

Prestige Nursing Limited

Prestige Nursing-Denton

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

Prestige Nursing – Denton is a domiciliary care agency based in Newhaven. They provide support and care for 42 older people living in their own home in Newhaven, Seaford and Peacehaven. Some people need support with personal care and assistance moving around their home, due to physical frailty or medical conditions, others were at risk of falls.

There had been no registered manager at the agency since May 2015. A manager had been appointed and had applied to register at the time of the inspection, but is no longer managing the agency. 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.

This inspection took place on the 30 December 2015 and 6 January 2016 and was announced.

There were systems in place to keep people safe and people told us they felt safe and happy. However, we found there were areas that required improvement with

Summary of findings

regard to the administration of medicines, staffing and record keeping and, how these were managed by the provider. This showed that the provider's assessment and monitoring of the quality of the services provided by the agency was not effective.

People said staff provided the support they needed. One person told us, "I think everyone is very friendly and approachable. The carers are lovely and really caring." Staff attended relevant training and they had a good understanding of people's individual needs. They were clear about their roles and responsibilities and, felt they were supported by the management through the supervision programme.

People were supported by experienced staff and, robust recruitment and selection processes were in place. Relevant checks were carried out before staff started working for Prestige Nursing – Denton to ensure only those suitable were employed.

Assessments were carried out to identify people's support needs before the support started and these had been agreed with people, or their relatives, to ensure the agency provided the care they needed. Care plans identified people's specific needs; these included risk assessments for the home's environment, people's mobility and the support they needed. For example, aids like hoists.

Risk had been assessed to ensure people were able to take risks. Staff provided support if required, such as assisting people to keep mobile with the use of mobility aids and, where appropriate additional support was provided to enable people to go into the town safely. There was guidance for staff to follow, staff knew people really well and they had a good understanding of people's individual support needs.

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.

The systems in place to manage people's medicines safely were not always effective.

People and their relatives told us they felt safe with the staff that supported them.

There were policies and procedures in place to protect people from abuse, and staff had a clear understanding of what to do if they had any concerns.

Requires improvement



Is the service effective?

The service was effective.

There was a training plan in place. Staff had the skill and knowledge to meet people's needs and had a good understanding of the support people wanted.

People were supported to prepare meals and maintain a healthy diet.

The provider and staff understood the requirements of the Mental Capacity Act 2005 (MCA) and obtained consent from people appropriately.

Staff had regular supervision, which they said was very supportive.

Good



Is the service caring?

The service was caring.

Care staff treated people with respect and protecting their dignity when providing support.

Relatives and health professionals felt people's individual needs were met, that staff understood their needs and listened to them when providing support.

There were policies and procedures for staff on how to treat people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

People had been assessed and their support needs had been identified. These were reviewed and updated if people's needs changed.

People's choices were respected and staff respected these.

Complaints procedures were in place. People and relatives felt confident that if they had any concerns they would be addressed.

Good



Summary of findings

Is the service well-led?

The service was not consistently well led.

There were some systems in place to assess the quality of the support provided, but these had not identified issues found during the inspection.

Staff said the management was approachable and encouraged an open door policy.

People were enabled to give their feedback and relatives were involved in decisions about the support people received, if appropriate.

Requires improvement



Prestige Nursing-Denton

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 2010.

This inspection took place on the 30 December 2015 and 6 January 2016 and was announced. We told the staff before the inspection we would be coming, because we wanted to make sure the manager and other appropriate staff were available at the agency's office.

It was undertaken by an inspector and an expert by experience who had received support from a domiciliary care agency. An expert by experience is a person who has personal experience of using or caring for someone who used this type of service.

Before the inspection we reviewed information held about the service. This included notifications, (A notification is information about important events which the service is required to send us by law) and any complaints we had received. This enabled us to ensure we were addressing potential areas of concern. In addition we spoke with the local authority during the inspection.

During the inspection we went to the agency's office to look at records, including policies and procedures, four care plans and related documents, staff training and supervision, staff rotas and complaints. We spoke with eight staff, including the manager, recruitment person and co-ordinator.

To obtain feedback about the support and care provided we contacted 14 people who used the agency, or their relatives, by telephone after the inspection.

Is the service safe?

Our findings

People told us Prestige Nursing – Denton offered a safe service. One relative said, “She wasn’t very keen on having two carers at the same time, but I have to say they are very good and have reassured her so that she feels safe when they are hoisting her.” People and relatives were positive about the support provided. People had the same carers most of the time and staff said they were not rushed and if the support took longer than expected they contacted the office to let them know. One member of staff told us, “We have to make sure they are safe when we leave, we cannot rush people.” Although people were positive about the support they received we identified issues with the running of the service in relation to medicines that placed people at risk.

People and their relatives told us that they were satisfied with the support they received with regard to medicines. People said they received their medicines correctly and on time. One person told us, “My carer gets me my tablets from the DOSSET box and she hands them to me with a glass of drink so that I can take them. She always writes in the record so that everybody knows that I have taken my tablets.” However, we found records did not reflect the medicines prescribed for one person and there were multiple gaps on the medicine administration records (MAR) we looked at. One person had been prescribed a painkiller on an ‘as required’ basis (PRN). This had not been clearly written on the MAR, which showed the medicine had been prescribed for four times a day. Staff told us they looked at the MAR to see when the person had last taken a painkiller so that they did not give them too close together and, as there were gaps on the MAR it was not clear when medicines had been taken. The daily records showed that some staff left medicines in an egg cup for the person to take. However, the person was forgetful and staff attending later in the day found the medicines still in the egg cup. This meant that some staff had not followed the provider’s policies and procedures for medicines and, there was no clear system in place to support this person with pain relief. The manager could not explain why there were gaps on the MAR, but said that the PRN prescription should have been clearly recorded for staff to follow. During the inspection the manager arranged training in medicines for all staff and support plans were being reviewed, including the MAR.

Staff told us they had attended training in assisting with medicines, there were very aware of the provider’s policies and procedures and that they should follow these. They said the training stated that they should not leave medicines with people to take later, unless this had been agreed with the person and the management of the agency. Staff told us, “We have to check that people take their medicines, some forget we have got them out for them. They cannot do it themselves so we usually put them in a little pot and make sure they have a drink. We then go off and do something else, like breakfast and remind them if they haven’t taken them later” and, “If people don’t take the medicines we ring the office and make sure they know what is going on.” A relative said, “My husband can be a little forgetful so it’s really helpful that the carers helping with his tablets make sure he takes them and then I can check the folder to see that they have signed for that so that I’m not trying to persuade him to have a second lot if he can’t remember.” Policies and procedures with regard to medicines were available on line for staff to view and records showed that staff had attended medicine training, with regular updates.

The manager told us that the number of staff was just appropriate for the number of people they supported. They told us they would not take on more people until the office team had completed their training, their care staff numbers had increased and, they had completed training and were able to support people.

People said there were enough staff. They told us, “My carers are very good and will usually arrive promptly when they are supposed to. If they are running late it is only usually 5 or 10 minutes and it never worries me because I don’t really do anything once they have left anyway.” “I’ve never had no one turn up, that’s one of the reasons why I like having a rota as I can at least make sure that the agency have remembered me and sorted someone out to come do my visits” and, “I’ve only had to phone the agency once when my carer was running late and they told me she had unfortunately got held up at her previous client. It would have been nice if they called me to let me know but at least I knew what happened and when she did get to me she was very apologetic and didn’t rush me at all.” Staff felt they had the time to look after people, without being rushed or pressured to do anything. Staff had a good understanding of people’s needs and spoke confidently about the support they provided for each person they supported. One member of staff said, “We are delayed

Is the service safe?

sometimes, with traffic or just taking a bit longer with someone, but it's not usually too long. We can only apologise, but most of them know the times have to be a little bit flexible to allow for that."

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Risk assessments had been completed depending on people's individual needs. These included mobility, nutrition, communication and, environmental risk assessments. They were specific for each person, with guidance for staff linked to each assessment. Staff said they read these when they first provided support and followed them to ensure that people were safe and received the support they needed. One person told us, "I must admit I am very fussy in the way I like things to be done how my care is going. However, I have to say that they are very good and put up with my strange little ways without complaining." A relative said, "My husband needs a lot of support in the shower because he has fell over on a number of occasions resulting in him being in hospital. Since they have been coming he has not fallen over once and I'm sure it is down to the fact that they make him concentrate on what he is doing when he's in the shower." People and relatives, if appropriate, told us they had been fully involved in the initial assessment process and felt the management of the agency and the staff had a good understanding of how to ensure people were safe.

As far as possible people were protected from the risk of abuse or harm. People said they felt safe and well supported by the staff. One person told us, "The carers know what support I need and how to keep me safe when they are helping me." Policies and procedures were in place to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems to protect people from abuse. Staff said they had attended safeguarding training and were clear about what they would do if they had any concerns, such as risks to people and poor practice. They were aware of the whistleblowing procedures and told us they were confident that the manager would take action if they reported any concerns. Staff said they felt that action had not been taken they would contact the local authority or the Care Quality Commission (CQC).

Recruitment procedures were in place to ensure that only people suitable worked for the agency. We looked at the personnel files for four staff; they included relevant checks on all prospective staff suitability, including completed application forms, two references, evidence of their residence in the UK and a Disclosure and Barring System (DBS) check. This helps employers make safer recruitment decisions and prevent unsuitable people from working with people who use care and support services. Staff said the checks had been completed before they started work for the agency.

Accidents and incidents were recorded and the manager was informed if there had been any incidents. Staff told us they understood the process for reporting and dealing with accidents or incidents. If one occurred they would inform the manager and an accident form would have to be completed. One staff member said, "I know what to do, but fortunately I have never had to report an accident." Staff were aware of people who were at risk of falls or need support to transfer with a hoist and, they felt they provided appropriate support. One person said, "I get on really well with my carers, they are lovely. I've had a number of falls in the shower, but since my carers have been coming I haven't had a single fall because they help keep me supported and concentrating so that I don't fall over."

There were contingency plans in place to deal with any unforeseen emergencies, such as severe weather. If necessary they would risk assess people to ensure staff

Is the service safe?

visited people who could not go without support. If required staff working in the office could provide support and a car was available for staff to use if they had difficulties with their own transport.

Is the service effective?

Our findings

People were happy with the support provided. One person told us, “My carer will ask me if I am ready for a shower when she first comes in and if I’m not sure she prepares breakfast and then comes back to me, to give me a chance to get myself organised before heading to the bathroom.” Relatives said they were pleased with the care their family members received. One said, “My mum is quite difficult to understand and communicate with, her carers always make sure that they talk to her regardless of whether they get any response from her and they always explain what is it they’re going to do and asking her if that’s alright.”

People were supported by staff that had the knowledge and skills to carry out their roles and, training records showed that they had completed appropriate training. Staff told us they had attended, “Lots of training,” including safeguarding, food hygiene, health and safety, infection control and medicines. Training was provided for staff with regard to end of life care, diabetes to assist people who required support with meals and dementia awareness. Staff explained the support they provided was specific to each person’s needs and consequently it varied from person to person. All of the staff said the training gave them a good understanding of people’s needs and how they could be met. Using the support plans, the risk assessments and the guidance they felt confident in supporting people. A relative told us, “I have been very impressed with the skills that the carers have particularly in the way they support my mother when using the hoist. I can’t say I would like to be lifted and moved around in that four times a day but she never complains and I think that is only down to the fact that the carers take their time with her.”

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 understood the principles of the Mental Capacity Act 2005 (MCA). The care plans contained a signed agreement that identified the service each person consented to and, some relatives had agreed to the support provided on their

behalf. Staff were aware that some people lacked the capacity to make some decisions and that any decisions made on their behalf had to be in their best interest. People, or relatives, had discussed and agreed to the support provided. One person told us, “The care plan that was first written in the summer last year has now been changed because I don’t need as much care as I did and then as I have managed to improve since I left hospital. The manager came and we talked about the changes that we could make and it means now that I have less visits a day and the tasks that I need a carer to help me with have also changed. The care plan was rewritten and I was able to sign it before it went back in my folder.”

The member of staff responsible for recruitment said the provider had made changes to training for new staff from October 2015. Successful applicants before this date shadowed more experienced staff until they were seen as competent to work with people on their own. One member of staff said, “When I started I worked with other more experienced people for three days; then I looked after some people on my own or worked with another carer for clients who needed two carers to provide support. It was well organised and helped me build my confidence.” From October 2015 all staff were required to complete the Care Certificate, which familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life. This involves a programme of observation and assessments to ensure staff have the skills and knowledge to understand people’s needs and provide appropriate support and care. New applicants were expected to complete some of this training while the checks were being made, “So that they have an understanding of the Care Certificate before they start working for the agency.” Staff said they could work towards professional qualifications if they wanted to and one had completed a national vocational qualification level 2.

Staff said they had regular supervision on a one to one basis with the manager or staff member responsible for recruitment. Records showed that these sessions had been used to discuss staff capabilities. People had been contacted to obtain comments about the staff and the support provided and this feedback was discussed with staff. They looked at communication and their relationship with people, to identify any areas that needed additional support. Staff said the supervision was very good and it

Is the service effective?

gave them a chance to sit down and look at their practice. Although staff also said they could go into the office and talk to the manager, recruitment staff or co-ordinator at any time and usually went to the office at least once a week.

Staff supported some people with their meals and drinks. Support plans provided information about people's food and fluid preferences, with guidance for staff to follow to ensure people's nutritional needs could be met. Staff said people chose what they wanted to eat and were assisted to prepare meals and drinks depending on their capabilities, which meant staff spent some time with people ensuring they had eaten the meals prepared. Staff had received training in food safety and were aware of safe food handling practices. One person said, "My carers are lovely.

We usually have a bit of a laugh and talk about what we have all been doing since I saw them last. They always make sure I am comfortable and have everything I need before they go including a cup of tea and some biscuits to see me through the morning."

Contact details for people's GP and relatives had been included in the care plan, although appointments were usually made by people or their relatives. Staff said the contact details were there in case there was an emergency. They thought it was good idea, "Just in case someone is ill when we arrive and there are no relatives living with them." Staff told us that if they have any concerns they would call the manager or on call staff for advice and support.

Is the service caring?

Our findings

People and relatives told us they had very good relationships with the staff. One person said, “My carers are lovely, they know exactly what I need.” People told us they could talk to the staff and felt they listened to them and treated them with respect. One relative told us the support provided was very good and their family member was looked after by kind and caring staff. Staff said they supported people to be independent and make choices as much as possible. One member of staff told us, “We are visitors really and have to respect them and their home.”

The manager and co-ordinator said they tried to ensure that the same staff supported people, as much as possible. Staff told us, “Clients like the same people because they don’t have to keep reminding us to do things.” “When we have supported people for some time we get to know them and they get to know us” and, “If one of the carers is going on holiday we let their clients know in advance and we would ask the carer who is covering from them to go so that the client meets them before the holiday.” The manager said, “When we first start the support package we might send different carers in so they get used to each other and, we sometimes find they might not get on so we can make changes.” One person told us, “I only started the agency a few weeks ago so I have had a number of different carers so that they could get to know me and I could get to know them. I have to say they are all lovely and now that we have worked out which four or five will be coming to me regularly, I am looking forward to seeing them all.” Another person said, “I did have one carer in the early days who I didn’t particularly get on with as well as the others. I called the agency and asked them to send me someone else. I was a bit worried that they might think I was being a bit of a pain but I have to say they were very good. They told me straight away that they would find someone else which they did and that carer hasn’t been back since.”

Staff said they were not sure if they had attended equality and diversity training, but they had a good understanding of the issues and their implications for the people they supported. Staff were knowledgeable about people’s preferences and specific support needs and how these were met. One staff member told us, “We know people are different and like things done a specific way, sometimes this is essential. If they have weakness on one side we make sure everything they need is placed near the side

they can use. Like drinks and the TV remote.” One person said, “My carer always makes sure the bathroom is nice and warm before we go through and I have my shower and she then puts my towel on the radiator so that it warms up and is ready for me to use.”

Staff told us they encouraged people to be involved in decisions about the support they provided and always treated them with respect and dignity. People said staff respected them. They asked them how they wanted to be addressed and ensured people’s dignity when they provided support. People told us, “When I first met my carers they asked me how I would like to be called. I said to them that everybody calls me by my first name and that I was happy for them to do that. It would seem so strange to be called ‘Mrs’ by someone who is helping me get washed and dressed” and, “I like the fact that that I have such lovely carers and that they are happy to call me by my first name. They did ask which I preferred and I told them it would be nice if they could call me by my first name.” A relative told us, “I must say that my mother’s carer is a real stickler for not dressing her in any clothing which is dirty. She will usually put them in a bag and let me know that they are there ready for washing when she goes. It would be so easy for them just to put any old thing on my mother as she really wouldn’t have any idea what she was wearing, but they really think about her in that respect.”

Staff said information about people was confidential and they would not discuss another person’s support need with anyone else, including other staff. One member of staff said, “There is no need for us to talk about clients support needs with anyone, including other carers, unless another carer is going in with you and they haven’t been there before, like a double up when people need two carers.” People supported this and told us, “I’ve never heard any of my carers talk about other clients when they have been with me and I certainly would like it if they talked about me in front of anybody else” and, “I would soon report to the agency if I heard my carer talking about one of their other clients but I would have to say in the short few weeks I have been with the agency this has never happened.” The manager said confidentiality was an important aspect of the induction training; staff were aware of the provider’s confidentiality policy and it was something they regularly reminded staff about in supervisions. Care plans were kept secure in the office and each person had one in their home.

Is the service responsive?

Our findings

People, or relatives if appropriate, were involved in decisions about the support provided and in reviewing the support plans. One person said, “I am always asked if everything is ok and they check with me that I am having the support I need.” Staff said if they felt people’s needs changed, such as if they needed more support, they would contact the manager and the person’s needs would be re-assessed. People told us staff were helpful if they needed to change the time of a visit and they were sent a staff rota each week so they could see who was supporting them.

People’s needs had been assessed before they began using the agency and they felt the care plans reflected their support needs. One person said, “My care plan is in my folder. I met with the manager from the service when I was still in hospital and we talked about what it was I would need help with once I got home. The manager wrote up the things that we had discussed and then I could read it and sign it if I agreed everything was alright or make any changes where needed.” The manager told us the assessments were carried out to ensure the agency could provide the support people needed and, they were used as the basis for the care plans. They said, “The care packages are reviewed after six weeks and, straight away if a person’s need change, to make sure people’s needs are met. We also have a meeting with people and relatives at six months to review the whole package.” People said they had been contacted a few weeks after the support started to ask if, “Everything was going alright.” One person told us, “I’ve only been with the agency for a few months and I think I was told there would be a meeting held about the six month point. I was told though if there were any concerns in the meantime I just need to pick up the phone and speak to somebody about it.” The care plans were quite specific and included relevant guidance for staff to follow.

People’s daily care notes were completed and returned to the office monthly and provided clear details of they support and care provided for people. These were signed by the staff and included the date and amount of time they spent with people. The provider had a system in place for staff to log on, for arrival and departure, through the person’s phone so times could be checked if required. People said staff were occasionally late, but had not experienced missed calls. One person told us, “Carers can sometimes be a little bit late, but that’s usually because

they’ve got held up in the traffic. Even if they have I never feel they’re rushing me and they certainly always stay the time they are supposed to, if not a little longer in order to finish things off and sign the paperwork.”

Rota’s were sent out weekly to people so that knew who was supporting them. One person told us, “I haven’t experienced being sent a rota before now. At the last agency I used it was just hit and miss as to who you would get and I never knew from one day to the next who would be coming. Having a rota, I think is one of the best things that the agency provides because it is so much more reassuring just to have that with me so I know that I have not been forgotten.” Another person said, “We used to be sent a rota. However, for the last two weeks my son hasn’t received it, so we haven’t known who to expect. Perhaps it’s because it’s been Christmas that we didn’t get the rota, but if I haven’t received it again shortly I will be chasing the agency because it is not such a good idea.” Staff told us there had been less staff available over the Christmas period and that meant they had to change some of their visits, but people had been informed and, this hadn’t affected the support provided and they would be sent out for the next week.

People said the agency was flexible with time if they needed to make a change. One person told us, “I needed to change my visit time because I was having some relatives come to see me. The agency made no bother about this and my carer came and sorted me out so that I was looking nice and ready to go out with my visitors when they arrived.” A relative said, “My father’s GP wanted to see him rather urgently and it meant that I needed to phone the agency to see if they could come to get him ready in the morning a lot earlier than they usually do. I was pleasantly surprised because when I spoke to one of the office staff they said they would call me back and after 10 minutes they did so to tell me that everything was arranged. His regular carer was still able to come to him and we had him ready and waiting in the doctor’s surgery a good 10 minutes before his appointment time. I was really impressed.”

The agency had a system in place to ensure people could contact a member of staff at any time. Outside office hours staff were on call to cover 24 hours every day. People were aware that they could contact the office at any time and said the number had been included in the information in their care plans and, they would be able to talk to staff.

Is the service responsive?

People and relatives said they were confident that if they had any concerns they would speak to the staff providing their support, or contact the manager or the provider if this was not appropriate. People said, “I have all the telephone numbers to ring in my folder but I can’t see me having to make a complaint as I am very happy with everything at the minute. I think I would let my daughter do all that for me if there was a problem because I don’t really like confronting

people. I would make sure I told my daughter if there was something I wasn’t happy with” and, “The manager told us all about how to make a complaint if we had any issues and gave us a copy of the complaints policy which is kept in the folder with all the records. I’ve never had to use it so far though. If I did have a complaint I think they would actually listen to me and do something about it from the experience I’ve had with them so far.”

Is the service well-led?

Our findings

People and relatives said Prestige Nursing – Denton provided the support and care needed. One person told us, “I think they are just a really good agency who appear to care for their clients and the staff that work for them. I would happily recommend them to a friend. Staff felt well supported by the manager and other staff in the office and said they all worked together as a team. Despite people, relatives and staff sharing positive views, we found that the agency was not consistently well- led.

We found that the provider’s quality assurance and monitoring system was not consistently effective. It had not identified the issues we found during the inspection and there was no clear evidence that the manager, who had been in place for three months, was supported to manage the service appropriately on a day to day basis. This meant some of the checks the provider expected to be carried out had not been done, such as the reviews of daily records to identify if appropriate care and support had been provided in a safe way. These checks would have identified that medication had not been administered safely and also the gaps on the MAR charts. The manager said that they had not yet completed the training programme that had been set up to enable them to manage the service and, that the issues identified should have been noticed and action taken.

At the time of the inspection the provider had failed to keep their registration updated correctly. They were registered to provide three regulated activities. However, they were only providing one of these, personal care. The manager said this was because these activities were provided by the organisation overall that they are part of, Prestige Nursing, and they had been discussing this with the registration inspector at CQC, as part of their application to register as manager.

We were told, following the inspection that the manager was no longer managing this agency and, we are waiting

for formal notification from the provider to inform us who is managing the agency and what plans they have for its development. Prestige Nursing – Denton had not had a registered manager in place since May 2015.

Feedback was sought from people who used the agency and their relatives, usually when the support provided was being reviewed, although there were systems in place to send out satisfaction questionnaires. The manager said some of the care packages had not been reviewed recently, unless there had been any concerns. One person told us, “I don’t think I’ve actually been asked for any feedback about how everything is going although I have only been with the agency a couple of months and it has been really busy over Christmas but if I did have any concerns I would have phoned the office and asked to speak to the manager by now.”

Staff told us it have been difficult to cover all the ‘calls’ over the Christmas period, because some staff had decided not to work. The manager explained that staff have zero hours contracts and the agency had been unable to request people continue to work over the holiday if they had not wanted to. They said people and their relatives had been contacted and informed about the staffing issues, and wherever possible alternative arrangements had been made regarding times and which staff provided support. Staff said people were very understanding and those who worked did extra and this meant they had been able to support people. One staff member said, “We can’t just leave people. If everyone had done a couple of calls it would have been ok.” This meant that some people may not have received the support that they expected and had been agreed.

Staff told us staff meetings were held in the office, “About two or three a year.” We looked at the minutes from the last meeting in August 2015 and found they discussed management issues, training and there were opportunities for staff to put forward suggestions to improve their working practices. Staff said the management was very supportive, they were open and encouraged staff to contact them if they had any concerns or, “If we just want to chat we pop into the office.”