

Accord Housing Association Limited

Direct Health (North Notts)

Inspection report

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12 June 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an announced inspection of the service on 11 and 12 June 2018. This was the provider's first inspection from the date of registration in 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own homes within and around Ashfield and Mansfield in North Nottinghamshire. It provides a service to older adults and younger adults living with a range of health conditions and needs, to live independently in the community. Not everyone using Direct Health (North Notts) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the time of our inspection, 278 people were receiving personal care as part of their care package.

There was a registered manager 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.

Risks associated with people's needs showed information provided to staff to manage known risks varied in detail or had not been completed. Risks associated with the environment had been assessed and information recorded to inform staff.

Shortfalls were identified in the management of medicines; best practice guidance was not always followed. Improvements were required in the deployment of staff. Some people had experienced missed and late calls and weekends were identified to be the most likely times this occurred. Safe staff recruitment checks were in place and followed.

Staff had received training in infection control and food hygiene.

People's nutritional needs had been assessed but these needs were not always sufficiently supported and effectively managed.

People had an assessment of their needs and care plans were developed to instruct staff of how to support people. When people's needs changed, this was not effectively managed and people experienced a delay in their needs being reviewed.

Staff were aware of their responsibilities to protect people from avoidable harm and abuse. Accidents and incidents were recorded, reviewed and monitored and action was taken to share any learning. Staff received an induction and ongoing training and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's healthcare needs were monitored and action was taken when changes occurred such as informing the person's relatives and representatives or health and social care professionals.

Staff treated people with respect and kindness, they were caring and compassionate in their care and approach. Independence was promoted and privacy and dignity respected. People had access to information about independent advocacy services.

People knew how to raise a concern or make a complaint. Whilst some people had experienced a positive outcome to a complaint, others were less confident to raise any complaints.

People received opportunities to share their feedback about the service. The provider and registered manager had met their registration regulatory requirements.

The provider had systems and processes in place to regularly review the quality and safety of the service people received, but these had not identified the shortfalls identified during this inspection.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Risk assessments showed there were inconsistencies with the level of Information provided for staff. Not all risks associated with people's needs had been assessed and planned for.

Some people had experienced missed and late calls. There were sufficient staff employed, however deployment of staff needed to improve

Shortfalls were identified in the management and support of people's medicines and staff had received training in the prevention and control of infection.

Staff were aware of how to protect people from abuse and avoidable harm. Accidents and incidents were acted upon and monitored.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People did not always receive effective support with meeting nutritional and hydration needs. Systems were in place to share information with other agencies but information shared was not always up to date.

The principles of the Mental Capacity Act (2005) were understood by staff.

People's health was monitored and changes were shared with others where required.

The assessment process considered people's diverse needs to ensure there was no discrimination in relation to the protected characteristics under the Equality Act.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and compassionate.

People had information about independent advocacy services should they have required this support.

People were involved in their care and support.

Is the service responsive?

The service was not consistently responsive.

Care plans lacked detail in places and had not been updated when changes occurred. End of care plans were found to have not been completed where required.

People's communication and sensory needs had been assessed. Some consideration to how information was provided to people had been made.

People had access to the provider's complaint procedure and action had been taken to written complaints received.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The provider had systems and processes in place but shortfalls identified in this inspection had not been identified.

People were provided with opportunities to feedback their views on the service.

There was some partnership working to ensure people received care and support that met their needs.

Requires Improvement ●

Direct Health (North Notts)

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 checked 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 comprehensive inspection took place on the 11 and 12 May 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered provider and their staff would be available.

The inspection team consisted of three inspectors, two assistant inspectors and one Expert-by-Experiences. This is a person who has had personal experience of using or caring for someone who uses this type of care service.

As part of the inspection process, we sent 50 questionnaires to people who used the service and received 13 responses. In addition, we sent 50 questionnaires to relatives of people using the service and received nine responses, and we sent nine questionnaires to external professionals and received one response. We also sent 118 questionnaires to staff and received 13 responses. In addition, we attempted to contact 100 people via telephone to gain feedback about their experience about the service. We spoke with 64 people who used the service and five relatives.

Before the inspection, we asked the provider to send us their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this and other information that we held about the service, to help plan the inspection such as notifications. These are events that happen in the service that the provider is required to tell us about. We also contacted commissioners (who fund the care for some people) of the service, they advised a recent audit of the service found no concerns.

At the provider's office, we spoke with the registered manager, the care service director, four care coordinators, two assessors and eight care staff. We reviewed the care records for 13 people who used the

service to check that they were accurate and up to date. We also looked at a range of other records relating to the running of the service such as policies and procedures, complaints, audits, five staff files and the staff training plan.

Is the service safe?

Our findings

Some people required support from staff with the administration of their medicines; this was either assistance or a prompt. Overall people were satisfied with the support they received with their medicines. A person said, "I have my medication from a dosage box so staff just hand it to me and I can manage to take it."

The management team told us they had made improvements to how medicines were managed. However, we identified some shortfalls that had not been identified. For example, people who were prescribed medicines to be taken as and when required (PRN), had no protocols in place to advise staff of how to administer this, other than the instructions on the pharmacy label. National good practice guidance recommends a specific plan for administering PRN is documented in the person's care records. This guidance was in the provider's medicines policy. This meant the management team were not following their own procedure.

Concerns were identified with one person's medicine records (MAR) where staff had incorrectly transcribed the administration requirements. However, the person had not experienced any harm. MARs showed handwritten entries did not have a second staff signature to confirm the transcribing had been completed accurately. This is national good practice. The management team told us they were aware of this and were in the process of taking action to address this shortfall. We also noted that body maps were frequently not used to instruct staff about the application of topical creams. This meant there was a risk these medicines would not be administered correctly. A recording error was also identified in relation to a medicine that required specific management under the Misuse of Drugs legislation. The stock balance recording sheet did not match the MAR. It was confirmed after the inspection by the registered manager, the person had received their prescribed medicines, but the calculations of stock balance were incorrect. This was a concern because the records were dated May 2018 and this issue had not been identified by the provider's internal audits and checks. The management team acknowledged this was an error and that they had not followed their policy and procedure.

This demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments associated with people's needs, informed staff of action required to manage known risks. However, there were discrepancies in the level of information provided to staff to support people safely and effectively. Some risk assessments were detailed, whilst others lacked guidance and instruction or some had not been completed. Information did not always provide staff with guidance of the action required if known conditions deteriorated. For example, some people were living with diabetes but not all risk assessments for people with this condition, included guidance of the signs and symptoms of high or low blood sugars. Some people had a urinary catheter in place and information included some details about the care of the catheter. However, there was a lack of information about the signs and symptoms that may indicate an infection, requiring medical support. Some people had health conditions recorded but there were no risk assessments to inform staff of how the condition affected the person and what possible risks the person could be

exposed to. This was a risk as people frequently had different staff that supported them who relied on written information being detailed.

Risks associated with the person's living environment had been assessed and this was for the safety of the person and staff. Staff told us how they checked equipment they used prior to using it, to ensure it was in good working order and safe to use, such as a hoist.

We concluded there was sufficient staff employed to meet people's needs, but there was an issue with the deployment of staff. People repeatedly told us how they had experienced late calls and how this impacted on them. A person said, "My breakfast call can be very late, sometimes it's then my lunch call and I'm not hungry." Another person told us they were reliant on staff to assist them to get up in a morning and if the staff were running late, this meant they had to remain in bed until they arrived.

People's daily records confirmed what we were told. For example, a person's daily record for May 2018 showed occasions when the morning calls varied. Times recorded for arrival differed from 8.45am to 10.46am. On days when the person received a late morning visit, there was very little time before they received their lunch call. This confirmed how visit times could be variable and not always effectively managed. People reported overall staff stayed for the duration of the visit. An electronic system was used that monitored call times and recorded when staff arrived and left and care coordinators monitored this. The data of late calls was regularly reviewed to identify where improvements were required.

Several people told us they had experienced missed calls and this occurred more at a weekend. A person said, "Generally I get the care I need, it's weekends which can be affected, either a missed call or it's late." This echoed other feedback we received from people.

A care coordinator told us that they always considered staff availability before agreeing to new care packages. Staff told us they covered any staff shortfalls and the provider was continually recruiting staff to ensure there were sufficient staff available to meet people's needs.

The provider's electronic system monitored missed and late calls. Records showed in a 13 week period between February to May 2018 there had been eight missed calls. The registered manager told us missed calls were investigated and if appropriate, staff disciplinary action was taken and the person who used the service informed of the outcome. The registered manager had notified us via a statutory notification when this had occurred.

The management team told us whilst they had an out of office duty procedure, the greatest risk of missed and late calls occurred at a weekend. This had been discussed with the provider with a recommendation that office presence at a weekend was required to manage this risk more effectively. At the time of this inspection, the management team were waiting a response from the provider.

People were supported by staff who had been through the required recruitment checks as to their suitability to provide safe care and support. These included references and criminal record checks. Recruitment files showed the necessary recruitment checks had been carried out. Staff also confirmed they commenced employment after checks had been completed.

Staff told us they had completed infection control and food hygiene training and staff training records confirmed this. Staff also told us they were supplied with personal protective equipment such as aprons and gloves and the provider had an infection control and prevention policy and procedure to support staff. Staff spoken with told us how they protected people from the risk of cross contamination when providing care,

such as wearing and changing gloves and aprons.

The provider had policies and procedures in place that staff used to support people to remain safe from abuse, avoidable harm and discrimination. People who used the service reported they felt staff provided safe care. We were told how staff acted appropriately when entering and leaving people's property. Some people had key safes while others said their family member or themselves let staff in. A person said, "The staff are very good they always make sure they return the key to the key safe when they leave." Another person said, "Staff show me their badge if I have not met them before so I am sure they are from the company." A third person said, "Staff are excellent, we work together and they know exactly how to support me to keep me safe. We make a great team together."

Staff told us they had completed safeguarding training and we found they were aware of the signs and indicators of potential abuse and discrimination. A staff member said, "If I saw anything that concerned me, I would call the office straight away and I'm sure they would deal with it. If they didn't I could ring the whistle blowers helpline, but I hope it would not need to get that far." A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff gave examples of when they had reported safeguarding concerns to the management team and were confident these had been responded to correctly. We were aware prior to the inspection when safeguarding incidents had occurred or allegations made, the registered manager had followed the multiagency safeguarding procedures. This included taking staff disciplinary action if required.

The provider had a system to record and monitor any accidents or incidents, this information was reviewed regularly for any themes and patterns. Lessons learnt were considered and action taken to reduce reoccurrence. For example, due to an incident staff had received further training, support and guidance on the management of pressure ulcer care. Staff had also been provided with additional information about how to report fire safety issues.

Is the service effective?

Our findings

Overall people were positive about the care and support they received. Comments included, "Professional." "I can't fault them they are brilliant." However, some people were less positive. A person said, "Some staff do the minimum they can get away with." "Some of them (staff) are scruffy and smell of cigarette smoke." A relative who used the service did not feel staff had received sufficient training in learning disability awareness.

Staff received an induction on commencement of their employment, this included a period of shadowing experienced staff and they received ongoing training and support. A staff member described their induction as very good and supportive. "[Name] was an excellent trainer; they were very clear and concise." Another staff member described training as, "Top class." Whilst another staff member felt some aspects of training such as catheter care could be more detailed.

Staff records showed staff were required to complete the Care Certificate training. The Care Certificate is a national set of standards that health and social care workers are expected to adhere to. The staff training plan confirmed what training staff had completed such as health and safety, tissue viability, dignity, equality and diversity and moving and handling. Where refresher training was due for some staff, plans were in place for them to receive this.

Staff received opportunities to discuss their work and review their training and development needs. Staff told us they received formal and informal opportunities to discuss their work and were all complimentary of the registered manager and office staff that supported them. The provider's internal action plan had identified staff supervision, including on site spot checks that assessed staff's practice, medicines competency checks and appraisals, needed to be planned and undertaken as per the provider's policy. The management team agreed this was an area that required ongoing action but improvements had been made.

Nutritional and hydration needs had been assessed but information to instruct staff of how to meet these needs was variable. For example, several people had a urinary catheter in place and the associated risk assessment stated to encourage fluids. However, this was not always reflected in the care plan that instructed staff how to support the person. Some staff had recorded in the person's daily record fluid input or output but this was infrequent. This meant it was not always clear what was expected of staff to meet people's needs. Best practice guidance for people with a urinary catheter, is that the drinking of fluids is important to help reduce the risk of blockages and urinary tract infections.

The provider had implemented an information document for the use of ambulance crews should a person be admitted to hospital. This was to assist in the person's ongoing care. However, we noted a person's care records stated they had a decision not to attempt resuscitation order (DNACPR) in place, but this information was not recorded in the ambulance crew documentation. This meant this person's wishes may not have been respected.

Some people required assistance with meals and drinks and were positive with the support they received. A person said, "Staff are very good they always make sure I have a hot drink and leave me with cold drinks before they leave." Another person said, "Staff are very good they cook my meals which is usually done in the micro wave." A third person said, "My appetite is not very good at the moment, but they always ask me what I would like to eat and ensure I have at least one cooked meal a day."

People received an assessment of their needs before they received a care package. An assessor told us how they visited people prior to using the service to discuss their needs. This included attending hospital discharge meetings if people were in hospital. The assessment considered people's diverse needs to ensure there was no discrimination in relation to the protected characteristics under the Equality Act such as their age, disability, race, religion or belief. Feedback we received from people who used the service did not raise any issues or concerns about experiencing any discrimination. For example, where people had specific mobility needs they were supported by staff effectively with any equipment they used. People's life style choices were respected.

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.

Staff had received training on MCA and demonstrated an understanding of the principles. A staff member said, "People need to be able to decide what to do for themselves, or we have to make the decision for them." A care coordinator said, "A person is deemed to have capacity, people can make unwise decisions, we encourage positive risk taking. Where a person lacks capacity a best decision can be made but this has to be in their best interests."

People's care records demonstrated people's mental capacity to consent to their care and support had been considered. Where people lacked mental capacity to consent to specific areas of their care such as their medicines or to receive a care package, an assessment and best interest decision had been made on their behalf and with the involvement of people known to them. This meant people's human rights had been protected.

The registered manager was aware of their responsibility of reporting to the local authority, any person who lacked capacity who had restrictions placed upon their freedom and liberty. In this situation, an application is required to the court of protection. At the time of our inspection, no person who used the service was being restricted.

People who used the service told us in the main, they were independent with accessing health services or received support from their relatives. However, people were confident that staff would support them if they became unexpectedly unwell.

Staff gave examples of the action they had taken if they found a person was unwell; this included calling relatives or paramedics for assistance. Concerns were also reported to care coordinators based in the office, who alerted health and social care professionals of any concerns or changes in a person's health that required action being taken. A care coordinator told us how some people had specific health conditions that required calls at critical times. We saw from the electronic roster these calls were flagged as explained to us. We also saw from people's daily records where they had critical time calls, overall these were provided at the right times. We also saw examples where staff had worked with external health care professionals such as

occupational therapists, speech and language therapists, GPs and community nurses in meeting people's health needs and outcomes.

Is the service caring?

Our findings

We received positive feedback from people about the approach of staff from both our questionnaire and from speaking with people. Words to describe staff included, "Excellent", "Caring" and "Fantastic." A person said, "The staff member that supports me is lovely, they are going on holiday next week, I will miss them very much." A relative said, "It was [family member]'s 80th birthday yesterday and the staff came with a big bunch of flowers, mum really likes the staff member that supports them, they are more like friends."

People told us how they were supported to remain living at home and that their independence was important to them. A person said, "They are a lovely lot of staff and because of them, I have gained back a lot of my independence." Another person said, "I must admit I can be a bit lazy but staff know what I am capable of doing for myself and they give me lots of encouragement to do as much as I can." People gave examples of how staff were attentive and helpful. A person said, "The staff do all I need, nothing is ever a trouble, I'm never rushed, in fact we have a real laugh most of the time."

An external health care professional gave positive feedback about the staff they had contact with. They described them as being, "Caring," because they got to know people well and that they had a, "Person centred approach."

Staff spoke about people in a caring and sensitive manner and had clearly developed some positive relationships with people they cared for. Staff said that whilst at times they could feel rushed, they overall had sufficient time to complete tasks that were required of them. They were able to chat to people making their visit relaxed and a social occasion for people.

The registered manager told us how they and staff, provided social activities and opportunities for people. We saw photographs of trips and activities staff had organised and supported people to participate in. This included visits to the seaside, supporting people to attend a local library that had a cinema for people living with dementia and Christmas shopping trips. As a way of thanking people for participating in the provider's customer survey in 2017, people were invited to attend the office for a cream tea. The registered manager told us that staff gave up their free time to support people with the activities described to us. This showed how staff went above and beyond what was expected of them and how caring, kind and compassionate they were.

We received positive feedback from our questionnaire and from talking to people about how staff respected their privacy and dignity. A person said, "Staff shower me nearly every day and they treat me with dignity. They make sure they cover my private parts while washing my back." Others described how staff chattered to them while giving personal care. A person said, "They always talk to me which helps me to not be embarrassed when they are getting me up in a morning and when they put me back to bed at night. They are more like friends." A third person said, "They don't just get me dressed and then go. My main carers sit and have a chat with me, which I enjoy, as I don't see many other people during the day. They tell me about the weather and what they are doing in their time off. I think that's very nice."

Staff told us they had received training in dignity and understood the importance of being respectful when providing care. A staff member said, "It's about being sensitive towards the people we care for, we are visitors in their home." Another staff member said, "I respect people's privacy and I'm discreet when providing personal care, ensuring their dignity at all times."

People told us staff asked how they wanted their care and support provided. People confirmed staff would write up what assistance had been given before leaving their property. We saw examples of review meeting records that confirmed people received opportunities to discuss their needs and the service they received.

Information had been made available for people about how they could access and receive support from an independent advocate to make decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them, at times when important decisions are being made about their health or social care. At the time of our inspection, no person was in receipt of this support.

During the assessment and review of people's care packages, consideration was given about people's preferences in how they wished to be supported. The provider had equality and diversity policy and staff told us the care, and support they provided, was tailored to meet people's individual needs.

Information about people was kept securely in the office. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office.

Is the service responsive?

Our findings

A reoccurring theme shared by people was that they felt their care plan had not been updated to reflect their current needs. This was echoed by some staff who told us when people's needs changed, there was a delay in when their care plans were reviewed. Staff told us they received an alert on their work mobile to inform them about changes to a person's needs, but this was limited in detail.

The management team told us people received a review after six weeks of using the service and an annual review of their care package, this involved visiting the person and reviewing their care plan with them. We were also told reviews were arranged when a person's needs changed to ensure their care plan reflected their current needs. The service care director confirmed the provider had clear procedures they expected staff to follow when a person was at the end stage of their life, this being an end of life care plan that provided staff with clear guidance of their care and support needs.

However, we found from reviewing people's care records, examples of care plans that were not reflective of current needs. This meant people could not be assured their care and support needs were known and understood by staff. For example, we found end of life care plans had not been completed for people who were at the end stage of their life, when their care and support needs had changed. We were told by a staff member about a person who was on end of life care. This person's care records showed following a hospital admission in April 2018, their health condition had significantly deteriorated. Their care plan had not been updated to reflect their needs.

We found further examples where people had not received a service that was responsive to their needs. For example, a person's care records showed there had been a review meeting with the person and their relative in February 2018. It had been recorded that the care package was to increase for the afternoon and evening visit. We checked this person's care package and these changes had not been implemented. Neither the care coordinator or assessor could explain why this request had not been acted upon.

A person's care records showed they had used the service for two years, but information about their needs was conflicting. For example, the person's daily record stated the person had a urinary catheter. However, there was no care plan to inform staff of this. The care coordinator could not offer an explanation why these documents were not in place.

The provider used a document referred to as 'All about me' this was intended to provide staff with details about people's history, hobbies and interests to support staff to understand what was important to them. However, we found four of these records were found to be blank, whilst there was an option for people to show they did not want to share this information this was not recorded. It was therefore not known if people had been invited to share this information or not.

This demonstrates a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people had regular staff, whilst the majority of people we spoke with told us they frequently had different staff. A relative said, "We could have different staff each day." A person said, "I never know who is coming, I don't have regular staff." People's main concern was not knowing who was attending their call.

A care coordinator explained that they liked staff to become familiar with a range of people's needs. However, care staff said where they provided regular care to people they felt this was better because it gave the person consistency. A staff member said, "If staff regularly provide care to people, they get to know them really well and pick up on early signs when someone is unwell or something is wrong and then they can act on it quickly."

We were aware from the service user guide that informed people about the service, they could request a rota of what staff were due to visit them in advance. The registered manager gave an example of where this happened and agreed to further advise people they could provide this information if requested.

Some people told us that when they had cancelled calls staff still arrived. This was a concern because one person had experienced a staff member enter their house and another person was concerned the visit would still be charged for.

Most people we spoke with had been asked about their preferences of male or female staff to support them and this was respected. We saw examples from people's care records that showed people's diverse needs such as religion or cultural needs and preferences were known. One person had a particular diet due to their religion and this was recorded.

The Accessible Information Standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. The provider was meeting this standard. People's communication and sensory needs had been assessed and planned for. The service user guide that informed people about what they could expect from the service was available in an easy read format. The management team told us they would provide information in alternative formats such as audio and braille if required.

People had a copy of the provider's complaint procedure. Some people gave examples of action the registered manager had taken when concerns had been raised, such as removing a staff member from their care package. Other people were less positive and told us they felt their concerns were not listened to or acted upon. One person said, "The office staff don't listen, they take no notice." This comment echoed eight other people's comments and said they had experienced difficulties contacting office staff and had experienced a negative response to concerns raised.

The provider's quality manager investigated complaints. The complaints log showed information included the type of complaint and investigation outcome. This enabled the registered manager and senior management team to review any common themes and patterns to complaints being made. We were aware of a complaint received during 2017 that had not been fully responded to. The registered manager had made a safeguarding referral to the local authority but had not reviewed the complaint under the provider's complaint process. The registered manager told us they had learnt from this and assured us all complaints followed due process.

Is the service well-led?

Our findings

The provider had systems and processes in place to monitor the quality and safety of the service people received. We found examples where there had been some shortfalls in how the management team ensured people received an effective and responsive service. This was in relation to how care plans and risk assessments were completed, these varied in the level of detail provided to staff. The management team told us, overall, they were meeting their target of completing reviews at six weeks of when people commenced the service and annually. However, we identified there had been delays in reviewing people's care package when their needs had changed and occasions when a review had not been completed. This meant people were at potential risk of receiving inappropriate care and support.

The themes we identified from the feedback we received from people was that late calls were a frequent occurrence, there was a lack of communication from office staff to inform people of late calls. People who gave the most positive feedback about their experience of the service, were people who received care and support from regular staff that supported them and knew them well. People's experience of contacting the office staff was not always positive, resulting in people feeling disappointed with the service because they felt they were not listened to.

The service was supported by a compliance manager who audited the service monthly and the care service director also visited the service regularly. An action plan was developed in response to areas found to need improvement. We noted an action plan dated June 2018 had not identified the shortfalls we found at this inspection. Monthly conference calls were held with the registered manager, care service director and other senior managers. This meant there was oversight of the service and accountability. The provider ensured processes were in place regarding the sharing of information about best practice and changes to legislation. The registered manager shared these alerts with staff and attended manager's meetings as an additional method to learn and share information.

Staff understood their role and responsibilities and the values and vision of the service. A staff member said, "We support people to remain living in the community and provide safe care and support that enables them to do this."

The provider had processes in place to gain feedback from people who used the service. This included the use of 'Snappy' questionnaires. This was a method used by the provider to seek the views from people about the service they received. People also received opportunities to provide feedback by being invited to complete a quality questionnaire. Three times a year the registered manager arranged a 'customer surgery,' whereby people could call into the office to meet the office to staff and share their experience of the service they received.

Feedback from staff in the main was positive about working for the provider. Comments included, "I absolutely love my job, the organisation is good to work for." "This is the best company I've worked, professional, friendly and supportive." Staff were complimentary of the registered manager who they described as, "Very approachable and supportive." "Caring and always available." Staff received

opportunities to attend staff meetings and said they were helpful.

Partnerships had been developed with a range of health and social care professionals. An example of joint working was with the fire and rescue service in supporting people where concerns had been identified about fire risks.

The provider and registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.

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 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of people did not reflect their individual needs and preferences. 9 (1)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely. Regulation 12 (1)