Mrs Christina Jane Vaughan

Care2Care

Inspection report

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Ratings

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

Overall summary

This inspection took place on 03 March 2015. The inspection was announced. This was to ensure that a manager was available at the office to facilitate the inspection. This location is registered to provide personal care to people in their own homes. At the time of our inspection 152 people were supported by the service.

The previous inspection of this service was carried out on 11 September 2014, where we identified two breaches in legal requirements. The provider sent us an action plan and told us they would meet the relevant legal requirements by 27 January 2015. At the last inspection, we asked the provider to take action to ensure all care staff were respectful to people who used the service. This action had been completed. People we spoke with were satisfied that their current care staff treated them with respect.

At the last inspection, we asked the provider to take action to ensure people experienced improved communication with the service and the system for monitoring calls was improved. People had experienced

Summary of findings

late calls and the service had not analysed late visits effectively to enable them to address this problem. This action had not been completed. We noted some improvements had been made to office communication, however, some people told us they were still not happy with communications with the office. The provider had put in place a system for analysing late visits, however some people still received late calls and calls at times which did not meet their preferences.

The home had a registered manager. 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. On the day of this inspection the registered manager was absent from the service. The inspection was facilitated by two other managers.

We found at this inspection that the provider had ensured that people were safe. Although some people still had late calls or calls not at preferred times, the provider was working with those people to address this. Where people had critical health needs, the service ensured that times of care calls were met.

People were satisfied staff had the right competency to meet their needs. Most staff received on-going supervision and appraisals to monitor their performance and development needs. One staff member told us they did not receive regular supervision.

Staff were kind, caring and respectful to people when providing support and in their daily interactions with them. People we spoke positively about the care staff and told us they were caring, friendly and helpful.

People did not always receive care that was responsive to their needs. Whilst improvements had been made to reduce late calls and variations to people's preferred call times, this problem had not been resolved in all cases. The provider acknowledged this and was actively working to resolve these concerns.

People were encouraged to comment on the service provided to influence service delivery to influence how the service was developed. Not everyone thought that action had been taken to address issues they had raised.

There were audit processes in place intended to drive service improvements. The provider had taken action to bring the service up to the required standards since the previous inspection. The provider demonstrated a commitment to addressing any issues and improving the service. However, further action was required, the provider acknowledged that 30 per cent of people did not have calls at their preferred time.

At the previous inspection improvements were needed to ensure positive communications with the office. We saw that the provider had recruited additional office and on-call (out of hours) staff to improve communications. Some people and staff we spoke with said that further improvements were required to ensure positive communications with the office.

Staff we spoke with had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This legislation sets out how to proceed when people do not have capacity and what guidelines must be followed to ensure people's freedoms are not restricted.

Records showed that we, the Care Quality Commission (CQC), had been notified, as required by law, of all the incidents in the home that could affect the health, safety and welfare of people.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staffing levels were adequate to ensure people received appropriate support to meet their needs.

Recruitment records demonstrated there were systems in place to ensure the staff were suitable to work with people who used the service.

Staff received training in safeguarding adults. Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the registered manager.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Most staff had received regular supervision to monitor their performance and development needs. One member of staff told us they did not have regular supervision meetings. Regular staff meetings and text briefings were held to update and discuss operational issues with staff.

Staff had the knowledge, skills and support to enable them to provide effective care.

People had access to appropriate health professionals when required.

Is the service caring?

Good

The service was caring.

Care staff provided care with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People told us they were treated with respect and dignity by care staff.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's individual needs had not been consistently responded to by the provider. Some people reported that care calls were late or were not provided in line with their assessed needs. The provider acknowledged this and was actively working to resolve these concerns.

People felt confident they could make a complaint but not everyone felt that complaints were dealt with satisfactorily by the provider.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Summary of findings

There were quality assurance systems in place to drive service improvements. The provider acknowledged that further improvements were required to ensure effective service delivery for all people who used the service.

Staff held a clear set of shared values based on respect for people they supported. They promoted people's preferences to ensure people remained as independent as possible.

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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, and to provide a rating for the service under the Care Act 2014.

We completed the inspection on 03 March 2015. The inspection was undertaken 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. The experts by experience completed telephone interviews to people who used the service and their representatives.The inspection was announced. This was to ensure that a manager was available at the office to facilitate the inspection.

We spoke with inspectors who had carried out previous inspections at this home. We checked the information we held about the service and the provider. We had received notifications from the provider as required by the Care Quality Commission (CQC).

On the day of our inspection the registered manager was absent from work. We spoke with two managers and a client care manager in the office. After the inspection we spoke with 33 people which included people who used the service and their relatives. We also spoke with five staff members. We spoke with one stakeholder to obtain their feedback about the service.

We looked at seven people's care plans. We looked at six staff recruitment files and records relating to the management of the service, including quality audits.

Good

Is the service safe?

Our findings

We asked people if they felt safe with the care they received from the provider. Everyone we spoke with said they felt safe with the staff that supported them. People said that they would contact the provider if they had concerns .

We saw the provider had policies and procedures in place for dealing with any allegations of abuse. Care staff told us they understood about different forms of abuse, how to identify abuse and how to report it. Staff told us they had completed training in safeguarding vulnerable adults. One staff member said: "I would report safeguarding concerns and have done so in the past. These issues were dealt with swiftly by the office" and "I would report safeguarding concerns to the office. One person I supported was letting strangers into their home and I had concerns about their well-being. I reported this and the person's needs were reviewed."

We asked people whether the provider supported them to manage risks. One relative told us: "Staff support [my relative] with a hoist. There are no issues with safety." We spoke with staff who supported someone who was at risk of falls. They told us: "Some people I support are unsteady on their feet. I advise and encourage them to use their walking aids and walk behind them when needed" and "When we use hoists to support people to mobilise, we always have two care staff for this."

During our inspection we looked at care records which contained risks assessments and the actions necessary to reduce the identified risks for each person. People were assessed prior to receiving care to reduce the risk of inappropriate care. The assessments covered their medical condition and history, and included tissue viability (skin condition), mobility and eating. The provider created care plans from these assessments and where risks or issues were identified, they made referrals and sought specialist advice. Risks relating to the care and support people required were regularly reviewed.

We looked at the care plan for someone at risk from frequent falls. The provider ensured that the person's needs were assessed as part of a team of professionals to reduce the risk of further falls. The provider assessed the person's home environment and removed possible trip hazards in the home. They ensured that the person had access to mobility equipment and an alarm to alert services if the person had a fall. The provider worked closely with the hospital team, the person's GP, social worker and occupational therapist to reduce the risk of further falls. The provider increased the number of care calls to the person's home to monitor their well-being and meet their needs.

The manager told us rotas were completed in advance of care calls to ensure there were enough staff to cover each call. We saw the provider reviewed staffing levels regularly. The provider held weekly planning meetings to ensure they had sufficient numbers of staff to cover all rotas. Additional staff were on call to address any issues arising with care calls. The provider had recruited additional staff to monitor staffing levels and rota planning needs. They had prioritised all care calls where people were at increased risk, to include people with health conditions who required their prescribed medicines at specific times. A restriction had been set up on the computerised rota planner to ensure scheduled calls could not be changed for people identified as being at highest risk.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were suitable. The provider followed a consistent and robust recruitment and selection process in the staff files we looked.

The provider had a robust disciplinary procedure in place. We saw evidence confirming staff disciplinary issues were dealt with in accordance with the provider's policy. Where appropriate, outside agencies and stakeholders were involved in investigations and learning from disciplinary investigations was shared with staff. The sharing of learning amongst staff reduced the potential for future risks.

We looked at how people's medicine was managed at the service. People told us that the help they got with medicines worked effectively. One person said: "The system is working well". Staff told us: "I have had training in medicines management. I support people to take medicines, but I don't administer medicines. Every time I support someone with medicines I record this" and "I have no concerns about medicines and have had the training."

We saw that the provider followed relevant professional guidance about the management and review of medicines. Staff could not support people with medicines without

Good

Is the service safe?

completing mandatory medicines training and received regular refresher training. The provider carried out weekly audits to ensure people were provided with the correct medicines. The provider told us that they attended a steering group to establish best practice in medicines administration processes and procedures.

Requires Improvement

Is the service effective?

Our findings

People we spoke with were happy with the skills and effectiveness of staff. We asked people whether they thought staff had the skills and training to manage their needs effectively. People told us: “I have no problems at all and am very happy with my care” and “I have carer’s mornings and evenings they are very good and help me to shower and dress” and, “The carers are marvellous” and “Most carers seem well trained”. Relatives told us: “They [care staff] all do a pretty good job in the main. Two or three of [my relative’s] carers are very, very good but I can’t complain about any of the current staff”, ‘We’ve no issues with the carers and the care they provide”, “I can’t complain about the carers that care for [my relative]. They all do a good job” and ”I am quite happy with the care that [my relative] receives.”

We asked staff whether they had effective support and training. Comments included: “It is a brilliant agency to work for. I had an induction. They [managers] walked me through everything including people’s care plans. I had a week’s induction and completed training in moving and handling and safeguarding", “I have supervision when I need it. I had a client recently who experienced a fall. I was concerned about the client and I needed to speak with the manager. I was given feedback about how the client was doing” and “I have supervision every three months. The managers follow through on issues that I have. I don’t take no for an answer if I am worried about any clients.”

Most staff we spoke with received regular supervision. This meant that staff had one to one meetings with their supervisor to discuss their role, performance and development needs. Staff were able to raise issues or concerns and records confirmed these supervision meetings were recorded and signed. However, some staff did not receive appropriate support. One member of staff we spoke with told us they had not received enough supervision to meet their needs and telephone supervision in their opinion took the form of a brief check in call: “I have only had one face to face supervision in the past two years and two telephone supervisions.”

Staff we spoke with were happy with the training and professional development options available to them. The provider ensured staff could access training and development programmes to attain a qualification in care. One member of staff said: "I am supported to develop and have started NVQ level 3 training.”

All staff received an induction training programme before starting work with the service. This included safeguarding, Mental Capacity Act (MCA) and dementia training. Further training was also available to staff. This ensured that staff had met the basic training requirements of their role. Staff had appraisals where roles and responsibilities could be discussed. One member of staff said they were due to complete refresher training. The provider identified this training need in February 2015. The provider sent us records of staff who were due to attend refresher training. Outstanding refresher training for staff was due to be completed in April 2015.

We found that the provider supported the day-to-day health needs of people they visited. One relative told us: “I am very impressed with the level of care and concern shown last week by one of the carers for [my relative], as they were quite ill.”

We checked to see whether the provider had measures in place to ensure they received consent to care and treatment from people who used the service. People told their choices were being respected. One member of staff told us: “If I thought someone I supported lacked capacity to make decisions I would report this to the office. I would expect the person’s GP to be involved.”

In the care plans we looked at people had given signed consent to the care and support they received. The service was in the process of revising the format of all care plans and we saw the new style plans included a page where the person had described the support they needed and how they wanted it provided. This helped to personalise their care plan. For example, one person had stated: “My condition is managed by medication and diet, so ask me about food and drinks before preparing anything.” All the plans were signed by the person or by a person who had legal power of attorney.

We asked people whether they were encouraged to eat and drink and whether they received support where required to prepare meals. People told us that assistance in these areas was fine and was working satisfactorily. One person

Requires Improvement

Is the service effective?

told us they had short visits just to 'check [they were] doing ok'. They told us they were always asked what help they required at each visit and usually just asked for a coffee which care staff provided them with.

Staff told us: "Some people I support struggle to eat and drink. I record what the person has eaten and had to drink and sit with people to check they have had sufficient food and drink. Some people have to take protein and vitamin drinks, so I ensure that they have these" and "I support people to ensure they have enough to eat and drink. One person I work with forgets to eat and drink. I am always monitoring this. I leave notes for them around their home to prompt them to eat and drink" and "I requested food and fluid intake charts for someone I was working with. The person was experiencing falls and was dehydrated and not eating enough. Now the person's health has much improved."

We saw that people's care plans included information about their general health. Where people had specific health care needs there were detailed records about how support needed to be provided. We found evidence that the provider worked in partnership with healthcare specialists. Staff told us: "I had specialist training to help people to put on support stockings to aid blood flow to their legs. This training was given by district nurses" and "Someone I worked with had a fall. I stayed with the person until the paramedic attended." Reviews of care plans were conducted with key stakeholders where appropriate. For example, GPs, district nurses and MacMillan nurses. People's care needs were accurately recorded with clear guidance for care staff to follow on how to support them. The home also contacted GP's, dieticians or other healthcare professionals if they had concerns about people.

Good

Is the service caring?

Our findings

At the previous inspection improvements were required to ensure that all care staff were consistently respectful to people who used the service.

People we spoke with told us their current care staff were kind, caring and compassionate. They told us they had developed good relationships with staff. People told us: ”I’ve no complaints about the carers. They are extremely nice people” and “The carers are second to none” and “The carers are brilliant, fantastic” and “Carers are 100 per cent punctual and excellent to [my relative]” and “On the whole the carers are very good”. People said they were happy with the conduct and attitude of their current staff.

When we spoke with the provider about people, they used people’s preferred names and they were very respectful. The provider had a good knowledge of people and their needs and was able to describe to us the support people required and how it was provided in a way that met their individual needs. For example, one person was receiving palliative care and the service was working in partnership with MacMillan nurses to support them. The provider was able to describe how the person was supported in a personalised way. We looked at the person’s care plan which confirmed what we were told. For example, the person had stated: “I like to stay in my PJs (pyjamas) at home on some days. Please ask me every day what my choice is about dressing.” Daily notes recorded how this person was supported and showed they were being treated in line with their preferences.

Care plans gave clear guidance to staff on how they were to be supported. For example, one person had stated: “Assist me out of bed and put me onto my chair if I choose.” The plan reminded staff that the person’s choices were important. Another person had stated: “I sometimes like to sleep on the sofa. Don’t try to change my mind.” Daily notes showed this person often slept on their sofa and demonstrated people’s preferences were being respected. Staff said: “Some people I work with have a hearing impairment. They lip read and I speak loudly and slow my speech down to help them understand me.” This demonstrated that people were supported in line with their preferences.

We checked to see whether people were involved in making decisions about their care. People we spoke with said that there were care plans in place and they were comprehensive and appropriate for their needs. People generally said staff worked with them to promote choice and said that they felt involved in the care processes. There was evidence in people’s care plans that they and their relatives were involved in making decisions about their care. We saw that people signed their care plans where possible to demonstrate they had agreed to the care provided. Care plans we looked at reflected how people were treated with respect. Appropriate language was used throughout and people’s choices were emphasised.

We asked people whether their privacy and dignity was respected by staff. Nobody highlighted any issues around privacy and dignity and generally speaking, people were happy with the carers and the way they worked with them in relation to these areas. Staff we spoke with told us they treated people with dignity and respect. Staff told us: “I support one person to take a shower. They requested to have female carers only for this. I respect their wishes and check that the person is ok when I support them to shower” and “I always treat people with dignity and respect. This is very important, for example when people are using the toilet, I ensure they have privacy."

One care plan we looked at demonstrated the person and their family had been involved in decisions about their end of life care. They had signed consent for the service to share information with key stakeholders and we saw the person’s social worker had been involved in developing their care plans.

Requires Improvement

Is the service responsive?

Our findings

We asked people whether they had asked the provider to change aspects of their care or made a complaint and how the provider had responded. We received a mixed response to this question. People told us things were working well in relation to the care staff they had. However, two people said that they had contacted the provider to raise concerns about visit times and neither of them indicated that they were currently satisfied with the variations in time that they were still experiencing. People did not feel changes in visit times were always communicated so they knew what was happening in relation to when their care would be provided. Two people we spoke with said they had contacted the service about various issues which had been sorted out satisfactorily. Staff told us: “If someone made a complaint about the care provided, I would report it to the office and if it was about me I would try to rectify it.” Two people we spoke with said that staff did not always use gloves when providing care. One staff member said: “I have to fight to get gloves – I have bought my own in the past. I have not tried to get reimbursed. I have to go and collect them after my shift and I live far away from the office. There needs to be a senior carer to sort these issues out." We discussed these concerns with the provider. They told us they had records which demonstrated that people's individual concerns in relation to infection control had been investigated. However, not everyone we spoke with felt that complaints in this area had been dealt with satisfactorily by the provider.

The provider had a complaints policy that was available to people. The policy was contained in the service user guide given to all people and their relatives. We looked at the complaints records and saw they were all dealt with in a timely and compassionate manner. These records also confirmed the provider alerted the appropriate authorities where they had concerns. We asked the provider if they had a system in place to collectively review complaints to look for patterns and trends across the service. They said they were aware of some collective issues with complaints but they had no system that regularly enabled them to analyse information arising from complaints. This meant recurring issues may not be identified in a timely fashion. The provider was in breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010: Assessing and monitoring the quality of service provision which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives we spoke with said that they contributed to the assessment and planning of their care. People said that staff talked through their care activities so that they felt involved and informed as much as practicable. For example, one relative said: “[Carers] sing to [my relative] which they really like and talk to them so they feel included even though they don’t speak”. One person said: “Through having regular carers they’ve got to know [my relative] and they understand what [my relative] likes."

The provider sought people’s opinions by conducting regular telephone surveys every three months and copies of the surveys were held in care plans. One person had requested a female carer for their morning visit and we saw this request had been addressed. Several people we spoke with said that they did not always get a staff member of their gender preference. We discussed this with the provider. They told us that their records showed that those people had stated they did not have a preference on this issue. They said that people could have the gender of staff of their preference at all times. Comments we saw included: “All happy and the carers are good” and “Very happy with care” and “I like the carers, all is well.” However one person told us: “I complete their questionnaires I say not satisfied and they take no notice.” People said that they had been asked to provide feedback to the agency on the care experience. Not everyone we spoke with thought the provider acted on feedback given.

We asked people whether they were supported to have care plans which reflected how they would like to receive care and whether care was provided to them when and where they need it. People’s experiences varied in this respect. Some people were happy with their care and told us that their care package was usually working well and they had not experienced any problems. However, other people told us they experienced considerable variation in times of their care calls. This concern was identified at the previous inspection. People told us: “There is considerable variation in the visit times. I have reported it to the provider, This sometimes means that visits are quite close together” and “The visit times vary considerably. We have reported this to the company, but it is still an issue. We are not really sure who is coming or at what time.” and “Usually my calls

Is the service responsive?

are reasonably prompt, especially the bedtime one, unless there are issues with other people which impact on staff visit times. I had to phone the company up recently as my bedtime call was late, but it was sorted out satisfactorily" and "The carers apologise when they are late. I am unhappy with my timing and would prefer 8-9am calls." Several people said that often rotas changed before calls, which negatively affected their daily commitments. One relative said: "The office changes the rota without informing me."

We asked people whether they had consistency of care staff. Some people told us that they had regular care staff on consistent slots and others people said this was not the case. People generally knew the care staff who visited them but people were less sure about who was coming on particular days. However, one person said: "It is usually a pretty regular pattern of carers looking after [my relative]". Another person said: "There is some consistency in the care staff team" another person said: "I have a fairly consistent team of carers". Staff we spoke with said that usually they supported the same people with their care needs. One member of staff said "I usually work with the same clients. Obviously if staff are on holiday or sick I need to help out with different clients."

One person received nutrition through a Percutaneous Endoscopic Gastrostomy (PEG) over night. This meant the person was fed through an external tube. They could eat food during the day and this intake was monitored. The records showed the person regularly declined meals during the day however did not detail why or what action was taken to ensure they were getting sufficient nutrition. The food and fluid intake document was kept separately to the care plan making it difficult to gain an overview of this person's condition and confirm they were getting sufficient nutrition. While we ascertained the person was not at risk, we could not confirm the service had fully documented all the circumstances. We raised this with the provider who told us they would keep the relevant, related documents together in future. Other monitoring records were accurately maintained and signed by staff. Where appropriate, bladder and bowel movement monitoring charts were consistently maintained providing a clear record of the person's condition.

People were involved in assessments relating to their care. Their provider recorded people's preferences on how they wanted to be supported. However, people's personal history, previous occupation, likes, dislikes and hobbies and interests were not listed. For example, one person had stated they wished to be supported by staff "cooking them a meal." However, the person's preferences relating to food were not contained in the care plan which could make it difficult for a new member of staff to support this person appropriately. This did not support personalised care. We spoke to the provider about this. They told us staff knew the people they cared for and were aware of people's preferences but they would include this in care plans in the future.

We saw that the provider supported people to pursue interests and maintain links with the community. One person liked to go to garden centres and drive to green spaces and take lunch with the carers. This formed part of their care plan and care staff supported them to meet their social needs. The provider told us about one person who had no immediate family or social networks. They told us they spoke to the person everyday to reduce the risk of social isolation. The person's hot water system broke down and the provider organised a replacement and the carer stayed with them all day to ensure the boiler was installed. The provider also took time to locate a distant family member of this person to support them to manage their emotional and social needs.

We checked to see whether the provider considered people's strengths, levels of independence and health needs when providing care. People's aims and goals were recorded in their care plans. One person had stated they "wished to remain mobile." Another stated: "I wish to maintain a home." Care plans reflected people's aims and goals and appropriate support was listed to help people achieve them. For example, one person was supported with their mobility by staff assisting them when they asked for help but encouraging them to mobilise themselves where they could. This promoted their goal of remaining mobile and as independent as possible in their home.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found the service was not always well led. Some people told us it was difficult to contact the service and the system for monitoring calls was not always effective. Many people told us they had experienced late calls. The service had not analysed late visits effectively to enable them to address this problem. At the previous inspection action had not been taken to prevent or reduce late visits.

At this inspection we asked people whether they thought the service was well led. Three people we spoke with said that better communication regarding visit times would transform their experience of the service. One person said that the office staff who answered the telephone did not always appear interested in the information they gave them. One person said: “They [care staff] quarrel and are not organised. The care staff are not happy with [rota] planners [office staff]” One staff member said: “You get spoken to rudely by office staff. Office staff need to treat staff better and need to be more respectful and understanding.”

Staff told us: “The mornings and timings are the most difficult as there is not enough travel time and anything can happen when I am with a client. I know my rotas and times” and “Rotas are difficult. I have told the office my daily availability each week, but they put me on one shift which I am unable to attend at a specific time. This means that my rota will start late on those days. I have told the office but the rotas do not change. I have not seen any improvements in this area recently.” One member of staff said: “I receive a rota twice a week. I have to check the rota in advance to ensure that I complete the calls and to ensure there is plenty of time between calls.”

Other people we spoke with gave positive feedback. They told us: "There has been a fantastic improvement since Christmas and the service was "good” and “8 out of 10 for the service the staff provide for [my relative]. People generally told us things were working satisfactorily in relation to the way the agency was managed and the approachability of staff, particularly in relation to the quality of care that was provided to them by care staff. One person told us: “We have experienced a 'sea change' since Christmas in the service [my relative] is receiving. They’ve worked hard to sort things out”. People said that, other than the visit times they felt the agency was being managed satisfactorily. Three people spoke about their positive experiences of communication with the agency. Most staff members said communications with the office were effective and that office staff acted on their concerns.

At this inspection we saw the provider had put in place audits to improve service quality. The provider completed a missed call audit regularly and we saw from 1 December 2014 to 31 January 2015, there had been no missed calls. The provider had identified that one reason for care call issues and changes in rotas at short notice, was due to higher than expected staff sickness levels. They had set up a sickness matrix to identify staff who were persistently absent from work. They were working closely with HR to performance manage staff where concerns were highlighted. They told us they had changed their recruitment process and contractual arrangements to better ensure the right calibre of staff with the required values for care work joined the agency. They hoped to see positive results in the future from the changes they had made.

The provider had put in place monthly spot checks in people’s home to ensure staff were providing effective care. Staff were rated in areas including; punctuality, dress and use of personal protective equipment (PPE). This is the use of protective gloves and aprons. Any issues or concerns raised by the supervisor were highlighted and the provider told us these would be addressed on the staff’s next supervision meeting. However we could not find evidence this was the case. For example, the provider had identified a particular issue for one member on their spot check but this issue was not addressed at their follow up supervision meeting. The system to link spot checks with supervision meetings to support staff to improve their practice was not working effectively. The provider told us they would ensure action plans were included in staff supervision meetings to check whether shortfalls had been addressed to improve service delivery.

We discussed these concerns with the manager. They acknowledged that a number of further actions needed to be taken to improve service delivery. They told us and we saw that they were conducting telephone reviews with people to review their care package. They told us they were working to ensure people received care calls at the times of their choice and in line with their care plans. The provider told us that at the point of the inspection they had made

Requires Improvement

Is the service well-led?

significant improvements and had met 70 per cent of people preferences with regard to call times. They acknowledged that in some cases this had not proved possible but would continue to work with those people.

We contacted the local authority commissioning team to get their opinion about the service. They told us the provider had made significant progress with improved quality assurance systems in place. The number of safeguarding issues and complaints had reduced. They told us there were still some issues with people receiving late visits and some people refusing calls. They told us they would continue to work with the provider to ensure further improvements and ensure service improvements were sustained.

Audit processes were in place to monitor the quality of care provided. However as acknowledged by the provider, further improvements were required to ensure effective service delivery for people who used the service. The provider was in breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010: Assessing and monitoring the quality of service provision which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they were informed of any changes occurring at the service and policy changes. One staff member said: "We have regular staff meetings as well as a newsletter. I am kept up to date from the office by text message and I phone the next client to advise lateness." Briefings relating to care and support were sent to staff via text messaging, as this was found to be the most efficient method of informing all staff of updates and issues. For example, one person had their care reviewed. The change in care provision was texted to all relevant staff. This gave staff clear instructions on the change and informed them of further amendments to the person's care plan. This meant that staff received up to date information and were kept well informed.

We talked with staff about how they would raise concerns about risks to people and poor practice in the service. The service had a whistleblowing policy that was available to all staff. Staff told us they were aware of the whistleblowing procedure and they would not hesitate to report any concerns they had about care practices. From records we checked we saw the whistleblowing policy had been discussed in a team meeting. The provider demonstrated they actively encouraged staff to follow this process if required. One staff member told us: "I understand the whistleblowing policy and have used it in the past. The matter was dealt with appropriately by the office."

From conversations held with the provider and staff everyone held a clear set of shared values based on respect for people they supported. Staff demonstrated a caring attitude and spoke respectfully of the people they supported. Staff understood the need to treat people with dignity and respect and to promote people's preferences and ensure they remained as independent as possible.

The service had a registered manager. 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.

We had been informed of reportable incidents as required under the Health and Social Care Act 2008 and the registered manager demonstrated she was aware of when the CQC should be made aware of events and the responsibilities of being a registered manager.

When we fed back to the provider, our comments were noted and the provider demonstrated a commitment to addressing any issues and improving the service. They demonstrated a clear understanding of the key challenges for them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The registered person had not protected service users by means of the effective operation of systems designed to enable the registered person to regularly assess and monitor the quality of the service and to identify, assess and manage risks relating to the health, safety, welfare and safety of service users. The registered person did not have regard to complaints and comments made. Regulation (10) (1) (a) (b) (2) (b) (i). (Regulated Activities) Regulations 2010 which corresponds to Regulation 17, 1, 2 (a) and (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.