Careline Homecare Limited

Careline Berwick

Inspection report

Office 107 The Workspace
90 Marygate
Boarding School Yard
Berwick upon Tweed
Northumberland
TD15 1BN
Tel: 01289 303041
Website: www.carelinehc.co.uk

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 17, 19 and 12 February 2015 and was announced. This was the first inspection of the service under the current provider. The service was formally registered with the Commission in June 2014.

Careline Berwick is a domiciliary care agency providing care and support to people in their own homes. It is registered to deliver personal care. At the time of the inspection the acting manager told us they supported around 180 people over the wider rural area of north Northumberland, including Berwick, Belford, Wooler, Seahouses and surrounding villages.

At the time of our inspection there was no registered manager in place at the service, although our records showed that a person was still registered with the Commission. The regional manager told us the person had left some time ago and would follow this matter up.

Summary of findings

An acting manager was in place and she told us she was applying to become the registered manager. Our records showed that this application was in progress. 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.

People told us they felt safe when receiving care. They told us that they trusted the care workers who supported them and looked forward to them visiting. Staff told us they had received training in relation to safeguarding adults and would report any concerns. Appropriate processes were in place to recruit staff and to carry out checks to ensure they were suitably experienced to support people with their personal care needs and work with vulnerable people. People told us that staff attended appointments on time and although there were some late calls or missed appointments, these were kept to a minimum.

The provider had in place plans to deal with emergency situations through the use of an on call out of hours system, manned by senior staff and the provision of an adverse weather procedure to ensure people with key care needs could be supported if travel became difficult for care staff.

We found some issues with the safe handling of medicines. We found that care plans did not always reflect the instructions on the medicine boxes and that appropriate systems to ensure that people received the correct medicines were not in place. The acting manager told us that plans were in place to address these issues.

People told us staff had the right skills to support their care. Staff said they received training and there was a system in place to ensure this was updated on a regular basis. Staff told us they received regular supervision and appraisals and we saw documents that supported this. Staff told us they could not recall receiving dedicated formal training in relation to the Mental Capacity Act 2005 and how it related their work, although most staff were able to talk about best interests decisions and supporting people to make choices. People were supported by care staff to maintain appropriate intake of food and drinks.

People told us they found staff caring and supportive. They said they felt involved in their care and had their privacy and dignity respected during the delivery of personal care and support. People were also supported to maintain their well-being, as staff worked with district nurses or would raise matters with general practitioners, if they were worried about people.

People's care needs were assessed and care plans detailed the type of support they should receive. However, we found that care plans sometimes lacked detail or did not reflect the type and range of care that was being provided. The acting manager and regional manager told us the care plan documentation was in the process of being changed to cover a wider range of issues and reflect in more detail people's needs. We saw this new documentation was being introduced in some care record. The provider had in place a complaints procedure and dealt appropriately with any concerns raised. People told us they had few, if any, complaints and any issues raised were dealt with.

The provider had in place system to effectively manage the service and monitor quality. Senior staff undertook regular spots checks on care workers to ensure they were providing appropriate levels of care. People told us they were contacted to ask their views on the service and discuss any concerns. Staff told us there were regular meetings and information was provided to ensure they were up to date about any changes in systems. Records were up to date and stored securely.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

People told us they felt safe when staff supported them with care needs. Staff told us they had received training in relation to safeguarding adults and would report any concerns. Risk assessments were in place regarding the delivery of care in people's own homes.

Proper recruitment systems were in place to ensure staff were suitably experienced and qualified to support care. People told us there were enough staff and appointments were rarely missed.

We found there were some issues with the safe handling of medicines. We found that instruction on how to give medicines correctly were not always clear or not followed.

Requires Improvement

Is the service effective?
The service was effective.

People told us staff had the right skills to support their care. Staff confirmed they had access to training and the provider had a system in place to ensure this was up to date. Staff received regular supervision and appraisals.

The provider told us that no one receiving care or support had any restrictions on their liberty through the Court or Protection in line with the Mental Capacity Act 2005 (MCA). Staff were aware of the concept of best interest decisions but had not received formal training on the MCA

People told us they were supported to access sufficient food and drink.

Good

Is the service caring?
The service was caring.

People told us they were happy with the care they received and were well supported by staff. They told us they looked forward to care workers visiting them and viewed them as friends as well as helpers. We observed staff supporting people appropriately and with dignity and respect.

People's wellbeing was effectively monitored and staff told us they would contact general practitioners or other health professionals if they were at all concerned.

Good

Is the service responsive?
The service was not always responsive.

Requires Improvement

Summary of findings

Assessments of people's needs had been undertaken and care plans were in place. However, we found that plans did not always fully detail the care to be delivered or did not reflect the actual care that was given by staff. The acting manager told us that new more comprehensive care plans were being introduced.

Staff were aware of the issues and risks related to social isolation and that they may be the main contact people had with the outside community. They told us they tried to ensure they spent time chatting with people. People told us they valued the contact they had with care staff.

Complaints were logged and dealt with using a proper complaints process. The majority of people told us they had few complaints about the service provided.

Is the service well-led?

Good

The service was well led.

The acting manager and regional manager undertook a range of checks to ensure people's care and delivery systems were effectively monitored. People confirmed that spot checks were regularly undertaken and they were asked for their views on the care they received.

Staff talked positively about the support they received from the acting manager and the office team, although it was commented senior managers in the wider organisation could be more involved in understanding frontline issues.

There were regular staff meetings and the acting manager was looking to expand these into patch meetings, to make them more accessible to staff.

Careline Berwick

Detailed findings

Background to this inspection

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

This inspection took place on 17, 19 and 26 February 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of an adult social care inspector.

We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group. We used their comments to support our planning of the inspection.

We spoke on the telephone with three people who used the service and one relative. We also visited five people in their own homes to obtain their views on the care and support they received. In addition, we accompanied a care worker during a shift and visited a further eight homes of people who used the service, witnessed some of the care provided and spoke with them about the service they received. We also spoke with three care managers and a district nurse about their perceptions of the care provided by the service. We interviewed six staff members, a line manager, a duty manager, the acting manager and the regional manager for the service. Office based staff showed and explained electronic recording systems used by the service.

We reviewed a range of documents and records including; twelve care records for people who used the service, six records of staff employed at the home, duty rotas, complaints records, accidents and incident records. We also looked at records of staff meetings and a range of other quality audits and management records.

Requires Improvement

Is the service safe?

Our findings

People we visited and spoke with on the telephone told us they felt safe when receiving care. Comments from people included, "I feel very safe with them. I always get people I know"; "They are all very good. I feel very safe with them"; "We look on them as friends. We absolutely trust them" and "I feel safe; very safe. They are all very gentle."

Staff told us they had received training in relation to safeguarding. All the staff we spoke with understood the need to protect people who were potentially vulnerable and report any concerns to managers or the local authority safeguarding adults team. They were very clear about making sure homes were secure when they left and ensuring people were safe. One staff member told us, "We may be the only person they see that day, so it is important we make sure they are alright." All staff were aware the provider had a whistleblowing policy. Information on safeguarding procedures and whistle blowing processes was displayed in the main office area.

People's care plans contained assessments of risk relating to people's home and the activities that care workers may perform. We saw risk assessment relating to fire risks in people's home, trips and falls and medicines. Risks assessments were also completed regarding people's individual needs. For example, risks related to mobility, whether they walked with sticks, what support was required when transferring out of bed into a seat and monitoring risks posed by skin problems.

The acting manager showed us copies of the provider's business continuity plan and adverse weather policy. She demonstrated how people using the service were assessed in terms of vulnerability and risk. In the event of poor weather or other problems affecting the service, people who had no relatives nearby, no other support or a medical condition would be prioritised to receive care. She told us they would work with relatives and other services to try and ensure as many people as possible were supported and kept safe. People told us carers always attended. One person said, "I don't know how (care worker) does it. Even when it is snowing she manages to get here in her little car. She always seems to get through." Staff also told us a senior member of management was always on call and could be contacted at any time for information and advice. This indicated plans were in place to deal with emergency or untoward situations.

The acting manager and regional manager told us they were continually recruiting to try and maintain a good core of available staff. The manager said they currently had around 90 available staff, although all of them were on zero hours contracts. Zeros hours contracts are contracts that employ staff on a permanent basis but do not guarantee a set number of working hours. She said this could present challenges as it meant staff were not committed to picking up shifts or visits and could easily hand work back if they could not attend, often at short notice. She said it would be helpful if a core of staff had agreed hours, providing a minimum availability for the service. She told us one of the challenges was finding staff available at the right time. Often staff were available through the day, but the priority time for the service was breakfast and evening calls, when less staff were free to pick up shifts. Staff we spoke with told us they felt there were enough staff, but also commented on the need for staff to be available at the right time to meet people's needs. They told us the number of times they were contacted to offer extra visits at short notice had reduced in recent months. People who used the service and care managers told us there had been missed calls in the past, but the situation had improved in recent months. The manager told us she was looking to address these issues with more targeted recruitment of care workers.

Staff personal files we looked at indicated an appropriate recruitment procedure had been followed. We saw evidence of an application being made, references being taken up, one of which was from the previous employer, and Disclosure and Barring Service (DBS) checks being made and identity checks carried out through the use of passport, driving licences and other personal documents. Staff confirmed they were not able to start work until appropriate checks had been undertaken. The acting manager told us sickness had been an issue in the recent past but a new approach to sickness absence was being introduced, to both support staff and ensure the provider could maintain an effective service.

Staff told us they both prompted and administered medicines to people they supported, they described how they took medicines out of dossette packs and individual boxes and gave them to people for them to take. They told us they had received training in the safe handling of medicines. The acting manager told us a specific spot check visit was carried out to ensure staff were dealing with

Requires Improvement

Is the service safe?

medicines correctly and handling them safely. We saw copies of spot check documents relating to medicines in staff personal files. The manager said training was updated annually.

We looked at medication administration records (MARs) for people using the service. We found MARs usually only identified the giving of tablets from the dossette box as a number and not the individual medicines contained within the dossette box. The acting manager and regional manager told us a separate list of medicines was now provided in people's care plans. However, we found these lists were not currently in all care records in people's homes and, where they were, they often lacked detail about how medicines should be given or where creams should be applied.

We looked at people's care plans for dealing with medicines. We found these were not always detailed and in particular the instructions for creams and topical applications were not specific. For example, care plans contained phrases such as, "Carers to administer eye drops and apply creams" and "Carers to follow MAR chart and Mrs X instructions." We witnessed one care worker appropriately apply a pain relief cream to a person's neck and shoulders. However, the care plan and MAR were not specific about the area of application and stated, "Apply three times a day"

We also noted in one instance the instructions written on the MAR did not match those on the medicine box. We saw the instructions on one box were for the tablet to be dissolved on the tongue. However, the MAR instructions stated the tablet should be "dissolved in a little water." Another person, receiving the same medication, had a box which stated it should be taken 30 minutes before food or 60 minutes after food. We saw this medicine was given to the person whilst they were having breakfast and was previously recorded as being given immediately after breakfast. We checked the providers' medicine policy and saw it stated care workers should check, "Whether there are any special instructions on the dispensing label and respond as appropriate." This meant the provider's own medicines policy was not being followed.

Care staff told us they also supported a person to take insulin because he lived with diabetes. They told us they would set the insulin pen at the correct number and hold the pen whilst the person injected themselves. We spoke to the person concerned, who told us he trusted the workers and only quickly checked the pen before injecting himself. We saw the person was receiving a high dose of insulin and care workers were required to check blood sugar levels each morning. However, there was no detailed information in the person's medicine care plan about what constituted a high or low blood sugar, or what action should be taken if the person reacted poorly to the insulin dose given. We spoke to the acting manager about these issues. She told us action was already being taken to change the medicines systems employed by the service.

This was a breach of Regulation12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 and the action we have asked the provider to take can be found at the back of this report.

Good

Is the service effective?

Our findings

People told us they were well cared for by staff and care workers had the appropriate knowledge to support them. People told us, "(care worker) is brilliant with (daughter). She knows what to do and how to do it"; "Sometimes we get different care workers, but they are all very good and they all know what to do"; "They always send people who are experienced and I always get people who know what they are doing"; "They all know what to do; there's no problems with that" and "She knows what to do and remembers where everything is."

We were shown a copy of the training schedule, maintained to ensure staff had up to date training and to plan for future training needs. There was a dedicated member of the management team whose responsibility was to monitor and plan training for all the staff providing the service. Staff told us they received training when they first joined the service and update training each year. They said initial training consisted of a mixture of work books, face to face and practical training. The acting manager told us staff were supported when completing the work books. We saw copies of competency questions people were required to complete after each workbook was completed. Areas covered in training included health and safety, food hygiene, safeguarding and catheter care.

The acting manager told us a number of staff had completed training to support percutaneous endoscopic gastrostomy (PEG) feeding and palliative care, provided through the local health service, but they were having some difficulty in obtaining confirmation certificates. The acting manager also said she would also like to provide additional training for office based staff. Staff told us they received supervision and annual appraisals and we saw copies of documents recording these discussions in staff personal files.

People told us communication from the office was generally good and they were contacted if care workers were going to be late. Some people told us communication had been an issue in the past and calls were sometime not returned, but things had improved in recent months. We witnessed the care worker who we shadowed contacted the office twice to advise that she would be late to a following appointment. However, when we arrived at these subsequent appointments no message had been passed on. The acting manager told us she was aware of this and was addressing the issue. Care managers and health professionals told us they were happy with the communication they received from the service. They said they were contacted in an appropriate and timely manner about any issues with people they were supporting.

The acting manager and the regional manager told us that to their knowledge no one who was being supported by the service had any restriction on the freedom applied by the Court of Protection. They said they were aware some relatives of people they provided care for did hold Power of Attorney (PoA), although they did not routinely hold details of the PoA documents, so were not immediately aware of any limitation that had been placed in PoA documents. The regional manager told us a question about PoA was now included in the new assessment process being introduced. Staff told us they could not recall receiving specific dedicated training with regard to the Mental Capacity Act 2005, although most staff understood the concept of best interests and ensuring people could make choices where ever possible.

People told us care workers always sought their permission before acting and checked they were happy with the care they were providing. Whilst we shadowed a care worker we observed she always checked that people were happy for her to proceed or they were content with the care. We saw people's care records contained signed consent forms, such as an agreement to share information with health professionals.

People told us staff were very helpful in ensuring they had plenty to eat and drink. They said they would prepare or heat meals for them and made sandwiches and snacks for them to eat later. Whilst shadowing care we saw the care worker asked people what they would like to eat for breakfast or lunch and prepared this for them, ensured people could access jugs of water or juice, or prepared flasks of hot water or tea for them to use until the next care worker called. Staff also told us they would ensure that people had enough essential food in their homes, such a milk and bread. We saw several entries in daily records indicating staff had visited the local shops to stock up on these items. One person told us staff cut his meals up for him to make it easier for him to eat unsupported. Staff also told us they would support people to make their own meals and snacks in order to promote their independence.

Good

Is the service caring?

Our findings

People told us staff were caring and supportive. People's comments included, "They are very good; they are lovely people"; "They are very nice I must say"; "They are very pleasant. We always have a bit of a carry on. We banter all the time. I love it when they have a joke."; "I get looked after well, I can't say anything else"; "What (care worker) does is a damn good job and I can't say fairer than that" and "It is a pleasure to have them here. They make us feel wanted and are never rude."

We spent a shift shadowing one care worker. We saw she treated people respectfully and sensitively. She took time to ascertain what people wanted and that they received the care they required. We saw people looked forward to the care worker calling and enjoyed talking to them and sharing news. The care worker took time to check everything was alright for them. We saw care delivered matched the care highlighted in people care records. Staff told us they were aware they may be the only individual each person saw that day and so tried to ensure they spent time speaking with them. We witnessed people were always asked if there was anything extra that needed doing before the care worker left the home. One person told us, "I'm very happy with (care worker). She is my friend. What old people need is not food, but conversation and some time. I wish they had more minutes to spend engaging with me than writing reports in books."

People told us they were involved in their care and in discussing what care and support they required. They told us they were aware of the care plan that was kept in their home. They said staff regularly checked the information to make sure the appropriate care was provided. One person told us staff always informed their son if they were worried about them, or if they were unwell, so that he could keep a check on things as well.

People told us they had received information about the care they were to receive and how the service operated. Most people told us they received copies of rotas indicating which care workers would be calling for which appointments. Two people did highlight there were times when there was no name allocated for appointments, so they were not always clear about who may be calling. People also told us that if staff were delayed, they were contacted by the office to let them know. One care manager told us, "I am very happy with the care provided for my clients. There are several carers who go above and beyond."

We saw people's well-being was supported and maintained. Staff told us they would contact the district nurse or a person's general practitioner if they were worried about them. We saw in daily care notes that staff had contacted the office staff to make health professionals aware of concerns or issues.

Staff were aware of the requirement to maintain confidentiality and the need to ensure that personal information was not shared inappropriately. They told us they would always check with managers if they were unsure what they could or could not discuss.

Staff described to us how they respected people and maintained their dignity throughout the delivery of care. They explained how they always knocked or rang the bell before entering houses, even when they had a key. During our period shadowing care we saw this to be true. We saw people's care was delivered discreetly and always with respect for the individual. One person told us, "Every one of the carers has been good to me. Even when you get a new one." One relative told us, "They treat her with respect. They talk to her not down to her. The treat her with privacy and dignity. I can't fault it in any way."

Requires Improvement

Is the service responsive?

Our findings

People told us they felt the care they received met their needs. One person told us, "The care worker is professional. Fantastic support. Looks after me in a disciplined way. Very professional." Another person told us, "They do everything they are supposed to do. There is nothing that they could do better." A district nurses told us, "They are very good. They pick up care within 24 hours."

Staff told us how they ensured people received individualised care be asking people what they wanted and getting to know the people they cared for. One care worker told us, "You get to know their different ways and that is a big part of it." Another care worker told us, "Everyone like things done differently, so that is how you do it."

We saw people had care plans detailing the care they should receive and the time that care should be delivered. We saw care plans contained and assessments of people's needs and plans identifying what care should be delivered at different times of the day. We noted some of the assessments were not always consistent. For example, one person was highlighted as having difficulty with walking and used walking stick and holding on to the furniture to get around the home. However, they were then assessed as not being at risk of falling.

We found some care plans had good detail on how people should be supported, such as speaking slowly and clearly for a person whose hearing was impaired. However, the majority of plans we looked at were not detailed and did not always reflect the care delivered. For example, in one person's care plan we saw written the word's "Catheter care", with no explanation as to what action the care worker should take. Another person's care plan had a single goal detailed as, "To remain at home with help and support." Under the heading, "How will the care worker check my goal has been achieved?" was written; "Monitor my safety and guide me."

Staff we spoke with told us the detail in the care plans varied and could be better in some cases. One care worker told us how she had gone to a new call to support a person who had diabetes and was not allowed sugar. She told us that this information was not in the person's care plan and she was not aware of the fact until their relative brought it to her attention. This meant that care plans and assessments were not always detailed and did not always contain sufficient information for care to be delivered effectively and safely. We spoke with the acting manager and the regional manager about this. They told us the company was in the process of changing care plan documentation to improve the range of detail of care plans.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the action we have asked the provider to take can be found at the back of this report.

People told us their care was reviewed on a regular basis and could be changed if they needed it to be. Care managers we spoke with told us the service was responsive to changes in care requirements.

People told us care workers were on occasions late for appointments and could often be five or 10 minutes behind if there was traffic, or if they had been held up at a previous visit. Staff told us that, with the exception of some rural rounds, there was no travelling time factored into their schedules. Where appointments were close, or on the same housing estate this caused few problems. However, at busy times, even driving across town could cause delays and lead to late appointments. They told us that they often "pinched" five minutes at the end of appointments to make up time, or missed their breaks. During our period shadowing a care worker we noted they did not take their allotted break, because they were behind with their timed calls and a lack of travelling time meant they were often delayed in getting to calls later on the list. The acting manager told us calls were grouped together to try and minimise time between calls. Staff also told us they were required to use their personal mobile phones to contact the office if there were problems and were not reimbursed for this. This meant systems to effectively manage care were not always in place and people's care needs may not be fully met because staff were not always on time to deliver required care.

Staff told us they were aware of the risk of social isolation and that their visits to people's homes may be to only contact people had during that day. They told us they took time to ensure people had all they needed and would alert other services or the office if they were concerned about people's health or psychological wellbeing. They said they tried to make time to have conversations about people's families or simply what they had been watching on television or things that had been in the local paper. People

Requires Improvement

Is the service responsive?

we spoke with confirmed staff chatted with them and that they were supported to go shopping or to other appointments, as necessary. One person told us, "It is nice to have different company. I look forward to them coming."

People told us they knew how to make a complaint and they would contact the office it there were any concerns. One person we spoke with told us they had recently made a complaint and had received a letter detailing the outcome of the investigation into the complaint. They told us they felt the letter did not fully address their concerns and were requesting further details. All other people we spoke with told us they had no complaints about the service. Comments included, "I've never had to make a complaint"; "I can't fault it. I've never had any complaints"; "I had a complaint, in the past, but this has been resolved" and "They are very good. I've got no complaints; no complaints at all." Care managers we spoke with told us there had been a reduction in complaints over recent months. They told us that where there were any concerns or issues the manager was responsive and the provider took steps to address and learn from the issue. One care manager said, "Credit where it is due. I've sent quite a few compliments through recently." Staff told us they would try and resolve any issues immediately, but where they were unable to do so they would alert the office that a person was unhappy about an aspect of the service.

We looked at the provider's complaints records. We saw there had been 22 complaints during 2014. We saw the provider had followed a complaints procedure in dealing with the complaints, carried out an investigation and fed back to the person on completion of the complaint. We saw that where necessary action had been taken to ensure action was taken in light of the complaint, including raising issues in staff supervision sessions and checking on the standard of care after each visit through a telephone call to the individual.

Good

Is the service well-led?

Our findings

At the time of our inspection there was no current registered manager in place at the service, although our records showed that a person was still registered with the Commission. The regional manager told us the person had left some time ago and would follow this matter up. An acting manager was in place and she told us she was applying to become the registered manager. Our records showed this application was in progress. The acting manager and the regional manager were both present during the inspection.

Staff told us they felt supported by the management structure of the service. They told us that if they had any problems they could contact the office or out of hours number and would receive help or assistance. Comments from staff included, "There is good support. You just pick up the phone and have a chat. Someone is usually available"; "They are generally very good; very approachable in the office"; "Management are okay. I can phone any time. They are all very good" and "(senior staff member) is very good. You can ring her anytime with concerns." Some staff felt the local management team was supportive but felt senior staff in the provider's organisation did not always understand the particular issues they faced on a day to day basis and did not engage regularly with staff delivering the care.

Staff highlighted the work could be busy at times but felt the atmosphere in the service was positive. Comments from staff included, "It is positive. You feel like you are doing something, helping people"; "Because you are helping people it doesn't feel like a job" and "I'm happy. I love it. Caring for people is really rewarding. I feel really appreciated most of the time." People told us care staff always had a pleasant demeanour and were friendly and happy when they visited them.

People told us senior staff members called at their homes to check on the work carried out by the carer workers. Staff confirmed there were regular spot checks carried out including checks on general care, moving and handling and the safe handling of medicines. We saw copies of spot check documentation in staff's individual files. People also told us they were contacted by the provider, by telephone, or sometimes through a direct visit, to ascertain if they were happy with the service provided and whether they had and issues or concerns they wished to raise.

The acting manager and regional manager showed us a new computerised management system that was being introduced by the provider. The system logged staff training requirements, sickness, missed calls, safeguarding incidents and complaints. The regional manager told us she could access the system at any time and check for example, the number of complaints and what stage they were at. The system would highlight when staff training needed updating or when certain performance targets were being breached. This meant there were systems in place to monitor the quality and provision of the care provided and oversee areas for improvement.

One person told us they did not feel the service offered by office staff was good and calls were not always returned. However, other people we spoke with told us they were happy with the service they received when they contacted the service office. People told us, "They are all fine in the office. I have no problems with them or anyone"; "I've no problems with the office. You feel as if you know them" and "The office is improving."

Staff told us meetings with staff took place on a regular basis, although the spread of the service made it sometimes difficult to attend. They told us that if they were unable to attend then a briefing of the main points from the meetings was distributed. We saw copies of these briefing papers in staff files. The acting manager told us they were looking to establish locality staff meetings, alongside wider staff meetings, to make it easier for staff to attend and for them to receive information and updates.

The acting manager told us she felt they service offered was good overall, although said there had been some ups and downs over the past 12 months. She told us there was still work to do to improve the service and make it more responsive to people's needs, but this work was on going. She said the regional manager was working with the service to improve systems and to try and raise and tackle some of the unique issues faced by a largely rural delivery patch. She said staff retention was an issue in a rural location and felt this was often linked to the zero hours contracts and the fact that people could not be guaranteed a minimum number of hours. She told us she would also like to provide additional training for office based staff.

Good

Is the service well-led?

We found that with the exception of the care plan documentation, records were generally well maintained and up to date. We found daily records of care provided, kept in people's homes, contained good detail of the care delivered and highlighted any action taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Systems were not in place to ensure the proper and safe management of medicines. Regulation 12(2)(g) HSCA (RA) Regulations 2014

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems were not in place to maintain an accurate, complete and contemporaneous record in respect of each service user. Regulation 17(2)(c) HSCA (RA) Regulations 2014