Another person said they had made a complaint and while the company was 'obviously apologetic' things had only been put right "to a certain extent". Another person said they made a complaint but as far as they knew it was not dealt with as nothing seemed to come of it. One staff member said "I raised a concern but have not heard anything about it, I would have liked to have felt my concern had been taken seriously, by hearing nothing back does not make me feel my concerns were listened to".

When we were informed about complaints that had been made we found that sometimes the person receiving the service wanted a level of staff continuity or commitment to a time which the service tried to provide but was not always able to maintain. The majority of complaints were resolved in a satisfactory manner.

One person summed up the service by saying "Everyone does their best. Things go along quite nicely for a while and then it is all up in the air again. I could not manage without them however. I am here in my own house because of them. We rub along."

The service had begun holding customer forums which gave people an opportunity to discuss the service they received.

Good

Is the service well-led?

Our findings

Since the last inspection the service had undergone a period of change. An established registered manager left the service and the replacement appointment was not successful. The Operations Manager and an experienced manager from another Somerset Care base had provided the service with stability and had brought about improvements. They were clear about what had been achieved since the last inspection and what needed to be completed in the future. "We have improved." "We have come a long way" "We are not quite there yet"

The appointment of the new business manager had commenced very recently before the inspection. The new manager was experienced and committed to the provision of a reliable, person centred service where people were treated with dignity and respect. They had experience in all aspects of the service including the process of planning care.

This meant that there was now a full management team in place comprising of a business manager and two care Managers. The management team were experienced and committed to driving forward the planned improvements to the service. The new manager and care managers showed a great enthusiasm for wanting to provide the best level of care possible.

The organisation of the service had been changed since the last inspection. Small area "pods" had been recently created to be headed by a community supervisor who would get to know the people receiving a service and the staff delivering the service well. This initiative had commenced in February 2016 but all staff were very positive about this development.

The vital contribution to the service made by the planning team had been acknowledged by the appointment of a senior planner who was responsible for training and supporting new planners. There were targets to achieve with regard to the amount of unallocated calls and ensuring calls were not missed due to planning errors.

Senior staff were aware of the areas of the service needing improvement and the targets they should be aiming for. The service held regular performance circle meetings. These were short meetings which up-dated staff on the key performance targets such as recruitment and planning. A regular newsletter kept staff up to date with developments and fostered a team spirit by announcing "carer of the week."

This was a very large service providing a service for over 550 people across a large geographical area. There were challenges in covering town and wide spread rural areas. Most people were very happy with the service they received and said the service was well-managed. Comments included "I am very happy with Somerset Care" and "Absolutely first class." Many people had been with the company for some years. One person said "I am quite impressed by the company - everything they have done for me is very satisfactory."

There were some negative comments about the running of the service. Comments from people we spoke to on the phone included "Somerset Care have messed me about so much I don't use them for anything else."

Some people who received a service "did not think office staff understood the practical difficulties"' faced by carers. They gave examples of staff having to cross from one side of the town to the other and back again. One person said "It is not well organised...I don't think they plan the route very well. It could be better managed." However we saw there were many interacting factors contributing to allocating staff to care visits. The planners role was to get a carer to visit each person sometimes with contributing factors that changed several times and the solution were not always ideal. There were plans to encourage closer working between the planner and the community supervisor of each newly created pod to maximise the efficiency of care runs and improve the timing of people's visits.

People were grateful for the service they received whilst acknowledging it was not always as they wished it could be. One person said "I do think there is something that could be done better - I've no complaints about Somerset Care except that it is a bit umpty dumpty at the moment. I am very thankful for what they do for me."

Communications with the office staff had improved since the last inspection however some people still had concerns. One person commented "The office never pick up. They have a lot of unallocated calls - sometimes we get a phone call half an hour before that they can't get there...the girls on the whole are very good but it is the management of Somerset Care - they could jolly well pull their socks up".

Staff told us they were well supported by the office staff and management team. They were able to call or visit the office at any time for advice and support. They told us the management team were caring, sympathetic and understanding. They gave examples of personal and family crisis when the management team had shown understanding and support. Visits to people had been rearranged at short notice to enable staff to deal with family crisis. The staff appreciated the support they received from the management team and were very positive about their jobs. Comments included "I love my job" "I love working for Somerset Care" and "They are really understanding."

Staff told us although regular meetings were held they were not aware of the minutes. This meant that any concerns they raised were not seen to be recorded, and they were not told of any actions taken to address the issues they had raised. We did see copies of records of staff meetings in people's files.

The service had systems in place to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new care packages.

There was an on-call rota and out of hours support which meant someone was always available to deal with concerns and offer advice to staff. One member of staff said "I know for sure that if I needed support or advice somebody would be there."

There were quality assurance systems in place to monitor care and plan on-going improvements. A number of people were telephoned each week to check they were satisfied with the service. When we looked at the responses to the telephone calls most people had been satisfied. When an issue had been identified we checked to see if action had been taken. We did find that for example times had been amended or a carer had been excluded from someone's rota as a "bad match." Comments were made on the computer to try and ensure the same problems did not occur.

The management team undertook regular self- audits and produced an annual action plan of the changes and improvements they wanted to achieve. This meant they had a clear plan of changes and improvements they wanted to make to the service and the time scales involved.

The service had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.