Firstpoint Homecare Limited

Firstpoint Homecare Ltd

Inspection report

Centre Court, 1301 Stratford Road
Hall Green
Birmingham
West Midlands
B28 9HH

Tel: 01216336180

Date of inspection visit:
08 March 2018

Date of publication:
15 May 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Firstpoint Homecare Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults, younger adults and children. It operates across Solihull, West Midlands. There were 173 people using the service at the time of this inspection.

We visited the offices of Firstpoint Homecare Ltd on 8 March 2018. This was the first inspection of the service since registering with the Care Quality Commission in August 2017. We gave the registered manager 48 hours' notice of the inspection visit because we wanted to make sure someone was available in the office to meet with us.

Prior to our inspection we received information of concern in relation to the service. These related to people not feeling safe because they received care and support from care workers they did not know. Some people's medicines had not been administered by care workers when they needed them and people were dissatisfied because their care workers arrived later than they expected them. Also, some people's key safe numbers had been accidently shared with a person's relative which was unsafe.

The service is required to have a registered manager in 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 and associated Regulations about how the service is run. A registered manager was in post.

Prior to our visit the service had been through a period of instability caused by staff changes and some staff not working in line with the provider's procedures. Some of the governance systems in place to assess, monitor and improve the service had not been effective. Improvement actions plans were in place to monitor and drive improvements. People and staff told us stability was returning to the service and we saw a number of improvements had been made in a short period of time. The changes needed to be embedded and sustained over a longer period.

People felt safe with their regular care workers because they trusted them. However, when their regular care workers were off work some people continued to feel unsafe. Action was being taken to address this.

Some people had been dissatisfied with the service they had received because communication between then and the service had been poor. Action had been taken to improve this and people had noticed improvements in the two weeks prior to our visit.

Some people had not received their medicines when required. We saw improvements had been made in this area and only trained competent care workers supported people to take their medicines.

Staff felt listened to and supported by their managers. Procedures were in place to protect people from

harm. All staff had received safeguarding training and understood their responsibilities to keep people safe. Staff were confident to raise any concerns with their managers. A system was in place to record accidents and incidents and to reduce any reoccurrence.

The provider's recruitment procedures minimised, as far as possible, the risks to people safety. Enough staff were employed but the deployment of staff required improvement because care workers often arrived later than people expected them and their arrival times were unpredictable. Action was being taken to address this.

Risk assessments were in place to identify potential risks to people's health and wellbeing. However, some lacked information to inform staff how to manage risks. Despite this care workers assured us they knew how to manage risk safely.

People had confidence in the skills and knowledge of their regular care workers to provide the care and support they required. New staff members were provided with effective support when they first started work at Firstpoint Homecare. Care workers provided positive feedback about their training. A programme of training supported staff to keep their skills and knowledge up to date. Staff had not received on-going individual support (supervision) to help guide them with their work and action had been taken to address this.

People were supported to manage their health conditions and to access other professionals when required. Care workers had completed infection prevention and control training in- line with best practice recommendations.

The provider was working within the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible.

People told us their regular carers were kind and caring. We found competency checks of care workers practices had not taken place in line with the provider's procedure. Action was being taken to address this.

Staff understood the importance of maintaining people's confidentiality. People were treated them with respect but their personal care was not always provided in ways which upheld their dignity. People were supported to retain their independence.

People's needs had been assessed when they had started to receive a service and action was being taken to ensure people had opportunities to be involved in making ongoing decisions about their care. Some people's care plans lacked detail information to support care workers to provide person centred care. Further detailed information was being added to improve this.

People and their relatives told us they felt they were listened to because complaints they had made about the service had been investigated and resolved in line with the provider's procedure to their satisfaction.

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 mostly safe.

Some people felt unsafe because they received their care from unfamiliar care workers. The deployment of staff required improvement. Recruitment procedures minimised the risks to people safety. People received their medicines as prescribed. Procedures were in place to protect people from harm and staff completed safeguarding training. Staff knew how to managed risks but some risk assessments lacked important information. Systems were in place to monitor any accidents to prevent them from reoccurring.

Is the service effective?

Good

The service was effective.

People had confidence in the skills of their regular care workers. New staff members were provided with effective support when they first started work and staff spoke positively about the training they received. Staff had begun to receive supervision to support them in their roles. People had access to other professionals when required. The provider worked in line with the requirements of the Mental Capacity Act 2005.

Is the service caring?

Requires Improvement

The service was mostly caring.

People told us their regular carers were caring. Checks of care workers practices had not taken place in line with the provider's procedure. People's care did not always uphold their dignity. People were treated with respect and were supported to retain their independence. Staff understood the importance of maintaining people's confidentiality.

Is the service responsive?

Requires Improvement

The service was mostly responsive.

Some people's care needs had not been met. Some care plans lacked detail to support care workers to provide person centred

care. People felt they were listened to and complaints had been managed in line with the provider's policy and procedures.

Is the service well-led?

Requires Improvement 

The service was mostly well-led.

The provider and the management team were working to improve the service but improvements were relatively recent, and had not been tested over a longer period of time to ensure sustainability. Lessons had been learnt when things had gone wrong and people had begun to see improvements. Staff told us they felt listened to and supported by their managers.

Firstpoint Homecare 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 was 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 office visit took place on 8 March 2018 and was announced. We told the branch manager before the visit we would be coming so they could make sure they would be available to speak with us and arrange for us to speak with care workers.

The inspection was carried out by two inspectors and two experts-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.

Prior to our office visit we reviewed the information we held about the service. We looked at the information received from our 'Share Your Experience' web forms and the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke to the local authority commissioning team. They told us they had visited the office of Firstpoint Homecare on 20 February 2018 to review the quality of the service people received. Following their visit they had requested an improvement action plan from the provider and they were working with the provider to improve the service people received.

We were sent us a list of people who used the service before our inspection. We contacted people by telephone and spoke with 19 people and 11 relatives to gather their views on the service they received. We used this information to form part of our judgements.

During our office visit we spoke with 10 staff members which included a care coordinator, a field based supervisor, one senior care worker and four care workers. We also spoke with the branch manager, the registered manager, the provider and the provider's compliance and quality manager.

We reviewed seven people's care records to see how their care and support was planned and delivered. We looked at three staff records to check whether staff had been recruited safely and were trained to deliver the

care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Requires Improvement

Is the service safe?

Our findings

Prior to our inspection we received information that some people received their care from unfamiliar care workers which made them feel unsafe. Overall, people we spoke with during this inspection confirmed they felt safe because they had regular care workers who they trusted. However, when their regular care workers were off work some people continued to feel unsafe. Comments included, "I feel very safe with the carers I know. Not so with the others." And, "Yes it's all done safely but it would be nicer and I would feel safer with them if got to know the different carers properly." A relative explained their family member became anxious and upset when their care was provided by unfamiliar care workers. We discussed this with the registered manager. They assured us lessons had been learnt and action to address this issue had being taken. For example, care workers were shadowing calls to people who they were unfamiliar with to get to know them.

At the time of our visit 80 staff were employed and the provider assured us this number was sufficient to keep people safe. However, the deployment of care workers required improvement because people told us care workers often arrived later than they expected them and their arrival times were unpredictable. One person explained the negative impact this had on them, saying inconsistent call times was dangerous because they were diabetic and they relied on care workers to make them something to eat. They explained the week before our visit they had expected their care worker to arrive at 9am but their car had broken down which meant they did not arrive until lunchtime. However, four people and two relatives told us care workers arrival times had improved over the last four weeks.

Care workers we spoke with told us they were only late for people's calls when their previous call had overrun unexpectedly or they had got stuck in traffic. The provider told us some people expected their care worker to arrive at the exact time each day, and that care workers had a 30 minute leeway of the planned time to arrive at calls. We looked at five people's completed call logs for the three weeks prior to our visit. These records showed us staff had not always logged their arrival time which meant we could not be sure they had arrived around the time expected. The registered manager explained that call schedules would be reviewed by 6 April 2018 to check calls were located as close together as possible.

The provider's electronic system to monitor the arrival and departure times of care workers at people's homes was ineffective because some staff were not using it correctly. This meant we could not be sure people received the care they had been assessed as needing to keep them safe. The provider assured us action had been taken and further action was planned to drive forward improvement to benefit people. For example, all staff had received further training the importance of using the electronic system correctly had been discussed at a staff meeting on 22 January 2018. We were made aware a new electronic system would be implemented at the service by the end of April 2018. The provider described the new system as 'flawless' and told us staff would receive training so they had the knowledge to use it correctly. If staff did not comply with the new system disciplinary action would be taken against them.

Some people were assessed as needing support from care workers to take their medicines. Prior to our visit we received information that some of those people had not received their medicines when they needed them. Most people we spoke with administered their own medicines or their relatives helped them with this.

However, some relatives confirmed their family members had not received their medicines when required. Comments included, "They (care workers) have sometimes missed her tablets so that's not very good." And, "They do make notes about her tablets. But some have been missed or late."

We discussed this with the branch manager. They were aware that on occasions this had happened and acknowledged that this had not been safe. They assured us action had been taken to make improvements in this area. This action had included 'mini' training sessions with care workers to remind them of the importance of administering medicines safely in-line with good practice and the providers expectations. Also, further checks of medication administration records (MAR) completed by care workers had commenced in January 2018 to check people had received their medicines. We viewed seven people's medication administration records which had been completed in February 2018. These records showed us people's medicines had been administered as prescribed which meant improvements had been made.

Where care workers supported people to take their medicines it was recorded in their care plan. Only trained competent care workers supported people to take their medicines and all care staff we spoke with confirmed they had received medication training and their competency had been assessed by a manager.

Risk assessments were in place to identify potential risks to people's health and wellbeing. We found some lacked information to inform staff how they should manage risks. For example, one person had epilepsy and another displayed behaviours that could cause harm to care workers. There was no information documented to support care workers to manage these risks. We discussed our findings with the registered manager who told us they would take immediate action to review update the risk assessments. Despite omissions in records care workers knew how risks were to be managed.

The provider protected people against the risk of abuse and safeguarded people from harm. The registered manager was aware of their responsibilities to keep people safe. They knew how to correctly report any safeguarding concerns which meant any allegations of abuse could be investigated.

All staff attended safeguarding training annually. The training included information on how to raise concerns and the signs to look for to indicate people were potentially being abused such as, unexplained bruising to their skin. Care workers told us the training had supported them to identify different types of abuse and their responsibilities to document and report any concerns that they had about people's safety to their managers. Staff were confident their managers would take action to protect people if they did raise concerns.

Some people had a key safe which care workers used to gain entry to their homes because they were unable to open their front door to let them in. Prior to our visit we were made aware that some people's key safe numbers had been accidently shared with a person's relative which was unsafe. We checked and found that in response to this people's key codes had been changed and care workers we spoke with were aware of the importance of keeping entry codes safe.

The provider had systems to record any accidents and incidents that occurred. The systems identified any patterns and trends arising from such concerns, so appropriate action could be taken to reduce the likelihood of them happening again.

Records showed care workers had completed infection prevention and control training in-line with best practice recommendations. People told us most care workers did follow good practice in relation to infection control. For example, they wore disposable gloves and aprons when they assisted them with person care. One person explained they liked to use different coloured flannels to wash different parts of

their body which care workers adhered to. However, another person said, "After washing me one carer emptied the bowl of water she washed me in into the kitchen sink with all the dishes. It was unhygienic."

Recruitment procedures minimised, as far as possible, the risks to people safety. The registered manager explained that the provider had recently changed their recruitment process to include further competency tests to check potential staff had the skills required to carry out their role. Our discussions with care workers confirmed their references had been requested and checked. They had also not started working at the service until their DBS (Disclosure and Barring Service) clearance had been returned and assessed by the provider. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services.

Good

Is the service effective?

Our findings

People had confidence in the skills and knowledge of their regular care workers to provide the care and support they required. One relative felt confident care workers knew what they were doing because they used a piece of equipment correctly to help their relation to move. They commented, "They seem well trained to use the hoist."

Staff received an employee handbook which included the provider's policies and procedures and outlined the standards expected of them. New staff members were provided with effective support when they first started work at Firstpoint Homecare and they completed an induction in line with the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected. This demonstrated the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.

Care workers provided positive feedback about their training. One said, "There is always training available and the office do act on feedback from us. If we ask we can get it." Records showed a programme of regular training updates supported staff to keep their skills and knowledge up to date. The provider invested in staff training by providing an on-site training room, designated trainers and opportunities for staff to complete nationally recognised qualifications. Care workers had also completed training such as, catheter care to gain the skills to effectively support some people. One staff member explained the training had supported them to identify if a person's catheter was not working correctly and this meant they knew when to contact the district nursing team to support the person.

Staff told us they had not received on-going individual support (supervision) to help guide them with their work. We discussed this with the registered manager who explained a new 'supervision' system had been implemented which showed us meetings were planned and had begun to take place to support staff.

People were supported to manage their health conditions and to access other professionals when required. For example, one person told us their care workers would call their doctor if they needed them to and a relative confirmed care workers had informed them when they thought their relation was unwell and needed to see their GP.

People were assisted with the preparation of meals and drinks if this was agreed in their care package. Care workers knew how to monitor and manage people's nutrition and hydration if this was required to make sure people's nutritional needs were maintained. For example, if people were not eating and drinking they would report this so action could be taken to support the person. However, we received mixed feedback from people when we asked them if meals were prepared to their satisfaction. For example, one person said, "We ask them (care workers) and they don't know how to do toast. We asked for tomatoes on toast and they brought in tomatoes in a bowl, the toast was not done and they didn't put any butter on the bread." However another person explained the care workers prepared their breakfast of bacon rolls just the way they liked it.

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. Where people lack mental capacity to make particular decisions, any decisions made must be in their best interests and in the least restrictive way possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and the provider understood the relevant requirements of the Mental Capacity Act (2005). For example, they knew applications must be made to the Court of Protection. Some people using the service did lack capacity to make all of their own decisions. Records showed those people had somebody who could support them to make decisions in their best interest, such as a relative. This meant the rights of people who were unable to make important decisions were protected.

People told us care workers always asked for their consent before providing them with any assistance. Care workers we spoke with understood the principles of the MCA and knew they could only provide care and support to people with capacity who had given their consent.

Requires Improvement

Is the service caring?

Our findings

People told us their regular carers were caring. One person described their care worker as 'brilliant' because they had a laugh and joke together which they enjoyed. Relatives shared this view point. One explained their relation had arthritis which caused their limbs to be painful and stiff. They told us their care worker was always gentle and considerate when moving them. They commented, "It's obvious that they care."

However, when their regular care workers were off some people were dissatisfied with their care and felt rushed. One person said, "The relief carers are not so good on care." They explained this was because they focussed on completing care tasks rather than on them. Another person told us, "I feel rushed when my regular carer is off. It's like they just want to get the job done and get out." A third person explained some care workers did not always explain things clearly or listen to them because they were often 'in a hurry'. They commented, "It's like a whirlwind, just in and out of here."

Despite the feedback six people and four relatives told us they would recommend the service to others. Staff we spoke with told us they enjoyed working at at Firstpoint Homecare and told us they would recommend the service to their family and friends.

We could not be sure that care workers were working in line with the providers expectations of providing high quality care to people. This was because we found competency checks of care workers practices had not taken place in line with their procedure. For example, records showed us four care workers had not received a 'spot check' since September 2017. The registered manager told us these checks had not taken place because the staff responsible for completing them had been required to complete other work which had taken priority. We saw a new system had been implemented to make improvements which meant frequent checks of care workers practices which included their attitude to their work and how they spoke with people were planned to take place following our visit.

People confirmed care workers did treat them with respect because they always knocked their front door to announce their arrival at their home. However, we received mixed feedback when we asked people if their care was provided in a dignified way. People told us they were not always introduced to new care workers before they assisted them with personal care. This made people them feel 'a bit uncomfortable' and 'embarrassed' because they did not know them. Other people provided more positive feedback. For example, one person said, "They leave the bathroom door open while I shower so they can make sure I am ok. They shut the door afterwards while I get dressed which is my choice." Another told us, "It's all done nicely. Yes very dignified. I was asked and told them I wanted a lady I always get a lady."

People were supported to retain their independence which meant they continued to live in their own home in line with their wishes. One person told us they were unsteady on their feet. They explained their regular care worker encouraged them to 'get up and have a walk about'. This support had given them confidence to walk around their garden which was something they had always enjoyed doing. Another person explained care workers encouraged them to wash their own hands and face, helped them to wash their clothes, tidy up and put their rubbish bins out. They commented, "Without the carers I could cope on my own here."

Staff understood the importance of maintaining people's confidentiality. They told us they would not speak with people about other clients and ensured any information they held about people was kept safe and secure. People's personal information and records were kept in locked cabinets at the office. Only authorised staff had access to this information.

Requires Improvement

Is the service responsive?

Our findings

People told us the support they had received had not always met their needs. However, people told us improvements had been made in the two weeks prior to our visit. One person explained they had felt frustrated because communication between them and the office had been poor. They said, "I have had to phone on several occasions when they (care workers) have been late. I have phoned around 30 times but not so much lately." Another person explained that communication over the last three months had been poor but since new office staff and the branch manager had been working at the service this had improved. A third person told us, "My care needs are met; the carers help me with everything that needs doing."

Care workers confirmed on occasions they had arrived later than the time people expected them. If they were running late they informed the office staff who were responsible for informing the person. However, the registered manager had identified that some staff who worked in the office were not carrying out their roles effectively because the messages had not been passed on. The provider had taken action to address this. Also, to drive improvements a further 'check' was due to commence the week after our visit. This consisted of office staff contacting five people each day via the telephone to make sure they were satisfied with their care.

People received information about the service in a way that they could understand. People told us they had received an information guide about the service, its values and purpose. One person told us, "Their booklet is good. It tells me what I need to know." The information was available in large print, different languages and electronic formats to comply with the Accessible Information Standard. This is a framework and a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand the information they are given.

We looked at the involvement people, or those acting on their behalf had in contributing to planning people's care and support. People confirmed they had been involved in the assessment of their needs to make sure their needs were met. We saw the assessments included people's mobility, likes, dislikes and mental health needs. However, since their initial assessment people had not had further opportunities to be involved in reviewing and making decisions about their care. One person said, "They came to see us, and it was all agreed with us. We've not discussed things since the beginning." Another said, "I don't think I've had any kind of review. We could do with more discussion but overall its ok." We were made aware a new process to ensure people were more involved in the review of their care was being introduced shortly after our visit.

The registered manager explained some people's care plans lacked detail to support care workers to provide person centred care. They told us, "You will see some care plans are better than others." At the time of our visit they were in the process of adding more detailed information. We looked at seven people's care plans and this confirmed what we had been told. Three care plans had been recently been updated and contained detailed information for example, the encouragement one person needed to drink and the 'special' place they liked to keep their pyjamas. In the other four the information was not as specific and information was focussed on the tasks care workers needed to complete. For example, 'full body wash' and

assist with meals' was written. This information could be interpreted differently by care workers so people received inconsistent care when they were visited by care workers who did not know them well.

At the time of our visit the service did not support anyone who was moving towards the end of life. Records showed us staff had completed training in end of life care, to make sure they would recognise the signs and understand the symptoms if a person they supported was at the end of their life.

There were systems in place to manage complaints about the service provided. People confirmed the complaints policy was included within the information guide which was located within their homes. Eight complaints had been recorded since August 2017. Records showed the complaints had been investigated and resolved in line with the provider's procedure. People and their relatives told us their complaints had been listened to and resolved. One person said, "When I complained about one unsuitable carer early on it was sorted, they took it seriously and the carer hasn't come again." A relative told us, "I had to complain about the times they were coming. There was a set time and they were not keeping to it. It's better now since I spoke up."

Since November 2017 the service had received five compliments. This showed us some people were happy with the care they received.

Requires Improvement

Is the service well-led?

Our findings

Prior to our visit the service had been through a period of instability caused by staff changes and some staff not working in line with the provider's expectations. This had meant that some people had felt unsafe and had been overall, dissatisfied with the service they received.

At the time of our visit a registered manager was in post and they had submitted an application to us to deregister with us. A new branch manager had started working at the service in January 2018 and they were in the process of registering with us. Staff we spoke with welcomed this change and told us the new branch manager had already implemented positive changes. One told us, "Sometimes (registered manager) I hasn't been available we needed them but that's changed. I feel strongly that I have had good support from (branch manager) as they are always in the office. There has been a massive improvement since she has been here." Another told us, "I am supported and I have no issues with Firstpoint. We now have (branch manager) and she is based here which is good."

However, shortly after our visit we were informed that the provider had restructured the management of the service. This meant the branch manager was no longer working at the service and the registered manager had withdrawn their application to deregister with us.

During our inspection visit the provider and registered manager were open and honest with us about the issues they had faced since the service registered with us in August 2017. We found lessons had been learnt when things had gone wrong. We were made aware of the actions taken and that were planned to take place to ensure people received good quality care. The service was working with the commissioners of the service to improve the situation. Improvement actions plans were in place and were being continually monitored to drive forward improvements to benefit people.

Staff told us stability had begun to return to the service. The provider planned to implement a new electronic call monitoring system to assure themselves people received the care they had been assessed as needing to keep them safe. Peoples care plans were being worked on to make sure they contained the information care workers needed to provide person centred care.

People and their relatives told us they had begun to see improvements. Comments included, "It hasn't been great but it's getting better now." "Things seem to be settling down, it's just the lateness that's a problem but I think that's being sorted out now," and, "The managers seem ok I know they are trying to make things better. I hope they do." The registered manager told us they were committed to improving relationships with people and their relatives who had not always good care through the period of instability.

Staff told us they felt listened to by the provider. In December 2017 all staff had been given the opportunity to complete a survey on what it was like to work at Firstpoint Homecare. The feedback had been analysed and had showed that staff morale was low. In response to the feedback a staff recognition scheme had recently been implemented in attempt to make staff feel valued and improve morale.

The registered manager told us they felt supported by the provider and the compliance and quality manager. They used different methods to ensure they kept their knowledge of legislation and best practice up to date. For example, they attended regular meetings with the provider to share good practice. They also attended manager's forums in the local area and shared their learning with care workers to further develop their understanding of best practice in social care to benefit people.

The management team encouraged feedback from people and their relatives. We were made aware that the provider planned to send quality questionnaires to people in April 2018. The feedback would be collated and used to make improvements if required.

Staff told us they had regular opportunities to attended meetings with the management team. They told us the meetings were a positive experience because they felt able to discuss their concerns or ideas for improvements. We saw a recent staff meeting had included a 'question and answer' session with a manager which had given staff members the opportunity to raise and get answers to any issues that they had.

The provider operated an 'on call system' so staff had access to a member of the management team outside normal office hours. Care workers told us this made them feel supported. Staff also felt supported because they had access to company cars to carry out their care calls. One commented, "Having the cars is good. It means I don't have to use my car for work."

Some of the governance systems in place to assess, monitor and improve the service had not been effective. For example, some people had not received their medicines when they had needed them. The provider told us they were committed to looking for ways to improve the service people received, and also learning from when care had fallen below the standards they expected. To improve the quality assurance processes a new compliance and quality manager role had been created within the organisation. During our visit the compliance and quality manager was visiting the service as part of a two day audit. They told us part of their role was to support the management team to continuously learn and improve.

The provider had appropriately notified CQC of any significant events as they are legally required to do. They had also notified other relevant agencies of incidents and events when required. They understood the importance of us receiving these promptly and of being able to monitor the information about the service.

The provider and management team had worked hard to make a number of improvements in a short space of time. This had started to improve the quality of care provided to people. However, further improvements still needed to be made and sustained over a longer period of time.