Family Mosaic Housing

Family Mosaic West Sussex Domiciliary Care Service

Inspection report

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Ratings

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

Overall summary

This inspection took place on 25 November 2015 and was announced.

Family Mosaic West Sussex Domiciliary Care Service provides personal care and support for older people living in their own flat within one of six extra care housing schemes in West Sussex. Extra care housing has been designed with the needs of frailer older people in mind and could include communal restaurant facilities and organised activities. At the time of our inspection around 130 people were receiving a service.

On the day of our inspection, there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

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.

This was the first inspection of the service since the new provider had taken over the running of the service and was registered with the CQC. Senior staff told us this had been a difficult period with a number of staff changes within the service. Each extra care housing scheme should have had a care manager to provide day to day management cover and to support the registered manager. There had been difficulties in recruiting to these posts. There had been a number of changes in care staff, and although there had been an ongoing recruitment programme to employ new care staff there had been difficulty in recruiting the required number of care staff. There had been particular difficulties within three of the extra care housing teams and senior staff had action plans in place that they were working to address issues highlighted. We received some feedback from staff that there had not always been sufficient staff to meet peoples care needs. One person told us, "They come on time, and treat you well. They are often short-staffed, sometimes there's only two on, other people need more than that to care for them." People told us that the staffing difficulties had at times led to some missed calls, staff appearing to be rushed and the duration and punctuality of calls had also been affected. One person told us, "Some girls are a bit brusque – one did say 'I've got to go early – I've got lots to do today'; but most of them are very good to me; my little angels." Another person told us about their care worker, "She'd come at 8.45 and left by 9.00am, and said 'I've got to go – I've got another six to do." Rotas were minimal and did not accurately detail the times for the calls. This meant that there was not an accurate record of the visit times and duration for staff to follow and could have led to inconsistency in the provision of the service. This was an area in need of improvement.

Not all the care staff had been through a thorough recruitment process and a full employment history had not always been provided to inform the recruitment process. This was an area in need of improvement.

Quality assurance processes were not fully in place to audit and quality assure the care provided. The provider's quality assurance policies and procedures detailing the timescales and frequency that quality assurance should take place were still being developed. Where quality assurance audits had been completed these had not all been maintained or fully embedded in the running of the service. This meant there was limited information available as to how the service was improving following feedback received. This was an area in need of improvement.

Policies and procedures were in place for the management of medicines, care staff had received training to ensure the safe administration of medicines. However, there was limited quality assurance of the system which meant any issues were not picked up promptly and addressed. This was an area in need of improvement.

Care staff received an induction, and training to ensure they could meet people's care needs. Care staff had supervision in one to one meetings and staff meetings, in order for them to discuss their role and share any information or concerns and for senior staff to discuss their work performance. However, individual supervision meetings were not always regular.This was an area in need of improvement.

People and their relatives told us that they or their relative felt safe with the staff that supported them. One person told us, "Yes, of course I feel safe with all the lovely girls. They are so kind." The needs and choices of people had been clearly documented in their care and support plans. Risk assessments were in place to ensure people were safe within their own home and when they received care and support. There was a review process in place, but it was not possible to fully evidence this was completed as this was a new service. Where people were unable to participate in the drawing up and review of their care plan, senior staff told us they would liaise with health and social care professionals to consider the person's capacity under the Mental Capacity Act 2005 (MCA). Care staff had a good understanding of the need for people to consent to their care and treatment.

People and their relatives told us they were supported by kind and caring staff. One person told us, "They [the carers] are all very good. There is one thing wrong: they aren't paid enough. The carers really do care. I'd give them a gold star." People knew how to raise concerns or complaints if they needed to.

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 consistently safe. There were not always sufficient staff numbers to meet people's needs. People were cared for by staff who had not all been recruited through safe procedures.

People had individual assessments of potential risks to their health and welfare.

Procedures were in place to ensure the safe administration of medicines.

Requires improvement

Is the service effective?

The service was effective. Staff had a good understanding of peoples care and support needs.

There was a comprehensive training plan in place. Staff had the skills and knowledge to meet people's needs.

Care staff had an understanding around obtaining consent from people, and had attended training on the Mental Capacity Act 2005 (MCA).

Where required, staff supported people to eat and drink and maintain a healthy diet.

Good

Is the service caring?

The service was caring. Care staff involved and treated people with compassion, kindness, and respect. People and their relatives told us care staff provided care that ensured their privacy and dignity was respected.

People and their relatives were pleased with the care and support they received. They felt their individual needs were met and understood by care staff.

Care staff were able to explain the importance of confidentiality, so that people's privacy was protected.

Good

Is the service responsive?

The service was not consistently responsive. People did not always have continuity of care staff providing their care and at the times agreed.

People had been assessed and their care and support needs identified. Care and support plans were in place.

The views of people were welcomed, and people had received information on how to make a complaint if they were unhappy with the service.

Requires improvement

Summary of findings

Is the service well-led?

The service was not consistently well led. Quality assurance systems had not been consistently maintained to monitor and help improve standards of service delivery.

The leadership and management promoted a caring and inclusive culture. Staff told us the management was approachable and very supportive.

People were able to comment on and be involved with the service provided to influence service delivery.

Requires improvement 

Family Mosaic West Sussex Domiciliary Care Service

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 is the first inspection of the service since it was registered with the CQC in February 2015.

This inspection took place on 25 November 2015 and was announced. This inspection was initiated following concerns received about the level of staffing provided, which had led to people not always receiving their care, or care being late and not at the agreed times. This had impacted at times where people were due to be supported by two members of care staff or supported with medicines administration. We told the registered manager five days before our inspection that we would be coming. This was because we wanted to make sure that the registered manager and other appropriate staff were available to speak with us on the day of our inspection. Three inspectors undertook the inspection, with an expert-by-experience, who had experience of older people's care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience helped us with the telephone calls to get feedback from people being supported.

Before the inspection, we reviewed information we held about the service. This included complaints received and any notifications. A notification is information about important events which the service is required to send us by law. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This helped us with the planning of the inspection. We contacted the local authority commissioning team and to ask them about their experiences of the service provided.

During the inspection we went to the service's office and spoke with the registered manager, a director of the service, an operations manager, a housing manager and three care staff. We spoke with three relatives and five people using the service. Prior to this we spoke with 13 care staff, 15 people using the service and a relative from across all the extra care schemes over the telephone. We sat in a handover for staff at one of the extra care housing schemes. We spent time reviewing the records of the service, including policies and procedures, looked at eight people's care and support plans, the recruitment records for four new care staff, complaints recording, accident/ incident and safeguarding recording, and staff rotas. We also looked at the provider's quality assurance.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe with the care provided by the service. One person told us, "I feel very safe. They're lovely girls." Another person told us, "Safe, oh yes, of course." Another person told us, "I have fits and things; when I press my alarm; they are here inside a minute, any time of day or night. And they're always friendly on passing by – pop in to see if I'm OK, while my daughter's on holiday. The carers here do a good job." However, we found areas of practice which required improvement.

The registered manager had the support of the provider's human resources department when recruiting staff. However, we found people were cared for by staff who had not all been recruited through safe recruitment procedures. Where staff had applied to work in the service they had completed an application form and attended an interview. Each member of staff had undergone a criminal records check and had two written reference requested. These checks had been received prior to the new member of staff commencing work in the service. However, for two care staff a full employment history had not been provided. This meant that not all the information required had been available for a decision to be made as to the suitability of a person to work with adults. This placed people at risk of receiving care from the wrong staff as appropriate checks hadn't taken place. We discussed this with senior staff during the inspection who acknowledged this was an area in need of improvement.

People told us there were not always enough staff on duty to provide their care calls at the time agreed. One person told us, "They come on time, and treat you well. They are often short-staffed. Sometimes there's only two on; other people need more than that to care for them. I have help with having a shower; I can do everything else, so long as they move my wheelchair into awkward places." Another person told us, "They're a nice group. I can't fault them. Sometimes they tell me 'We're running a bit late', but it's never more than a few minutes. You can't expect perfection. [Name of provider] can't get it 100% right. "Another person told us, "I have carers call four times a day. The timing varies,it depends on how busy they are; they pop their heads in and say they'll be with me in a minute, but they are kind, and I do feel safe with them."

Feedback from staff was varied regarding whether there was enough staff to meet peoples care needs. Some staff told us that since the loss of a number of staff through leaving, they felt there was not always enough staff on duty to provide a responsive service. One member of staff told us, "This is the biggest bone of contention at staff meetings. Another member of staff told us, "I don't feel there are always enough staff. We have been cut down to two in the mornings, I think for financial reasons. We manage but if there was an emergency where both staff were involved, for example calling and waiting for an ambulance that would make it difficult." Staff were aware that there was an ongoing recruitment drive and one member of staff told us, "The new staff that have recently joined the team are excellent." Senior staff acknowledged this was an area in need of improvement. They told us it had been a difficult period with a changeover of provider for the service, which had led to a number of care staff leaving. There had been difficulties in recruiting new replacement care staff. They had an ongoing recruitment programme and were actively trying to recruit enough care staff.

We looked at the way that care calls were scheduled. There was limited information on the schedules and times were not always correct. We found that visits were scheduled in 10 minute intervals although the duration of the calls should have been at least 15 minutes, Some schedules had more than one call scheduled at the same time. This meant that there was not an accurate record of the visit times and duration of the call for staff to follow and could have led to inconsistency in the provision of the service. This was an area in need of improvement.

Medicine policies and procedures were in place for care staff to follow and there were systems to manage medicines safely. Care staff told us they had received medication training, and they were able to describe the procedures they were expected to follow in the service. For some people the timing of their care call was important, for example where people had support with their medicines. One person told us, "Sometimes they [carers] don't come in and give me my tablets, teatimes get missed out sometimes. Sometimes it's OK, sometimes not good. Some are friendly, but I wish I knew what was going on with my tablets. I might fall over and hurt myself, and they [tablets] are in a locked cupboard. I have complained to the manager, and she said 'I'll try and sort it out', but I've heard no more." Another person told us," "I only need medication, four times a day. My GP reviews it every few months. The carers are occasionally late, but only up to about 20 minutes; it doesn't affect my medications." The records we

Requires improvement

Is the service safe?

looked at for one person lacked clarity as to whether this person was having their medicines administered or care staff were prompting them to take their medicines. We discussed with the registered manager during the day who started to address this during the inspection. This was an area in need of improvement.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them, and to protect people from harm. Each person's care and support plan had an assessment of the environmental risks and any risks due to the health and support needs of the person, and these had been discussed with them. The assessments detailed what the activity was and the associated risk, and guidance for staff to minimise the risk.

The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. These had been reviewed to ensure current guidance and advice had been considered. This included clear systems on protecting people from abuse. Senior staff told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. One member of staff told us, "If something was reported to me I would make sure that all of the people involved were safe. I would then raise a safeguarding and carry out an initial investigation to get all the facts. Everything would be recorded and passed on to a senior manager." Another member of staff told us, "I would get all of the details and make an arrangement to speak with the customer. We have a duty of care to report all concerns, to raise a safeguarding and involve other professionals." Care staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. We talked with care staff about how they would raise concerns of any risks to people and poor practice in the service. They had received or were due to receive safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse. One member of staff told us, "If I had any concerns at all I would report them to the senior or to a manager, it is our job to see that people are safe and not harmed in any way." Another member of staff told us, "I would report any concerns to the manager and if they were not there then I would go to the on call manager. I would ask for some feedback to ensure that it had been acted on."

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff we spoke with had a clear understanding of their responsibility around reporting poor practice, for example, where abuse was suspected, and knowledge of the whistle blowing process.

There were arrangements to help protect people from the risk of financial abuse. Care staff told us that a large number of people managed their own monies and just needed to be accompanied when shopping etc. Care staff told us on occasions, they undertook shopping for people. Records were made of all financial transactions which were signed by the person and the staff member. Care staff were able to tell us about the procedures to be followed and records to be completed to protect people. One member of staff told us, "If we go shopping for someone who manages their own money we are just watchful that they are given the correct change and that they put their money away safely." Another member of staff told us, "When we go shopping for people, we fill out financial slips and the customer gets a copy of this. If possible we ask them to sign the slip as well. We show them how much money we are taking and when we come back show them the receipt and change and where we are putting it. All of the slips and receipts have to go to the office every month, where they are checked."

Equipment maintenance was recorded, and care staff were aware they should report to senior staff any concerns about the equipment they used. Any incidents and accidents were recorded and the registered manager told us she kept an overview of these, and the provider was also informed and kept an overview of these to monitor any patterns and the quality of the care provided and provide guidance and support where needed. Procedures were in place for staff to respond to emergencies. There was an on call service available, so care staff had access to information and guidance at all times when they were working.

Good

Is the service effective?

Our findings

People told us they felt staff were competent, and provided a good level of care. They had been asked to consent to their care and treatment.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff understood the principles of the MCA. They were aware any decisions made for people who lacked capacity had to be in their best interests. They gave us examples of how they would follow appropriate procedures in practice. There were clear policies around the MCA. Care staff told us they had completed, or were due to complete this training and all had a good understanding of the need for people to consent to any care or treatment to be provided. One member of staff told us, "The training showed us that for some people, perhaps with dementia or mental health needs, there might be a need to carry out capacity assessments for some things in their lives maybe finances. This does not mean that they can't manage other areas of their lives." Another member of staff told us, "I did on line training. My understanding is that if a person has an illness or other reason they cannot safely make some choices for themselves, there is a process that has to be gone through. This usually is done by the family and other professionals like mental health teams and a decision is made. This does not mean that that they can make no choices for themselves at all as everyone has some level of capacity." We asked care staff what they did if a person did not want the care and support they were due to provide. One member of staff told us, "People's needs and moods can change from day to day so although you have the care plan to follow you must always check out that the care you are providing is the care they want. If people refuse support you must respect that but ensure that you record it and make sure it is monitored." Another member of staff told us, "If someone was refusing care on any day I would never force them. I might say something like 'should we have a cup of tea first' and then try again. Sometimes it is also better to let another carer try a bit later. Because we are based in the units we can be more flexible."

People were supported by care staff that had the knowledge and skills to carry out their roles. The registered manager told us all care staff completed an induction before they supported people. This was confirmed in recording we looked at. The induction had recently been reviewed to incorporate the requirements of the new care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There was a period of 'shadowing' a more experienced staff member, before new care staff started to undertake care calls on their own. The length of time a new care staff member shadowed was based on their previous experience, whether they felt they were ready, and a review of their performance. New care staff told us they had recently been on an induction. They described how they had accompanied other care staff on visits during their induction.

Care staff received training to ensure they had the knowledge and skills to meet the care needs of people. This included moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. Care staff told us they were up-to-date with their training, and had received a training update when the new provider took over. Staff were being supported to complete a professional qualification. Senior staff told us they provided individual supervision and appraisal for staff. This was through one-to-one meetings. These meetings gave care staff an opportunity to discuss their performance and for senior staff to identify any further training or support they required. There was a supervision and appraisal plan in place which the senior staff were following to ensure staff had supervision and appraisal. Staff told us that the team worked well together and that communication was good. They had received supervision from their manager, felt well supported and could always go to a senior member of staff for support. Additionally there were regular staff meetings to keep staff up-to-date and discuss issues within the service.

Where required, care staff supported people to eat and drink and maintain a healthy diet. People were supported

Good

Is the service effective?

at mealtimes to access food and drink of their choice. Care plans provided information about people's food and nutritional needs. Care staff told us they offered people a choice from the food supplies available or people could be supported to access the communal restaurant facilities available. If people had been identified as losing weight, care staff told us there were food and fluid charts they could use, and these were completed to monitor people's intake. Care staff had received training in food safety and were aware of safe food handling practices.

People had been supported to maintain good health and have ongoing healthcare support. We were told by people and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, care staff were available to support people to access healthcare appointments if needed. Care staff monitored people's health during their visits and recorded their observations. They liaised with health and social care professionals involved in their care if their health or support needs changed. One person told us, "My teeth had got bad, and then I got toothache. One of the girls said 'I'll find you a dentist don't worry.' She got on the internet overnight and found one for me, and now I've got an appointment. That was kind of her. She's lovely, chatty and bright."

Good

Is the service caring?

Our findings

People told us they were treated with kindness and compassion in their day-to-day care. They told us they were satisfied with the care and support they received. One person told us, "The carers are extremely polite, helpful and polite; I couldn't possibly complain." Another person told us, "I say to the girls 'I only want people who smile, to come in here!' That makes them laugh, but they do get tired."

Staff told us people were encouraged to influence their care and support plans, and demonstrated they knew the individual needs of the person they were supporting. People told us they were happy with the arrangements of their care package. They had been involved in drawing up their care plan and with any reviews that had taken place. One person told us, "The girls [carers] are very good if I need odd bits doing or buying while my daughter is away – they are very kind, and very reliable." They felt the care and support they received helped them retain their independence. One member of staff told us, "We always support people to be as independent as possible but also want to ensure that they are not isolated and lonely." One relative told us, "All the staff have been lovely. They supported her to be independent."

People and their relatives told us they felt the care staff treated them or their relative with dignity and respect. One relative told us their mother was a very private person and she would have said if she had any concerns. She had asked for female care staff to help with her personal care and this had been provided. Care staff had received training on privacy and dignity and had a good understanding of how this was embedded within their daily interactions with people. They were aware of the importance of maintaining people's privacy and dignity, and were able to give us examples. One member of staff told us, "We always ring the doorbell, identify ourselves and ask if we can go in. When offering personal care we always check what the person wants that day and fit in with that. Even though we are working in peoples' own flats we always shut the bedroom and bathrooms doors just in case a member of their family or a friend comes in."

Care records were stored securely at the service's office. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all care staff. People received information around confidentiality as well. Care staff were aware of the importance of maintaining confidentiality and could give examples of how they did this. One member of staff told us, "We have really good relationships with the people we support but always have to be very careful that we do not gossip or pass on information wrongly. For example, when people are living in a block of flats and maybe one person is ill, the other people will ask the carers what is wrong. We would never share that unless the person had given their permission and we had recorded that. That also goes for talking about other carers to customers." Another member of staff told us, "If we are concerned that someone we are supporting is deteriorating, maybe their mental health, not eating or they are neglecting themselves; there is a separate file in the office where we record this. It is then picked up by the supervisor who will act on it and involve families and the doctor. This stops sensitive and maybe upsetting information being put in the records in their flats."

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to people. The registered manager was aware of who they could contact if people needed this support.

Requires improvement

Is the service responsive?

Our findings

People told us they felt included and listened to, and confirmed they or their family were involved in the review of their care and support. However, feedback from people was that there was a lack of continuity of care staff providing their care. One person told us, "They're mostly regular, but sometimes strangers arrive, I don't know who is coming and I don't like it. I think the weekends are worst."

People told us they were listened to and the service responded to their needs and concerns. Regular care staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. However, feedback from people about the continuity of care staff and the duration and punctuality of their calls was varied. One person told us, "I've been here eleven years. Recently it got really bad because a lot of the staff upped and went. I prefer the old group to the new group. It's getting better, though I have to show them what to do, and I get nervous, but they're doing their best. They come on time, and treat you well. They are often short-staffed – sometimes there's only two on; other people need more than that to care for them. I have help with having a shower; I can do everything else, so long as they move my wheelchair into awkward places." Another person told us, "They're a nice group. I can't fault them. Sometimes they tell me 'We're running a bit late', but it's never more than a few minutes. You can't expect perfection. [Name of provider] can't get it 100% right. "Another person told us, "I have carers call four times a day. The timing varies, it depends on how busy they are; they pop their heads in and say they'll be with me in a minute. But they are kind, and I do feel safe with them. There are different ones at different times of day, but they're all nice. There's no real problems."

People told us they had been involved in developing their care plans and felt they had been listened to. A detailed assessment had been completed for any new people wanting to use the service. This identified the care and support people needed to ensure their safety. Senior staff undertook the first visit and completed the care and support plans and the risk assessments. One person told us," It's excellent. I see the same girls about twice a week, and when they change shifts, another couple. I know them all by now! They are always very welcome. The manager is brilliant – I chat to her about anything – I saw her and explained about my husband too. She comes to the flat and chats with us – she's good to me. We have had reviews of care. The manager has a good relationship with the carers; she says they would let her know if and when my husband needs care too. I wouldn't change anything, we're very happy at the moment." Care staff told us they looked at people's care and support plans and these contained information about people's care and support needs. The care plans were detailed and person centred. This gave them good guidance around people's individual needs. One member of staff explained how two people who spoke very little English were supported. They explained this as getting to know the people really well, gaining their confidence and the use of facial expressions and gestures. Staff had involved the people's family in translating their needs and preferences and what routines they wished to have each day. Staff said that the care plans were regularly audited by senior staff. They described the use of a separate sheet for each day so that people's daily routines could be followed and respected. One staff member told us, "We read the care plans every time we provide support because something might have changed. We try to follow the care plans as much as possible but also have to be flexible with what people want so we always ask first."

People and their relatives were asked to give their feedback on the care provided through spot checks of the work completed, reviews of the care provided, at meetings held by the providers of the extra care housing schemes, and through quality assurance questionnaires which were sent out. A questionnaire had been recently sent out and the outcome was being collated and so was not available to view at this inspection. Staff told us there was a complaints policy in place and they said that users of the service had a copy. One member of staff told us, "All complaints and compliments are recorded and there is an 'open door' policy in the office. People are free to ask to speak to a manager or go down to the office and their concerns are dealt with very quickly". Where people had concerns they were made aware of how to access the complaints procedure and this was available in the information guide given to people who used the service. The complaints policy gave information to people on how to make a complaint, and how this would be responded to. The policy set out the timescales that the representatives of the agency would respond in, as well as contact details for outside agencies that people could contact if they were

Requires improvement

Is the service responsive?

unhappy with the response. The information provided to people encouraged them to raise any concerns that they may have. Care staff told us they would encourage people to raise any issues that they may have directly with the manager. We looked at how people's concerns and complaints were responded to, and asked people what they would do if they were unhappy with the service. People told us that if they were not happy about something they would feel comfortable raising the issue and knew who they could speak with. Records showed comments, compliments and complaints were monitored and acted upon. Complaints were being handled and responded to appropriately and in line with the provider's policy. One person told us, "I've got no real complaints about [provider company], except we need a few more activities. There's not enough going on – there used to be more: entertainments, and hobbies and things. But on the whole, I'm happy with what they do for me. I wouldn't change any of that."

Requires improvement

Is the service well-led?

Our findings

People told us it had been a period of significant change and systems not being fully in place. For example we received some concerns on the billing arrangements for the care provided. Staff told us as the new company had only recently taken over; staff were still waiting to see what the future held. They told us that it had been a good start with the induction and the updated training provided. We found areas of practice which required improvement.

Systems were not fully in place to drive improvement and ensure the quality of the care provided. Quality assurance policies and procedures had not been fully developed. Care staff had not yet received their staff handbook to reference. Senior staff carried out a range of internal audits, including care planning; checks that people were receiving the care they needed, and medicines administration. However, they had not been regularly carried out and embedded into the practice of the service. Where audits had been carried out it was not always possible to evidence the work to be completed and when it was proposed to address this. They were able to show us that following the audits any areas identified for improvement had been collated into an action plan, work completed to address any shortfalls and how and when these had been addressed. Staff supervision and staff meetings were held. However, these had not been regularly maintained and had not always provided the opportunity to both discuss problems arising within the service, as well as to reflect on any incident that had occurred. This was an area in need of improvement.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). Senior staff were aware they had to submitt notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. However, senior staff were not fully clear on what was required to be notified to the CQC. This was an area in need of improvement.

Policies and procedures were in place for staff to follow. There was a policy and procedure on people's responsibility under the Duty of Candour. This is where providers are required to ensure the there is an open and honest culture within the service, with people and other 'relevant persons' (people acting lawfully on behalf of people) when things go wrong with care and treatment.We discussed this with the registered manager during the inspection who demonstrated an understanding of their responsibilities.

There was a clear management structure with identified leadership roles. The registered manager was supported by a team of care mangers. Staff spoke highly of their direct line managers and told us they felt well supported. They thought the changes seemed positive except for some staff shortages. One member of staff told us, "We always try to be open and honest with people. There is good team work and good communication. I think that we are all a good bunch that just wants to make people's lives better". Staff demonstrated an understanding of the purpose of the service which was, 'To deliver the highest standards of professional care and support to those in need and who choose to remain living in their own homes. To encourage and promote the independence and safety of all our customers. To ensure that a person's values and rights such as dignity, beliefs and freedom of choice are respected at all times.'