Manorcourt Care (Norfolk) Limited

Manorcourt Homecare

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**

Summary of findings

Overall summary

This inspection visit took place on 7th November 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection around 100 people were using the service.

There was no registered manager working at the service. They had recently resigned from their post. 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. The service was being managed by the care manager who had been working for the service for several years. Their intention is to put in an application to register as the manager soon.

At the last inspection of Manorcourt Care Watton, we rated the service overall as good. We did however ask the provider to make improvements in some areas. These were in relation to being more responsive to people's preferences regarding the times of their care calls and to ensure that all appropriate guidance was in place for staff to follow in relation to meeting people's needs. At this inspection we found the required improvements within these areas had not been made. Therefore, the overall rating for the service had now been changed to requires improvement.

Systems were in place to protect people from the risk of abuse and there were enough staff to cover people's care visits. No care visits had been missed within the last three months. Improvements had been made to staffing levels and the manager was actively looking to improve the scheduling of calls to meet people's preferences with regards to the times they received them.

People were supported by staff who were kind and caring. They treated people with dignity and respect. Where supported with eating and drinking, the staff made sure people received enough to meet their needs.

The staff took good precautions to protect people from the risk of infection and people received their medicines when they needed them. The auditing of this area had recently improved.

Consent had been obtained from people in line with the relevant legislations and when required, they had been supported with their healthcare needs.

People had been involved in making decisions about their care and had access to information on how to complain. People gave us mixed views as to whether they felt listened to and their complaints dealt with to their satisfaction.

Staff had received enough training and supervision to provide people with effective care. They were happy working at the service and felt supported. There was an open culture where they and people could raise

concerns without fear.

Although people were happy with most aspects of the support they received, some again told us their care calls were made at inconsistent times which had an impact on their lifestyle and wellbeing. People's care needs had been assessed and in most areas, there was clear guidance for staff to follow so they could provide support that people needed. However, there was a lack of information in relation to how staff should deal with catheter, stoma and diabetic care which increased the risk of people receiving inappropriate care.

The provider's governance systems had not been effective at ensuring that these areas had been improved adequately since our last inspection. Also, they had not identified that some incidents had not been reported or investigated appropriately. This was a lost opportunity to learn from incidents. There was a new manager in post. They had recently made some changes to the current systems used to monitor the quality of care people received which demonstrated some improvements. These now need to be consistently applied across the service.

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.

Incidents had not always been reported or thoroughly investigated to enable lessons to be learnt.

Systems were in place to protect people from the risk of abuse and from the spread of infection.

There were enough staff available to complete people's care visits.

Improvements to medicines management had been identified and were being implemented.

Risks to people's individual safety had been managed well.

Is the service effective?

Good

The service was effective.

Staff had received training and supervision to provide people with effective care.

Where people required support with eating/drinking and to maintain their health, this was provided.

Consent was sought from people in line with the relevant legislation.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect. Their dignity was upheld.

People were supported to express their views and be actively involved in their care.

Is the service responsive?

Requires Improvement

People had been involved in the assessment of their needs. Most of these were being met but some people received their call visits at inconsistent times that were not in line with their preference.

People knew how to raise concerns or complaints but the response to these was mixed.

People were supported at the end of their life.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Not all governance processes in place were effective at monitoring the quality of care people received. However, this was improving.

People and staff were involved and engaged in the development of the service.

Links with the community had been established and the service worked with other agencies for the benefit of people using the service.

The staff felt supported and found the management open and approachable.

Manorcourt Homecare

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.

The inspection team consisted of three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On 23rd and 24th October 2018 our expert by experience rang people to obtain their feedback about the service. On 7 November 2018, the inspectors visited the office to speak to the manager and view certain records. We gave the service 48 hours' notice of the inspection visit to the office because we needed to be sure that the manager would be available to talk with us.

Prior to this inspection we reviewed the information we held about the service. This included important events the service must tell us about by law, previous inspection reports, any information we received from the public about the service and the provider's Provider Information Return (PIR). The PIR is a document completed by the provider that tells us what they feel they do well and what improvements they plan to make to the service.

We spoke with 14 people who used the service, two relatives, seven staff (which included care and office staff), the care manager and the regional manager who represented the provider.

The records we viewed included eight people's care records, five people's medicine records, two staff recruitment records, staff training records and other information in relation to how the provider and manager monitored the quality of care people received.

Requires Improvement

Is the service safe?

Our findings

Following our last inspection of this area in February/March 2016, we rated safe as good. At this inspection we have rated safe as requires improvement.

People told us they received their medicines when they needed them. One person told us, "Yes they do my tablets when they call. They get them out and give me them with some water making sure I have taken them before they leave." Another person said, "They give me medicines on all three calls. They get them out of the packs and give them to me with a drink." A further person told us how the service rang them at regular intervals each day to prompt them to take their medicines.

The staff told us they had received training in how to give people their medicines safely. Records showed they had recently had their competency assessed within this area. Of the seven medicine administration records (MAR) we checked, two had some gaps in relation to the administration of people's creams. However, the medication officer who was responsible for monitoring medicine management within the service, had recently identified these issues through an audit. They had found that the medicines had been given correctly but the MAR not updated.

Risks associated with people's medicines had been completed to assess whether they required support with their medicines. There was information on the MAR for oral medicines to guide staff what medicines people needed to receive. However, where this information had been handwritten on records relating to the application of creams, the frequency with which they needed to be applied had not always been recorded. This could lead to a risk of the creams being applied incorrectly.

There were no PRN protocols in place for 'when required' medicines, no body map charts being used to record the application of medicinal patches and body maps for creams did not always show where staff should apply creams. It is good practice to have these documents in place to assist staff with the safe administration of people's medicines. The manager told us that the medicines officer had recognised the need for PRN protocols and was working on putting these in place.

The staff we spoke with told us they understood the need to report any incidents or accidents that had occurred so they could be investigated. However, when viewing the daily task sheets where staff recorded the care they provided to people, we found there were three incidents that had taken place that had either not been reported to the office for investigation or where they had been, not investigated appropriately. Also, where incorrect stock levels of medicines had been found during audits, these had not been reported as incidents for investigation. This was of concern as for one person, two recent stock checks had revealed incorrect levels of a controlled drug (medicines that require a high level of monitoring). Although some action had been taken such as speaking to staff and the person's GP to make sure the person was safe, it had not been reported as an incident for thorough investigation.

We spoke to the manager about this. They told us since their appointment they had implemented a new system to ensure that all incidents/accidents were reported and investigated thoroughly so that lessons

could be learnt.

Most of the people we spoke with who used the service told us they felt safe when the staff were in their home and that any risks to their safety were managed well. One person told us, "Yes very safe. The carers are very good and they check for trip hazards before they go. Anything I ask for they get down out of the cupboards ready for me so I can safely access them." Another person said, "Quite safe. It's the knowing they are coming in to check I am alright that's makes me feel safe." A further person told us, "Yes I do feel safe with them. I have a walking stick and they always check for any trip hazards so I am safe to get about." A relative said, "Yes very safe with them when they are here for her. They support her to the shower and watch her so she doesn't fall."

All the staff we spoke with knew how to keep people safe from the risk of abuse. They were clear about what types of concern to raise and the reporting structure they needed to follow when doing this. This included to authorities outside of the provider. The manager demonstrated they had reported and investigated any potential safeguarding concerns appropriately.

Risks to people's safety had been assessed in many areas including falls, support outside the home if required, moving and handling and the home environment. The majority of these had clear guidance in place for staff to follow to help them keep people as safe as possible. Records also showed that staff performed checks in other areas of safety such as people's smoke alarms or their pendant alarms. All the staff we spoke with were clear on what they needed to do when assisting people to keep them safe.

All the people and relatives we spoke with told us staff always arrived for their care visit and that no calls had been missed. Eleven people said that when staff arrived, they always stayed for the correct length of time. However, three people said this did not always happen and that they sometimes felt rushed. One person told us, "They are normally on time and do call if held up. Had no missed calls and always stay my full time." Another person said, "Sometimes they are a bit early but I don't mind that. No missed calls and get my full time." A further person told us, "Sometimes they only stay about 10 minutes instead of 30 minutes and I am paying for that. Only time I get my full time is the morning for 45 minutes. On other calls they rush and go early."

The staff we spoke with told us they felt there were enough staff available to ensure people received their care visits and to provide the support that people required. They said they had not missed any visits to people and could stay for the allocated time with them. Four of the five records we checked showed that staff had usually stayed for the correct amount of time.

The audits conducted by the provider showed they had identified an issue with staffing levels in February 2018. Through targeted recruitment, this had improved and the manager said they had enough staff to provide people with the care they needed. They added that new staff had been recruited since February, particularly to work at weekends and that this was ongoing. They said with the introduction of new staff, they were working towards planning as many care visits as practicable at times that were realistic and safe. If there was unplanned staff absence such as sickness, this was covered by other staff or as a last resort, the staff working in the office including the manager.

From looking at staff employment records, we saw that the provider had carried out all the required checks to make sure that staff were of good character and safe to work with people before they employed them.

People and relatives told us that staff used good techniques to protect them from the risk of spread of infection. This included staff always wearing gloves and aprons and washing their hands regularly. One

person told us, "They always put gloves and aprons on." The staff we spoke to demonstrated they understood how to protect people from the risk of infection.

Good

Is the service effective?

Our findings

Following our last inspection of this area in February/March 2016, we rated effective as good. At this inspection we have continued to rate effective as good.

People's needs had been holistically assessed and included information regarding their physical, mental and social needs. Not all their preferences had however, been recorded within their care records such as the times they would prefer to receive their care visits. The manager advised they would arrange for this to be completed.

All but one person we spoke with told us they felt the staff employed by the service were well trained. One person told us, "The ones I have now certainly are. They know how to get me safely into my wheelchair and take me out and know my health conditions and deal with anything that may occur competently." Another person said, "Very well trained, know how to use the hoist and my other aids and never had any issues at all about this." A relative told us, "All the carers are very good and accomplished."

All the staff told us they felt the training they received was good and gave them the skills they needed to provide people with effective care. Staff who were new to the service said they had received a thorough induction and support so they felt confident when they started supporting people. The manager was keen to improve staff access to training. One way in which they had done this was for staff to attend regular workshops on various subjects. One of these was taking place on the day of our inspection in relation to dignity in care. New staff completed the Care Certificate which is an industry recognised qualification and records showed that staff had completed training in several different subjects. Other staff had a professional qualification such as an NVQ.

Some people required support in more specialist areas such as receiving their food and medicines via a Percutaneous Endoscopic Gastrostomy (PEG) tube or assistance with stoma care. Staff had received training from a nurse to support people with their PEG. The manager told us that staff competency had been assessed to ensure they provided support in PEG and stoma care safely.

Where the service supported people with their meal preparation, people told us this was done to their satisfaction. One person said, "Yes they help me with my food as I have pre-packed meals and they will get them warmed and ready for me to eat. They always check to see I have eaten enough when they come as this is what is required." Another person told us, "They get me cereal for breakfast with a cup of tea, for lunch I had a salad during the summer but now have a microwave ready meal as getting colder and for tea make me a sandwich with a drink to go to bed with." Staff told us they reported any concerns to the office if they were worried that people were not eating or drinking enough and that they would monitor this. Records showed that these needs had been thoroughly assessed and that people's food likes and dislikes had been assessed to help staff meet these needs.

All the staff told us they worked well as team. They told us about the healthcare professionals they worked with to meet these needs such as GPs, district nurses, physiotherapists and occupational therapists.

People told us that if required, staff supported them with their healthcare needs. One person told us, "I usually do my own (appointments) but they do help like the other week when they made a dentist appointment and went with me." Another person said, "Yes they do help with my appointments. Only the other week they noticed my tablets were getting low so they phoned the doctor and I got them delivered. Also with anything else I require I only have to ask them and they will make the appointment for me." The staff we spoke with demonstrated they had a good awareness of people's individual health needs and supported people with this when needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

All the people we spoke with told us that staff always asked for consent before performing a task. One person told us, "Yes they do. don't think they have ever started on anything before asking me first." Another person told us, "Every time without fail. They are all so good." A further person said, "Indeed the carers are good and will always ask what I want doing first."

The staff we spoke with told us they supported people who lacked capacity to make some decisions about their care. They demonstrated they had a good understanding of the principles of the MCA and said they always offered people choice. One staff member gave us an example of this by stating that they would show one person they supported different types of food so they could choose what to eat. Records showed that an assessment of people's capacity had taken place where it was felt they may require support to make decisions. However, there was a lack of information within people's care records regarding how staff could support people if they didn't have capacity/had fluctuating capacity. Although this manager explained that best interest decisions had been made with the relevant people involved, these had not always been recorded within people's care records. The manager agreed to review and update the care records as necessary.

Good

Is the service caring?

Our findings

Following our last inspection of this area in February/March 2016, we rated caring as good. At this inspection we have continued to rate caring as good.

All people and relatives told us the staff were kind and caring and treated them or their family member with dignity and respect. One person said, "All carers are excellent. When showering me they will keep me part covered and always wrap me up when finishing. All excellent I could not find fault with any of them." Another person told us, "Very respectful. Most considerate when washing or showering me closing the doors and offering me a towel to keep covered up." A further person said, "The carers are all nice. They are very respectful and they close the blinds and keep a towel around me when getting out of the bath." A relative told us, "All the staff are fine with her and she likes them all."

The staff we spoke with confirmed this feedback and demonstrated they understood how to protect people's dignity whilst providing them with care. They also knew the people they supported well and spoke about them in affectionate tones and understood their personalities and how they wanted to be cared for.

People valued their relationships with staff and most were happy with the regular staff they saw. Thirteen people said that although kind and caring, there was not always a consistency of staff. Some people said this was not a problem for them but others said they would like to see this improve. The staff we spoke with told us they felt this had improved recently.

The manager told us they had worked to improve this area as they understood that people would prefer to see a small number of staff on a regular basis. They told us they looked to have a maximum of four staff visit a person each week but that on occasions this was not possible when regular staff were on holiday or had called in sick. They added that people were sent a rota each week and that staff would contact the person if any changes had been made. The staff we spoke with confirmed this. The manager told us they were aware there had been some issues with people receiving their rotas in a timely manner where these needed to be posted. To improve this, a new process had been put in place where staff would take people a rota instead. The manager told us they would continue to monitor these areas.

People told us they felt they were involved in making decisions about their care. One person told us, "Well I tell them what I would like to have done when they come and will do anything I ask or request." Another person said, "Yes as I need reminding to take my tablets as I can forget and make it a point for them to remind me which is important and they do when they come." A further person said, "Yes as choose what I want to have done when they come." Most people said they had choice and control although some said they did not have control over the timing of their calls.

People were asked for their views about the service in several ways. An annual survey was sent to people and most told us these had been received and they had completed them. People were also contacted regularly by the telephone so they could feedback about the care they were receiving. People also told us their care records had recently been reviewed and updated and that they were able to express their views

regarding the care they received during this meeting.

People's independence was encouraged. Staff demonstrated they had an awareness of the importance to promote independence for people where possible. One staff member said they encouraged people to help them prepare meals or do as much personal are for themselves as they could. Another told us that they encouraged people to walk as much as they could when they visited to help them keep mobile.

Requires Improvement

Is the service responsive?

Our findings

Following our last inspection of this area in February/March 2016, we rated responsive as requiring improvement. At this inspection we have continued to rate responsive as requires improvement.

At our last inspection, people fed back that although they felt their care needs had been met, the care visits they received were not always at a time in line with their preferences. They also told us that they did not always have a choice on whether they had a male or female carer. This they told us had had an impact on their lifestyle or wellbeing. At this inspection, people and relatives continued to tell us that their needs were met and said they now had a choice of whether a male or female carer attended their calls. However, only half said their preferences in relation to call times were being met consistently which was having an impact on them. Therefore, further improvements are required within this area.

One person told us, "They are usually on time. They appreciate my condition and deal accordingly." Another person said, "Sometimes they are a bit early but I don't mind that. I am happy and now it is running smoothly." A relative told us, "His memory is going so they make sure things are done like changing battery in his hearing aid and making sure his razor is unblocked."

But another person told us, "Call times are poor it varies every day. I don't know if I am coming or going. If they are late in the morning I must wait for my breakfast. If they then come early for dinner when I have ready meals, I don't always feel like I am ready for it. If they are too early in the evening like 7pm I don't feel ready to get into my nightclothes for bed at that time." Another person said, "I have had no rota this week which sometimes I get and sometimes I don't. My call should be 10am but they can come at 8am or 9am and once was 1pm." A further person told us, "My times are all over the place. In the evening they can come at 6pm and put me to bed but if they are then late in the morning, I am left in bed sometimes for up to 15hrs which is upsetting and not good." A relative said, "Not always as they come at different times. She would prefer after 10am which we have asked for but they come early."

Most of the staff told us they felt this had improved and that they had more consistent call times and were rarely late. However, some did say that weekends could be more difficult due to less staff working during this time which meant that some people's calls had to deviate from the usual times. The manager told us that certain calls termed 'critical calls' were planned for certain times without fail. These were calls that people needed to have at a certain time where it would be detrimental to their health and wellbeing if they were not completed on time.

It had not been recorded within most of the care records we looked at what people's preferred times were for calls. The regional manager told us that this was discussed with people when an initial assessment of their needs was conducted and that they would try to honour this if they could. They added that it was the provider's policy that calls could be 30 minutes each side of the agreed time. Where they could not meet the time, the regional manager said people would be told this so they could decide if they wanted to continue with the care. They could also be placed on a waiting list for the time to be accommodated when able. Of the five people's records we checked in detail, two showed the call times were sometimes inconsistent. For

example, one person who told us their preferred time for a morning call was 8.15am had received nine calls over a 27 day period that were over 30 minutes outside this time with some of their morning calls varying from 7.35am to 10.10am. For the other person their calls in the morning had ranged from 9am to 10.20am and in the evening from 18:00pm to 19.15pm.

The manager told us they tried to plan care visits to ensure that people had consistent times where possible. They said that new staff had been recruited to the service, particularly to work at weekends which would help to improve this area.

People's needs had been assessed and they told us they had contributed to the process. They also told us their care records had recently been reviewed and held up to date information about their needs. One person said, "My care plan is reviewed with me. I review it with them and it is up to date. I have a copy here." Another person told us, "I have full input into my care plan together with my son and have it here." A further person said, "Reviewed with me and all up to date with having a copy here." A relative told us, "We have just revised his care plan and more has gone into it." The staff we spoke with told us they felt the care records provided them with sufficient guidance to know what care people needed to meet their needs. They also said that communication about any changes to people's needs was good.

At our last inspection, we found that people's care records contained information in relation to people's needs and gave staff good information about how to provide care to people in a way they wished. However, we also found that some care records did not contain sufficient information within them to guide staff on how to safely provide people with catheter or stoma care. Again, we found these issues a concern at this inspection.

Although staff had basic guidance of what they needed to do in these areas, there were no separate care plans or risk assessments to tell staff what actions they needed to take to reduce the risk of spread of infection when carrying out these tasks. There was also no information about what signs and symptoms staff needed to look out for which may indicate an issue in these areas such as a possible infection. The manager agreed to review this area and add the relevant information into people's care records.

All people and relatives we spoke with told us they had information available to them regarding how to complain or raise concerns. We received mixed feedback from people in relation to the response they received when they voiced concerns or had made complaints. A relative told us they had recently raised a concern that had been concluded to their satisfaction.

However, four people said they did not always receive an adequate response to concerns raised and didn't feel listened to. One person told us, "I do have to ring up a lot to chase when my carer is coming and where they are but they never call me back to tell me." Another person said, "I have rung them when the carer has not arrived a few times. I get the same reply 'they are on the way'. They never call me back. I have completed a survey and told them about the poor times but this has not improved at all. Makes you wonder if they read it."

Records showed that any complaints that had been recorded as being received had been thoroughly investigated and responded to.

The manager was aware of people's wishes in relation to their end of life care. The staff we spoke with told us they were also aware of this and assisted to help people have a comfortable death. Records showed that people had been consulted regarding some of their wishes, for example if they did not want to be resuscitated if they had a heart attack. However, we did not always find information regarding if people

wished to stay at home rather than be treated in hospital which may be helpful in an emergency for the staff and any attending healthcare professionals.

Requires Improvement

Is the service well-led?

Our findings

Following our last inspection of this area in February/March 2016, we rated well led as good. At this inspection we have rated well-led as requires improvement.

The manager told us the current system in place to monitor the support provided to people during care visits was for office to audit the 'task sheets' that staff had completed when in people's homes. These 'task sheets' enabled the manager and provider to monitor the times that staff arrived for people care visits, how long they stayed and who had provided the care. This also enabled a check to be conducted of what care people had received. The regional manager said it was the provider's policy for these records to be returned to the office and audited monthly. However, for several people these audits were behind and had not taken place with this time frame. Therefore, the current system in place to monitor these areas was not effective.

For example, for one person their 'task sheet' had last been audited in May 2018, another person in June 2018 and another in July 2018. For this person, we found an entry that indicated an incident had occurred in relation to their safety. Although the records had confirmed that at the time, the staff member involved had acted to reduce the risk of the person experiencing harm, it had not been recorded as an incident for further investigation where lessons could have been learnt. We also found some occasions where staff had recorded they had not stayed at the call for the required time and where some people had inconsistent calls.

The provider had not ensured that there had been sufficient staff available to audit the 'task sheets' at the frequency they required. This method of auditing was particularly important as the provider does not have an electronic system in place to monitor that staff are completing care visits as required. Therefore, some issues and concerns that we found had not been identified for investigation and there was a risk that this was the case for other people whose records we had not checked. The manager told us the monitoring of these areas would now improve due to them having more staff in the office available to perform the audits which was a priority.

The provider had conducted regular audits of the service since having found the concern regarding staffing levels in February 2018 however, these had not identified that some people's care records did not contain clear guidance for staff in relation to stoma, diabetes or catheter care. Also, they had not identified that there was a lack of best interest decisions or information on how staff needed to support people where they lacked capacity to consent to their care. This was despite these exact concerns having been raised at our last inspection. We again received mixed feedback from people regarding the timing of their calls. This is also a repeat of what we found at our last inspection of the service. The manager agreed to immediately review these areas.

The manager had been working at the service for several years in senior positions but in the capacity as manager for just over two months. They told us they were aware there had been some issues with the care provided and had worked hard to improve the current governance systems. We saw that improvements were being made. For example, the audits of people's medicines were now up to date and we found in the

main, these were effective at identifying error or concerns. A programme of reviewing people's care needs had been completed to ensure people's current requirements were known. Other systems had recently been put in place such as the monitoring of people's care records, incidents and accidents and complaints so that lessons could be learnt.

We received mixed feedback from the people and relatives we spoke to about whether they thought the service was managed well. Nine people were happy with the service they received and said they would recommend it. One person told us, "I am very happy with the service. I feel it runs well. I would recommend. Would be better if they could send more regular carers and not keep swapping so much." Another person said, "I am generally happy with the service I receive. The office responds well if I need to rearrange an appointment." Both relatives were happy with the care provided. One told us, "All very good and helpful found them well managed and fine to deal with. Yes, I would recommend as it runs well for us."

However, five people said they felt the management of the service could improve. One person told us, "Only one problem and that is they keep swapping carers around which is very annoying. Care is good though. The problem is management it doesn't seem right. I would recommend the care but not the management. They need to sort out giving regular carers." Another person said, "At times it is okay but not well managed as call time poor and they never return a call. I can't recommend because of the poor call times. It needs improving."

The provider had recently gathered people's views about the service. Thirty-two people had completed the survey and the information had been analysed. An action plan was being put together to address any areas for improvement. We found the survey reflected our findings during this inspection.

Eight-seven percent of people said they would recommend the service, that staff treated them with dignity and respect and were courteous and police. Sixty-eight percent stated they felt the service cared for them well. Eighty-four percent felt the care provided was safe and 79% said the staff were caring. However, only 34% said staff usually arrived on time and 50% felt the service was managed well. The manager told us an action plan would be produced following this analysis and improvements monitored.

All the staff we spoke with told us they felt supported by the manager. They said they were approachable and that there was an open culture within the service. They explained this meant they could talk to the manager at any time with confidence and without concern.

Staff said they felt very supported and the communication with the office and manager was good. They and people who used the service benefited from an on-call system where someone was on hand to answer any queries they had up to 10pm each day. After this time, people were sign-posted to other organisations as required.

Links with the local community had been established and the service worked with other agencies for the benefit of people using the service. This included with a local café and care home. People were advised of these services that they could use to attend social gatherings to help avoid social isolation. The service had also linked up with services so their advertisements for staff could go into newsletters around the local area.