

CSK Support 24 Ltd

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Inspection report

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13 September 2017

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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 

Summary of findings

Overall summary

This inspection took place on the 12 and 13 September 2017 and was announced.

CSK Support 24 Ltd provided personal care and support to 38 people that lived in their own homes.

There was a registered manager in post, but she was on leave during our inspection. The registered manager is also the provider for this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At a comprehensive inspection in July and August 2016 we found the provider was not meeting the law in respect of the recruitment of staff, and the governance of the service. This is because effective systems were not in place to assess, manage and monitor risks. We also found at the July and August 2016 inspection the provider needed to make improvements to ensure people's preferences were taken into account about the gender of the staff that provided their care. Improvements were also required to ensure people received a reliable and consistent service. We carried out a focused inspection in March 2017 and found the provider had made improvements which meant they were meeting the law.

At this inspection in September 2017 we found some improvements had been made to ensure people's preferences were met, but further improvements were needed to ensure people received a reliable and consistent service.

Recruitment practices continued to ensure people were supported by suitable staff. People did not always receive a reliable and consistent service, as some people had experienced late calls. Risk assessments were undertaken to assess and reduce any risks to people, but feedback we received from people and relatives indicated staff were not always following these assessments. People told us they administered their own medicines and staff provided minimal support. People's records did not clearly specify the level of support each person required from staff.

Records showed that staff had received training but we received some feedback from people telling us more in-depth training was needed. Staff felt supported in their roles and confirmed they had access to regular supervision. Staff were aware of the procedures in place to safeguard people from abuse.

People were involved in deciding how they wanted their care to be delivered and were supported in line with the Mental Capacity Act 2005. People's preferences were taken into account to ensure their dignity was maintained. People and relatives made positive comments about the staff that supported them describing them as kind, caring and gentle.

People and relatives knew a complaints procedure was in place and they told us they did not always feel

concerns were responded to promptly. Records showed that all complaints had been investigated and outcomes and actions were recorded. Systems were in place to gain feedback from people using the service and this feedback was used to identify improvements that needed to be made in the service.

Improvements had been made and sustained to assess and monitor the service provided. Action was being taken to address the shortfalls in the service to improve the service provided to people. This was in relation to the consistency of the times people received their care, and the delay in the office and on-call phones being answered. A new electronic recording system had been introduced and some people did not like this and preferred written notes to be completed. The provider agreed to take action to consult people and their relatives about this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People did not always receive a consistent and reliable service.

Staff did not always follow the risk assessments available in people's homes.

Recruitment procedures ensured all of the required checks were completed before staff started work.

Is the service effective?

Good ●

The service was effective.

Records showed that staff had receiving training for their role.

Staff ensured they obtained people's consent before providing support.

Staff monitored people's healthcare needs.

Is the service caring?

Good ●

The service was caring.

People's received support based on their preferences.

People's felt respected and their dignity was promoted by the staff that supported them.

People did describe the staff as "caring and kind".

Is the service responsive?

Good ●

The service was responsive.

People were happy with the support they received from their regular staff.

People knew how to raise their concerns and their feedback was sought to improve the service.

Is the service well-led?

The service was not consistently well-led.

People did not receive a reliable and consistent service and this impacted on their experiences of using this service.

The provider had identified shortfalls in the service and was working towards addressing these.

Staff felt supported in their roles.

Requires Improvement 

CSK Support 24 Ltd

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 12 and 13 September 2017 and was announced. We gave the provider 24 hour's notice that we would be visiting the service. This was because CSK Support 24 Ltd provides a domiciliary care service, and we needed to make arrangements to speak with people using the service, staff, and to have access to their records. The inspection was undertaken by an inspector and an expert by experience who completed telephone calls to people and their relatives to gain feedback about their experiences. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We asked the provider to complete 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. The form was completed and returned so we were able to take the information into account when we planned our inspection. We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with 11 people who used the service and four relatives, three care staff, the care co-ordinator, the human resource manager and the registered manager when she returned from leave following our visit. We looked at a sample of records including five people's care records, three staff files and staff training records. We also looked at records that related to the management and quality assurance of the service, such as complaints, rotas and audits.

Is the service safe?

Our findings

At our last inspection in July and August 2016 we found the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 in relation to the recruitment of staff. In March 2017 we completed a focused inspection which demonstrated the service had made the required improvements to address the breach of requirements. On this visit we saw whilst these improvements had been sustained, there were improvements required in other areas.

We reviewed the staff recruitment practices in place and found that effective systems were still in place to reduce the risk of unsuitable staff being employed by the service. Staff told us they had provided the required recruitment information before they had commenced employment and this included a check with the Disclosure and Barring service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults. Records we looked at confirmed all required checks had been completed before staff had commenced working for this service.

Six people and three relatives we spoke with told us they thought there was not enough staff available to meet their needs. This was because they had received late calls or their call times varied. One person told us, "I have had late calls. The last three weeks have been better for the morning call but the lunch one is haphazard. I was told they're short of staff it's not good. And they don't always stay the full length of time and they are often rushing. One staff member told me they don't have the time". Another person said, "They are often late. This morning they meant to have been here an hour ago. I do sometimes feel like they are rushing, they want to do the tasks and leave as quick as possible". A relative said, "The staff aren't always on time it varies. Sometimes they're running an hour, an hour and a half late. Mornings are okay, but the evening call is more problematic". We did receive some feedback from people and relatives who were satisfied with their call times and who thought there was enough staff. We discussed the feedback we had received with the human resource manager who advised that they had recently had some staffing issues due to some staff having to take urgent leave and some staff leaving. She confirmed that they were actively recruiting for more staff and all of the staff including the registered manager and herself were covering calls to reduce the impact on people.

Staff we spoke with were able to tell us about any risks associated with supporting people. They confirmed risk assessments were available in people's homes for them to refer to. We received feedback from a relative who told us about an instance where they felt a staff member had not followed the risk assessment. A relative said, "The staff member did not use the equipment in place for (person) this placed them at risk and although they came to no harm I was concerned about what they did and what could have happened". With the person's consent we passed these concerns to the registered manager who confirmed that she would take action to address the issues raised. We received feedback from a person who also shared concerns about staff not referring to the risk assessment if they were not familiar with their needs. The person said, "I had a new carer who did not know my needs and how I used the equipment. I told her to look at the folder as this would show her what to do but she didn't and she said she didn't have time". This feedback was raised as a concern with the registered manager. We received feedback from another person that indicated the potential risk to them due to the lack of consistency with the timing of their visits. The person told us,

"Due to my medical needs I need to know when the staff are coming as I need to take my medicines at a particular time but as I am never sure about what time they will actually be here". We discussed with the human resource manager the potential risks and impact the inconsistency of call times could have on people and we shared the feedback we had received. Records we reviewed demonstrated risk assessments had been completed and covered a variety of areas applicable to the person's health and support needs. For example, moving and handling. We did identify that where equipment was needed a detailed procedure was not in place for a person to ensure staff had specific guidance to follow. The registered manager confirmed following our visit that this assessment had been updated to include this.

Seven people we spoke with told us they felt safe with the staff that supported them. One person said, "Yes I feel safe with my regular carer's". Another person told us, "Yes I feel safe as long as they arrive on time". Three relatives also told us they thought their loved one was safe when being supported from staff. We received feedback from three people who told us they didn't always feel safe because the staff appeared tired. One person told us, "All of the carers are very good, very helpful, but they're very tired they work such long shifts, they can't work safely if they're so tired and if I can see how tired they are, that's not good". A relative also raised concerns about how tired the staff were as they worked long hours". We reviewed the staff rotas and this did confirm that some staff were working long hours with some breaks in between. Staff we spoke with told us they had agreed to work these hours and to cover any available shortages on the rota. Staff told us, "I do get tired but I do not think this affects my work and I provide the care people need". We discussed the long working hours with the human resource manager and the registered manager when she returned from leave. They confirmed that staff had agreed to work additional hours, and they would monitor the impact this may have on staff ability to meet people's needs safely.

Staff we spoke with confirmed they had received training in safeguarding people and they understood the action to take if they had any concerns that someone was at risk of harm. One staff member told us, "I would report any concerns to the manager or to the police if needed". Records we reviewed demonstrated that staff had completed the required training. A review of our records demonstrated that the registered manager had reported any concerns appropriately. We were informed by the local authority that in response to some safeguarding concerns they had received and following a visit to the service they had suspended the service for a period of four months. Since this time the provider had made the required improvements and the suspension has now been lifted.

Staff we spoke with all demonstrated their knowledge of how to respond to any emergencies or untoward events. Some staff provided us with examples of the action they had taken in these situations. This included contacting emergency services for assistance.

People we spoke with told us staff did not support them with their medicines as they either did their own medicines or had family support. We received feedback from one person who told us, "The staff are supposed to ask me if I've had it, but there is only one who does". The human resource manager advised that staff provided some support to people to take their medicines by prompting them or by giving people their medicines to take themselves. Information provided in people's records was brief and did not clearly indicate the level of support staff should provide to people. We saw that where staff supported people with their prescribed creams, body maps were in place to direct staff on which part of the person's body the cream should be applied to ensure staff were consistent when providing this support. We saw records where staff had signed to confirm they had applied people's creams and these had been completed appropriately. Staff we spoke with told us they had completed medicines training as part of their induction, but they had not received an assessment of competence. The human resource manager advised that observations had been completed as part of the spot checks that had been undertaken and we did see some records confirming this.

Is the service effective?

Our findings

We received mixed feedback from people about how effective staff were in meeting their needs. Four people and three relatives told us they felt the staff had the skills for their role. One person told us, "The carers are trained well. They do everything I ask. I'm pleased with them all". Another person said, "'Oh my god, yes. My regular carer has been trained very well, he knows what to do all the time". We also received feedback from people and relatives who told us they thought staff should have more in-depth training as they did not appear to have the skills for their role. One person said, "I don't think some of the staff are trained properly or read the files. The regular ones are okay it's the new ones that sometimes have the problems". Another person told us, "Some staff are okay and seem to know what to do but I have had one or two who don't seem to have been trained at all, they haven't had a clue they just look at you blankly and ask what to do, I think these ones have gone now though".

Staff we spoke with confirmed they had completed relevant training for their role. This included completing the Care Certificate. The Care Certificate is a set of induction standards designed to assist staff to gain the skills and knowledge they need to provide people's care. Staff also confirmed they had a period of time where they shadowed experienced staff as part of their induction to meet people and to get to know their needs. Records showed that staff had been observed as part of their induction and as part of their on-going supervision and monitoring of their practices and competencies. These records indicated that where performance issues had been identified these were addressed with the staff members and action taken. Staff confirmed they received support from the registered manager to discuss their role in supervision and some staff had received an appraisal where they discussed their development.

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 so that they can 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 and we found they were.

People and the relatives we spoke with told us staff sought consent before providing their care. One person said, "My regular carer is good at checking everything before they provide my care. The carer will ask if it is okay before they help me with any tasks". A relative told us, "The staff always ask (person) if it is okay to assist them with any tasks before they provide the support".

Although staff were not familiar with the terminologies Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) they told us they sought consent before providing people's care. Staff also knew that they should not restrict people in any way. A staff member told us, "I ask the person first if it is okay to support them, if they said no I would not continue and seek advice from my manager first". Staff we spoke with confirmed they had completed training in relation to the MCA and the records we reviewed confirmed this. We discussed with the registered manager how they intended to embed the principles of the MCA on an

ongoing basis to ensure staff have the knowledge and understand this legislation and impact on their role. The registered manager told us it would be discussed with them in team meetings and during supervisions.

Some people received support from staff to prepare or provide their meals. One person told us, "I always choose what I'm having. The carers just dish it up. The carers also make a sandwich to have at tea time later. Its works well and I am satisfied". Another person said, "I am very happy with the support I receive at mealtimes. The staff always ask me what I'd like, I tell them and they get it. My family bring in the meals so the staff do the heating and serving". We received feedback from two people who were not satisfied with the support they received and they said they thought some staff needed more experience and training on how to prepare certain foods. These people told us they had to change what they wanted to eat at meal times to accommodate the skills of the staff. We discussed this feedback with the registered manager and the need to discuss people's expectations about what food they wanted staff to prepare as part of their initial assessment.

People we spoke with confirmed they accessed health care support independently or had support from their family members. One person said, "My family support me with this, but when I have felt unwell in the past the staff have offered to call the doctor. She is very good". A relative told us, "If (person) is unwell I think the staff would ring 999 if it was really serious they would stay with (person) until myself or the ambulance gets here. The staff are good at noticing any changes and they have shared information with me if they feel (person) is not well". Staff we spoke with knew the procedures to follow if someone fell ill or had a fall during their visit. A staff member said, "If I thought someone was unwell I would take action and call for an ambulance or make an appointment for them to see their GP".

Is the service caring?

Our findings

At our last inspection we found that improvements were required as people did not have their preferences taken into account in relation to the gender of the staff that provided their support. People did not receive support from a consistent team of staff and people told us about the impact of receiving late and missed calls. On this inspection we found that most of these improvements had been made but people were still at times receiving late calls which we have addressed in the Well led section of this report.

People and relatives told us some improvements had been made and support was now provided by a core team of staff and people's preferences were met in relation to the gender of the staff that provided their support. One person told us, "I have been given a choice of male or female carers and I don't mind either". Another person said, "I am supported by a regular carer who comes most of the time. When they are on holiday I have different ones and do not always get told who they are". Feedback from people and relatives demonstrated that people had a core team of staff that supported them but this did change due to staff sickness and annual leave and then people were supported by staff that did not know them well. Records we reviewed demonstrated that people were asked their preferences in relation to the gender of the staff member they wanted to provide their support.

People and relatives we spoke with told us the staff were caring when they supported them. One person said, "The staff are caring, definitely, she is very gentle when she washes me". Another person told us, "The staff are very caring towards me they make me feel comfortable, and they have a nice attitude". People told us they generally received care from a core team of staff that knew them and their needs well.

People confirmed they were involved in their care. One person said, "They do always ask what tasks I would like support with and if there is anything I want done". Another person told us, "Yes I am involved in my care on a day to day basis and my relative is involved to". Staff told us how they supported people to make choices with regards to their care. This included talking and asking people about how they would like their care to be delivered. Staff we spoke with were knowledgeable about the people they cared for. They were able to tell us about people's likes and dislikes and gave us examples of people's choices and preferences. Records showed that information was available for staff to refer to about people's individual preferences.

People and relatives told us about some of the issues they had previously with communicating with the staff that supported them. Seven people told us these issues were getting better as they got to know the staff more. One person told us, "The staff member I have on a regular basis is from a different country and they speak broken English, but they are very good. There are some language difficulties but we are able to communicate. The staff member is very helpful". Another person said, "Most of the staff speak some English. My best carer is Romanian and it's very good between us we understand each other". Two people and one relative raised some concerns about some of the staff members ability to communicate effectively in English, and they advised us they had raised this with the registered manager. Staff we spoke with were knowledgeable about people's communication needs. They told us how they tried to ensure they communicated effectively with people. One staff member said, "There are sometimes some words I may not understand but I am honest and tell people this and then they use different words and I can then

understand. The language barrier does not prevent me from meeting people's needs. The registered manager confirmed how they were supporting some staff with their communication skills and how some staff were currently attending college to improve upon their English. The registered manager confirmed they have included an assessment of English language as part of their recruitment practices to ensure staff employed were able to communicate effectively with people.

People and the relatives we spoke with told us the staff treated them with respect and dignity. One person said, "The bathroom door is always kept closed when they help wash and shower me. When I am in the bedroom they make sure my relative is not around". Another person told us, "It's their attitude you can tell they care and respect you". Staff we spoke with understood the importance of respecting people's privacy and dignity. They were able to tell us examples of how they ensured people's dignity and privacy was maintained when providing care. One member of staff told us, "I knock and shout out when I enter a person's house so they know I have arrived and I always ensure curtains and doors are shut when supporting people with their personal care".

Staff we spoke with understood the importance of promoting people's independence and enabling them to be self-managing. One staff member we spoke with said, "I always ask people what they can do for themselves and I encourage them to continue with this especially in relation to their personal care". Records provided staff with some information about people's abilities and independence and they encouraged staff to promote this where possible.

The human resource manager was not aware if anyone they supported used the services of an advocate. She was aware of how to refer people and what information to provide to people if they required these services. Advocacy is about enabling people who may have difficulty speaking out, or who need support to make their own, informed decisions that affect their lives.

Is the service responsive?

Our findings

The provider told us in their provider information return (PIR) that they continuously reviewed people's care plans to ensure care delivered was in accordance with their care plan. Not all of the people and relatives we spoke with were sure if they were actively involved in reviews of their care plan but when we asked people and relatives if they were involved in making decisions about their care they told us they were. One person said, "The manager came round for 2.5 hours and went through everything. There are one or two things that need altering. I am involved in making the decisions". A relative told us, "The manager has been out to review (persons) care plan a couple of months ago I was there they can't do this without us there". Records demonstrated that care plans had been reviewed but they did not indicate if people and relatives were involved in this process. When the registered manager returned from leave she confirmed that she had signed review forms which had been completed with people when their reviews had been undertaken.

People we spoke with confirmed that their regular staff member knew their needs and provided support in accordance with their needs and preferences. A person said, "I don't have to explain things to my regular carer she just knows what to do, and how I like things done". Another person said, "The carer knows my routine. I don't have to tell him. He knows where my clothes are and what help I need". Staff we spoke with were knowledgeable about the needs of the people they regularly supported. Care records we reviewed contained some personalised information about people to ensure they received care in line with their preferences. Records provided staff with some information about people's food and drink preferences, their interests and hobbies and their religious observances. Information was not sought about other aspects of people's equality and diversity needs such as if people were from the Lesbian, Gay, Bi-sexual and Transgender community (LGBTB). Discussions with the human resource manager confirmed that further work was needed in this area to ensure such questions were asked as part of the assessment process.

People and relatives told us they had been asked for their feedback about the way the service was delivered and the records we reviewed confirmed this. One person said, "They phone and ask if I'm happy with everything". A relative told us, "They send a form, a questionnaire every few months to fill in". We looked at the analysis from the recent survey and telephone calls that were made to obtain feedback. We saw that where issues were raised such as call times, communication and response to telephone calls, actions had been recorded to address these. We were advised these actions and improvements were ongoing. The feedback received was similar to the feedback we received during this inspection visit.

People and relatives told us they were aware that a complaints procedure was in place. One person told us, "I know there is a procedure in place but I haven't raised any complaints but I feel confident in doing so, if necessary". Three people and three relatives told us about some of the issues they had raised previously and the responses they received. One person said, "I have probably made a number in the past though not official ones generally about late calls. You eventually get a response, you have to push and push to get anything but things have improved". A relative told us, "I have only complained about lateness and missed calls. The manager doesn't always ring back although she says she will. However, it has improved". The registered manager advised that she had responded to all of the complaints so she was unsure why we had received feedback suggesting that she had not responded. We reviewed the records held about complaints

and these indicated that they had all been investigated and outcomes and actions were recorded. During our telephone discussions with people and relatives some concerns were shared with us. We referred these to the registered manager who responded to each concern and provided us with an outcome and the action taken to address the issues that were identified.

We saw records of compliments the service had received from people and relatives about the staff that provided their support. Some of the comments received included, "Staff member (name) is caring and loving and is gentle and thoughtful". "The care I receive from (staff member) is of a high standard. They are punctual, trustworthy, and kind".

Staff we spoke with knew how to escalate any concerns shared with them. One staff member said, "I would report any issues to the office for the manager to address". We found that where issues from complaints needed to be addressed they were discussed with individual staff members, and raised at staff meetings to ensure the required changes were made and lessons were learnt.

Is the service well-led?

Our findings

At our last inspection in July and August 2016 we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 in relation to the governance of the service. In March 2017 we completed a focused inspection which demonstrated that the service had made sufficient improvement to address this breach of the law. On this visit we saw that most of these improvements had been sustained but we found further improvements were required in relation to the way the staff rotas were completed, the timings of people's calls, and issues with the phones not being answered promptly. We also found improvements were required with the way information was recorded.

Feedback from people and relatives shared with us demonstrated that some people were still not receiving their visits consistently at the times agreed in their care plans. We also received comments that some staff did not always stay the required amount of time. One person told us, "Things have improved and one staff member is always on time. The others vary. Now and again I get a call to say they're late. But not always. The staff are meant to be there for 45 minutes but some take 30 minutes and then leave". Another person said, "It varies the time they arrive. Sometimes I am informed if they're going to be late, and I do not always know who is coming. Recently I was warned that the staff was going to be late and they do stay the full time".

We reviewed the times of the visits people had received against the times recorded in their care plan and saw that for the people we reviewed there were some inconsistencies and the call times did vary. The human resource manager advised that this was due to people asking for changes to their call times and we did see some evidence to support this. We were advised that the staff were supposed to inform people or the office if they were going to be late and we saw that this issue had been discussed with staff in staff meetings to remind them about this. Staff we spoke with confirmed to us that they stayed the required amount of time unless they had completed all tasks and the person had told them they could leave. We advised that if this was the case this should be recorded.

On our last comprehensive inspection we identified that call times overlapped on the rota which meant staff were leaving one person's house at the same time they were expected to arrive at the next person's house. Therefore travelling time was not accounted for in between the visits impacting on the staff's ability to attend their visits at the right time. We identified that previously this issue had been addressed but when we reviewed the rotas for three staff for the week following our inspection visit we saw that call times overlapped. We raised this and action was taken to address this during our visit and the rotas were reviewed and travelling time included. However if we had not raised this we had no assurances this would have been identified and addressed. We discussed this with the registered manager who advised that a new staff member would now be responsible for completing the rotas and she would check these to ensure there is no overlaps and the timing of people's visit were as they had agreed in their care plan.

We saw that a new electronic system was in place for staff to record information about the support they provided on their visit and in order to record the time of their arrival and departure. Records we reviewed did not consistently contain all of this required information. This issue had been identified by the registered manager following an audit that was undertaken, and staff were directed to ensure they recorded this

information on a different part of the electronic record. However we identified that not all staff were following this directive. We saw the registered manager was taking action in relation to this and letters had been sent to staff members to make them aware of the action that would be taken if their performance did not improve.

We received mixed feedback from people and relatives about the introduction of the electronic records being used. One person told us, "The staff record everything on their telephone now. I am not happy with this and would prefer to have the written notes again. The staff can say anything they like and we wouldn't know. My family are no longer able to see what the carers have done for me as there isn't any access to my notes like before". A relative said, "The staff used to write every time they came, and signed it. I could see what they had done it was clear now it's stopped, and it's done on the phone. We can't monitor now and see the support provided and how long they stayed for; we have no way of knowing now". Other people told us, they did not mind how information was recorded as long as they received the support they needed. Staff we spoke with told us about some of the difficulties they had using the mobile phones to record information, some of this due to technical issues and lack of reception in the areas they were working. Staff also advised that they sometimes were not able to see the records completed by staff prior to their visit to people but if there was any essential information to share they called each other. We discussed these issues with the registered manager who told us written records were still available in people's homes for staff to record any essential information that needed to be shared with their colleagues or for people's family to be aware of. The registered manager told us people were verbally informed about the introduction of the new recording system but she would now send formal letters to people and ask them about their preferences.

At our last inspection people and relatives told us they had experienced some difficulties when calling the office or the on-call number as the phones were not always answered promptly. Feedback we received on this visit demonstrated that although some improvements had been made some people and relatives told us they continued to experience some issues and this was an area the service needed to continue to improve upon. One person told us, "The phone is the most important. They must answer their phones or have an answer phone but a system where someone is responsible for listening to messages and responding to them". Another person said, "Sometimes no-one answers the phones there's not even an answer phone, and first thing in the morning like this morning there was nothing. When I did get through to someone it was a carer who was busy with someone else". Other people and relatives told us they had no issues about this or they had not used the on-call system. The registered manager advised us they had some technical issues with the phones which they had addressed. She had also implemented a monitoring form where a staff member checked and recorded the phones were diverted when the office closed. When we reviewed this form we saw there were some gaps in the records and it did not indicate if the phone was answered. The registered manager updated the form to include this information. We received information following our visit telling us the on-call procedure had been updated in response to the concerns we had shared to ensure it was answered promptly.

We saw systems continued to be in place to assess and monitor the quality of the service people received. This included analysis of any late and missed calls. When we reviewed this information we saw the provider had missed one visit in April and August of this year. We saw that one call was late in August and all other late calls were earlier in the year. The reasons for these late and missed visits were recorded and the action taken to address this which included staff disciplinary. We saw that audits continued to be undertaken of the written records completed by staff and now the electronic records to ensure all required information was recorded.

We received mixed feedback from people, and relatives about the way the service was managed. People told us further improvements were required with the consistency of the times they received their support

and the way the provider responded to telephone calls. One person told us, "I'm getting the care I want it's just the odd occasions it goes wobbly".

People and relatives told us they knew who the registered manager was and that they found her to be approachable. One person said, "I found her easy to talk to". Staff we spoke with described the registered manager as approachable, friendly and supportive. Staff confirmed they had regular team meetings to discuss their role and the service provided.

The human resource manager told us there had not been any incidents or accidents that had occurred since our last visit. The registered manager was aware of her legal responsibilities to notify us of events that they were required to by law. We saw that the previous rating of the service was displayed at the provider's office and on their website as legally required.