Care Quality Commission

# Way Ahead Community Services Limited

# Way Ahead Care - Somerset

**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 |

## Overall summary

This inspection was announced and took place on 16 and 22 June 2015.

Way Ahead Care-Somerset provides personal care and support to people living in their own homes in the Taunton area. At the time of the inspection they were providing a personal care service to 154 people.

There was no registered manager in post. The previous registered manager had left in January 2015. Following their resignation the service had been managed by the nominated individual who was applying to be the registered manager with the Care Quality Commission. 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.

Before this inspection we had received concerns from two relatives. Part of their concerns was the lack of detail recorded by care workers in people's care plans. When we looked at care plans in the office and in people's homes we found they included very clear guidance for staff on the care needs and preferences of the people they cared for. However each care need was given a code, for example, assist to wash and dress could have a code of C3. The care worker would record the code rather than

# Summary of findings

write at any length how the person had been and what care they had required. This practice placed people at risk of unsafe and inappropriate care and treatment; and did not reflect a person centred approach to care. It also meant other staff or family members could not see if a person had refused care or had specific issues that day.

There were quality assurance systems to monitor care and plans for on-going improvements. However they had failed to identify the lack of detail being written in care plans by care workers. This meant some issues had failed to be communicated to other care workers and family. The manager had carried out an investigation into the concerns and had introduced a new way of recording information in care plans. Way Ahead Care acknowledged that a change was required to the way in which care workers recorded what had occurred during their visits. It was identified that the current system needed to be reviewed and consideration given to a more person centred approach. Some care plans showed there had been a change in the way staff were recording their visits but this was not consistent throughout the agency at the time of the inspection.

People told us they felt safe receiving care from the agency, one person said "Yes I feel safe and if I didn't I would say something." A relative said, "I am confident my [relative] is looked after in a safe way." Staff had received training in understanding and recognising abuse. They were able to tell us about the signs they would look for and who they would talk to if they had concerns. All the staff spoken with said they were confident that any concerns they raised would be taken seriously and reported to the correct people. The manager had worked in partnership with the Somerset safeguarding team to look into concerns raised. The manager had also alerted Somerset when they had concerns about a person's safety.

People were protected from harm and unsuitable staff as the agency followed robust procedures when recruiting new staff. New staff didn't work with people until they had completed their induction training and worked supervised with senior care workers until it was agreed they were competent to work alone.

People's care needs were recorded and reviewed regularly with senior staff and the person receiving the care. Care workers had comprehensive information and guidance to deliver consistent care the way people preferred. People told us they were cared for by staff who knew what their care needs and preferences were. One person said, "They know me really well, I have a team of girls that I know and they know what I like and how I like it." A relative said, "They know how my [relative] likes to be looked after and they have had the training they need as they have complex needs." Staff members told us they had good guidance in care plans but they always asked the person how they would prefer things done. However one person who insisted they liked to be independent said nobody really understood them.

The agency had a complaints policy and procedure that was included in people's care plans in large print. People said they were aware of the procedure and had numbers they could ring. People and staff spoken with said they felt confident they could raise concerns with the manager and senior staff. Records showed the agency responded to concerns and complaints and learnt from the issues raised.

There were systems in place to monitor the care provided and people's experiences. A regular survey was carried out asking people, their relatives, staff and service commissioners about the service provided by the agency. Suggestions for change were listened to and actions taken to improve the service provided.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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?**

Requires Improvement

The service was not always safe.

People's risks had not always been identified or managed well.

People were protected from the risk of abuse as staff had been trained to recognise and report abuse. Staff were confident any concerns would be acted on and reported appropriately.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

People were supported to take their medicines by staff who were trained in the safe management of medicines

**Is the service effective?**

Good

The service was effective.

People received effective care and support because staff understood their personal needs and abilities.

Staff had the skills and knowledge to meet people's needs. The provider had a programme of training which ensured staff had up to date guidance and information.

Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required.

**Is the service caring?**

Good

The service was caring.

People received care from staff who were kind, compassionate and respected people's personal likes and dislikes.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

People were involved in making decisions about their care and the support they received.

**Is the service responsive?**

Requires Improvement

The service was not always responsive.

The records detailing the care provided did not encourage staff to record care and treatment with a person centred approach.

People were able to make choices about who supported them.

# Summary of findings

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

**Is the service well-led?**

**Requires Improvement**

The service was not always well led.

The manager was not registered with the Care Quality Commission.

The quality of the service provided was not always monitored effectively

There was a management team in place who were open and approachable.

The management team listened to any suggestions for the continued development of the service provided.

# Way Ahead Care - Somerset

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 16 and 22 June 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office. It also allowed us to arrange to visit people receiving a service in their own homes.

This inspection was carried out by one adult social care inspector.

The provider had not completed a provider information record (PIR) as we had not requested one. This was because the inspection date had been bought forward following concerns raised by a service user's relative about the care they had received. The PIR enables the provider to give key information about the service, what the service does well and improvements they plan to make. We looked at information held about the service before the inspection date. At our last inspection of the service in January 2014 we did not identify any concerns with the care provided to people.

During the inspection we met eight people who were receiving care from the service in their own homes; we also spoke with three relatives. We spent time at the main office of the service where we reviewed six care plans, four staff personnel files, records of staff training and quality monitoring records. We also looked at five care records kept in people's homes. We also spoke with eight staff members who worked with people in the community, as well as the acting manager who was also the nominated individual.

Requires Improvement

# Is the service safe?

## Our findings

People told us they felt safe with the care they received and the care workers who came into their homes. One person said, "I have always felt safe, they have never said anything I would consider rude or make me feel worried." One relative said, "I have known the agency for quite a while now and I really think my [relative] is very safe in their hands." However, the system care workers used to record the support they had provided in people's daily records had the potential to put people at risk.

Whilst care plans included risk assessments relating to people's personal needs and the environment, they did not always identify additional risks. For example, one person we visited often refused care. Their records indicated they required help with continence. This involved helping with changing pads and encouraging showers. This person often refused care and was said to be "capable". Staff recorded, using their coded system, this meant it appeared that care had been given when the person had actually refused the care. There was no assessment of any risk associated with the person not having a shower and managing their continence.

Prior to this inspection comments received from two relatives said that the care plans did not contain any detail about the care provided. The care plans read showed the care required had been allocated codes for example; assist to wash and dress could have a code of C3. The daily record of the care provided could be written by the care workers as a list of codes, rather than a dialogue of how the person had been, what they had done and if there had been any issues. This did not always reflect the total care provided during that visit. It also meant other staff or family members could not see if a person had refused care or had specific issues that day as they were not always recorded. This could place people who continually refused care at risk of not receiving appropriate support to meet their needs. It could also mean concerns were not passed on to appropriate professionals as significant issues were not recorded.

The manager had investigated one of the concerns which had been raised with the safeguarding team, and included the lack of detail in daily records. We discussed the findings from their investigation. Staff had used the coding system in the person's daily record but had not communicated that the person was telling them they had dealt with their own care needs before they arrived in the morning. This meant staff did not provide the personal care and support documented in the care plan, as the person had indicated it was not needed. The daily record just indicated the care codes, suggesting they had had the care, according to the care plan, but did not clearly show that care and support had been declined.

The manager said they had identified the coded system did not work and had arranged for the way staff wrote in the daily records to be changed so they reflected the full visit rather than a list of codes. Way Ahead Care acknowledged that any change to the way in which care workers were expected to record what had occurred during their visits would require a training programme to support and implement a new system and this would be agreed and delivered by the organisations training team. One staff member told us they had discussed the use of coding in care plans with the manager and was happy to see staff were beginning to write daily records in full. However this change had not been completely rolled out to all staff at the time of our inspection. Therefore the manager had not ensured everything practicable had been done to reduce people's risks of receiving inappropriate care, treatment and support to meet their needs.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other risks had been assessed and managed appropriately. For example mobility risk assessments identified the number of staff and any equipment that would be used to help a person move. Staff confirmed they received training in the correct use of specific equipment such as hoist and stand aids. One staff member said, "The training is really good we don't touch anything until we have been trained and they have checked we understand how to use it safely." Care plans showed risks had been discussed and agreed with people at their first assessment. The risk assessments were also reviewed with people when care plan reviews were carried out and if people's needs changed. One relative said, "Everything was discussed with us right from the start, it was really good to have the discussion and it meant everything started as it was meant to go on. We have also had follow up discussions so we know it is all being reviewed and looked at consistently."

The risk of abuse to people was minimised because staff received appropriate training in how to recognise and report abuse. Staff spoke confidently of what abuse was

Requires Improvement

# Is the service safe?

and how to report it. All staff said they were confident their concerns would be acted on and reported to the relevant authority. One staff member said, "I am confident anything I bring to the manager is dealt with. We have very clear guidance on what to do and who we can speak with." Another staff member said, "The training and guidance is really clear. The people we visit have all the contact details for Somerset safeguarding so they can go straight to them if they wish."

The agency had policies for recognising and reporting abuse and a whistle blowing policy. One staff member said, "I have spoken with the manager in the past, I would not hesitate to talk with them again if I thought it necessary. They were very supportive and dealt with my concerns appropriately."

Prior to this inspection a safeguarding alert had been made regarding the care one person received. The manager had worked in partnership with the safeguarding team to investigate the concerns raised. They had completed a thorough investigation and responded to the people concerned appropriately. The manager confirmed there had been lessons learnt and that they planned to meet with the team who had delivered care to this individual to share the findings of the investigation and discuss the lessons learnt with them.

Risks to people from staff recruitment were minimised because relevant checks had been completed before staff started to work for the agency. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were of good character. DBS is a service that maintains criminal records which providers can check before employing staff.

The organisation had a contingency plan for emergencies such as adverse weather conditions, or staff sickness. They had worked in partnership with the local authority during the recent floods and staff had been taken to service users on boats. Each person was rated with a risk level. If there was an emergency situation the agency would confirm with the local authority they could deliver care to those at high risk. They would then make alternative arrangements for low risk people by contacting them and their families and arranging either joined up visits or for different staff who lived locally to visit and work with the family. Their website would also be kept up to date to inform people with access to the internet. The organisation had a company 4x4 to ensure staff could be transported when road conditions were bad.

People who had support with their medication as part of their care package received it from staff who were appropriately trained. One relative said, "They always make sure my [relative] takes their tablets, they don't need them at a specific time but it is important they don't miss any. I can't recall a time any were missed." One person said, "I've got all my medicines here next to me and I don't want them messing with them." A staff member confirmed the person did not need prompting to take their medicines. Staff confirmed that if people had medicines that needed to be taken at a specific time their schedules were managed so they could arrive in time to assist them appropriately.

Good

# Is the service effective?

## Our findings

People received care and support from staff who had the skills and knowledge to meet their needs. People we spoke with were very complementary about the staff who visited them to provide care. One person said, "They are all good at how they help me. They understand my specific needs and they all have a clear understanding of the best way to make me comfortable." One relative said, "They have all been trained to look after my [relative.] They have specific needs and all the staff understand how to care for them and what to do." Another person said, "I have no complaints they all seem to know what to do."

We spoke with staff and reviewed training records. All staff confirmed they had access to plenty of training opportunities. This included annual updates of the organisation's statutory subjects such as, manual handling including use of hoists, medication, safeguarding vulnerable adults, infection control, health and safety, health and hygiene first aid and nutrition. Records showed all staff had attended all the statutory training. Outside speakers had been invited to staff meetings, for example at one meeting a person spoke to staff about living with Parkinson's. Care staff were in the process of attending training in the gold standards framework. The gold standards framework is a nationally recognised approach to enable 'frontline staff to provide a gold standard of care for people nearing the end of life'. This meant people were supported by staff who had the knowledge and skills to meet their needs effectively.

Staff were given the opportunity to extend their knowledge in specific areas. Which meant people would be supported by staff with the skills to understand complex care needs. The manager told us they worked in partnership with Somerset College and Musgrove Park Hospital to develop apprenticeships. They also had a traineeship with a getting ready for work scheme. Qualifications for staff ranged from a preparing to work certificate to diploma's in care with additional themes such as dementia award, end of life award and other qualifications such as customer service and supervision training.

All new staff received an induction into the service before they worked with people in the community. The training team had developed an induction package in line with the care certificate. Before the new care certificate the induction training had followed the Skills for Care common induction standards. These were nationally recognised standards for people to achieve during induction. The induction programme included observing practice, and then demonstrating their knowledge, through assessment and observation. New care workers did not work unsupervised until they were considered competent in their role. One staff member said, "The induction was really good, I worked alongside experienced staff and then they worked with me. We then had a chance to feedback how we felt the training had been managed, with the supervisors."

People received their care from staff who were well supported and supervised. Staff confirmed they received regular supervisions. These were either through one to one meetings, team meetings or spot checks carried out by senior staff. This enabled staff to discuss working practices, training needs and to make suggestions with regards to ways they might improve the service they provided. One staff member said, "They do spot checks and you don't know until they turn up so I think that is good. They always ask the people we look after how they think we do as well." Another staff member said, "The training team are really approachable there is always someone available if you need advice."

The manager said they had a system in place to support staff if they felt they needed extra training. This could be identified during one to one meetings or through concerns raised by another member of staff. For example one staff member had commented on another staff member's lack of understanding with hoisting a person. It was arranged for the training team to accompany them and assess their competency and support them with further training.

Some people needed support to eat a drink as part of their care package; care plans were very clear about how the person should be supported. They also explained how people liked their food prepared and whether finger food such as sandwiches and biscuits should be left for people to eat whilst staff were not there. During our visits to people in their own homes we observed staff prepare meals of the person's choice and staff ensured there was adequate fluids close by for them to drink through the day. For example one person said they wanted soup and a sandwich for tea. They asked for the sandwich to be wrapped in cling film so they could eat it later. They also had a mug of tea and bottled water by their chair when the care worker left.

Good

# Is the service effective?

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff told us if people were not able to make decisions for themselves they spoke with relatives and appropriate professionals to make sure people received care that would meet their needs and was in their best interests.

Each person gave their written consent to care when they began to use the service. Amendments or reviews of care were also discussed and signed when recorded on care plans. Staff told us they always checked with people before beginning to support them to ensure it was what the person wanted at that time. During our visits to people in their own home we observed staff asked people before they started to deliver care. One person said, "They always talk to me first and ask what I want. Nobody just assumes it's the same every day." Staff said if someone refused the care they knew they needed they would inform senior staff in the office.

During our visits we observed staff supported people to make their own decisions about the care they received and how they received it. We observed care workers asked people about the meals and drinks they would like for that day. Care plans included people's likes and dislikes so if they were unable to tell the care worker they were able to read the care plans and carry out the care to their wishes. One staff member said, "I always ask what they would like and read the care plan, but it is that day and that time that is important as we all change our minds."

Staff monitored people's health and supported people to access healthcare professionals when necessary. One relative told us how staff would talk with them and the visiting professionals about the best ways to care for their relative. Another relative explained how staff had worked in partnership with other professionals.

Good

# Is the service caring?

## Our findings

Everybody we spoke with was very positive about the care they received, one person said, "I look forward to them coming, they do care about how I feel and it is not just the care they provide but they also have time to chat and ask how I am." One relative said, "The staff go out of their way to look after my [relative] they certainly care about what they do and how they do it." Another relative said, "When they visit it isn't just my [relative] they care about but me as well, they always have time to talk to me and ask me how I am as well."

However one person said, "Nobody cares I do everything myself." During our visit we observed this person insisting on doing everything themselves except prepare their tea. The care worker was very patient and tried several times to assist them with the personal care they were there to support them with. We observed them talk with the person in a calm and caring manner. We spoke with the manager about how kind the care worker had been.

Before the inspection two relatives had commented on the number of different people who visited their relative. We spoke with the manager and staff about these observations. The manager explained they had recently re organised the company. This meant people with Way Ahead Care-Somerset were receiving a more stable staff team with agreed times and staff they knew. One person said, "It has changed since they moved things around. I now get the same small team at the times they have agreed with me." A relative said, "I kept a record of the different staff before they reorganised and I can confirm the way they do it now is far better. We see the same group of girls at the same times each day."

People were supported by a stable staff team. The manager confirmed they had sufficient numbers of staff to cover the hours they had contracted to take on. The manager explained they had a management tool in place that checked the capacity and capability levels of staff before they took on a new care package. The manager confirmed if the tool indicated they did not have sufficient staff with the correct skills they would not take on the work. One staff member said, "I really like the way they reorganised everything. We have enough staff to meet people's needs and give them the time they are entitled to."

During one visit we observed staff cheerfully supporting a person with complex needs. Their relative told us it was good to have regular staff they knew as their relative had been able to build a friendly relationship with the staff. Another relative told us, "It is really good to have regular staff as my relative knows them and responds to them better."

People confirmed care workers cared for them in a way that respected their privacy. One person said, "They always treat me with respect and the doors and windows are always closed when they provide personal care. It makes you feel comfortable." Staff were able to explain how they would support people to maintain their privacy and dignity, such as knocking on front doors even if they had the key code, covering people when delivering personal care and closing curtains. During our visits we observed personal care was carried out in a dignified way with people's preferences for care and support being respected. During our visits to people's homes we observed staff respected people's privacy and dignity. All personal care was carried out in private

People were supported to express their views and remain involved in decisions about the care they received. People were included in all care reviews and their comments taken into account. Care plans included a section where people, their relatives or visiting health professionals could communicate with staff. One relative said, "We have discussed the care package with the agency on regular occasions. They listen and care about how you feel."

The agency kept a record of all the compliments they received. The manager confirmed if compliments were specific to an individual member of staff the person's message was shared with them. All staff would also be informed of general compliments received.

Staff told us they were aware maintaining confidentiality was important. They all said they would not discuss another person whilst providing care. One staff member said, "It is important to remember when there are two of you working with one person not to discuss other people, in fact it is always important to talk to them and not over them."

Requires Improvement

# Is the service responsive?

## Our findings

We looked at six care plans in the office and five in people's homes. They were comprehensive including people's needs and preferences. They were also personalised to each individual and contained information to assist staff to provide care in a way that respected their wishes. Care plans gave clear information about the support people required to meet their physical needs and had information about what was important to the person. For example one care plan said; "please check my pressure areas daily". The daily records showed staff had carried this out. However this was recorded as a code rather than in narrative. For example one person's daily record for one visit stated, "C1, E6, E7" and nothing else. A copy of the codes being used for the person was kept with the care plan so people could see what this meant if they followed the codes. However this did not help people or interested parties easily understand care given, it did not encourage staff to record in a person centred and responsive way and would not be easy to monitor and review the person's care. It also had the potential to encourage staff to be task orientated rather than looking at the person as a whole.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One staff member told us sometimes the communication between people failed, especially if a staff member went off sick and the office has asked them to stand in. "They sometimes don't give you all the information you need to know. I always read the care plan before I start as that has all the information and is clearer than what I am told sometimes." People said they felt staff had been given all the details before they arrived, and they confirmed staff read their care plans. One person said, "They always look at the folder before they start, even the regular ones who should know anyway, I suppose it is good to look just in case."

Staff had a good knowledge of the needs and preferences of people they cared for. People said they felt staff understood their needs. One relative said, "They all know how my relative prefers to be looked after. They are flexible and are ready to respond to any changes or plans we may have." Another relative said, "They understand my [relative] and they know what they like and dislike." However one person said "Nobody knows what I want," we asked them what they would want them to know and they responded, "they should know everything shouldn't they." During our visit this person refused the care offered. The care worker explained the person was able to take themselves to the bathroom but they always offered when they arrived to support them with their meals.

An initial assessment of people's needs and wishes was carried out before the agency provided a service. If the agency felt they were unable to meet the person's needs they would suggest another agency. People told us they felt their wishes and expectations had been discussed and recorded before the care package was agreed. One relative said, "It was all discussed up front both me and my relative was involved and our wishes recorded, it's all in the care plan."

People said they could express a preference for the care worker who supported them. One person said, "I prefer not to have a male carer and they have respected that." Another person said, "You can't get on with everyone all the time. I said there was one person I was not fond of and they sorted it all out. Nothing they did just personalities."

People said they felt they could complain if they needed to and the agency responded to their concerns. A copy of the agencies complaints procedure was available in the care plan folder kept in the home. One person said, "I did have a chat with the manager about the number of different staff coming to my [relative]. They listened to my concerns and they have reorganised things so we now have a team of girls we all know." This had been identified by the manager as a common theme with some people; they responded to the concerns by reorganising both Way Ahead Care - Somerset and their sister company to cover the care packages in a different way enabling teams to visit people regularly.

We looked at the complaints records kept by the agency, they had clear documentation to show a complaint or concern had been received and how it had been managed. We saw all complaints had been dealt with promptly and included outcomes for the person as well as a record of what could be learnt.

Requires Improvement

# Is the service well-led?

## Our findings

The manager was not registered with the Care Quality Commission. The nominated individual had been providing management support since January 2015; attempts to recruit a suitable manager had failed. The nominated individual informed us at the inspection they were in the process of completing the application to register as the manager.

There were systems to monitor and audit the service provided. This included audits of medicines records, accidents and incidents and care plans. However the manager had failed to identify the ineffective recording of people's care and treatment until they had been asked to complete a safeguarding investigation. People were not supported by consistent record keeping, as daily records were recorded in two different ways. Some staff would write a dialogue and others would just record the codes for care provided. This meant it was unclear in records maintained how often a person may have declined care. This also meant that audits and reviews carried out by senior staff members, who did not carry out the hands on care, did not pick up on trends such as people declining care or not eating the meal provided. For example one care plan indicated a person had not eaten the meal one day but there was no indication the next day whether they had eaten or not as only the codes were recorded.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, relatives and care workers told us the manager was open and approachable. They all said they felt they could talk with the manager at any time. All the staff spoken with said they could come into the office at any time and the manager was prepared to meet with them. The manager confirmed some people who used the service would also come into the office for a chat.

The senior team would carry out regular audits including a daily morning meeting, the "senior huddle." When senior staff met to discuss any incidents and activities such as staff absence and the impact on the service. There was also an electronic handover at the end of every shift; this involved a discussion of what had been achieved and what needed to be handed to the next shift.

The incidents record showed the manager looked for trends and worked in partnership with other healthcare professionals to ensure correct care was being provided. For example one incident identified needs with medication. This was followed up with a multi-disciplinary meeting and family and agreed the person had capacity to manage their own medicines.

There was a staffing structure which gave clear lines of responsibility and accountability. In addition to the manager there were supervisors who were responsible for a small team of staff and also provided direct care. There was a senior on-call rota which meant someone was always available to deal with concerns and offer advice to staff. Staff told us they always had someone they could call if they needed advice. One relative said they had numbers to call if they needed to talk with someone and the out of hours team always responded when they called.

The manager had a clear vision for the agency which was to provide a service which was "Individual care for individual people." There was a commitment to providing care which was tailored to people's individual wishes. Their vision and values were communicated to staff through staff meetings and supervisions. Staff said the emphasis was on treating people as individuals and listening to what they wanted and needed. People's views were gathered by regular monitoring visits, phone calls and by satisfaction surveys. One relative said, "They ask us how well they are doing and if we could suggest any changes that would improve what they do."

People were supported to share their views on the way the service was run. The agency carried out themed conversations with people around specific areas. An annual survey of people, relatives, staff and service commissioners was carried out so people could be assured that improvements were driven by their comments and experiences. The manager confirmed they had held a client's meeting and were planning to hold another one. On their 20th anniversary they held a tea party. The agency organised transport for people and their families and staff to attend. A 'We Care' publication is sent out to people encouraging them to participate in competitions, and write poems. This also included seasonal information such as preparing for adverse weather such as extreme heat and cold.

The organisation had revised their policies and procedures to reflect the new regulations and CQC fundamental standards. They included a policy on the duty of candour and were organised to cover the five domains of safe,

Requires Improvement

# Is the service well-led?

effective, caring, responsive and well led. The policies had been signed and a review date was included. The staff handbook included the policies that were relevant to their role in the agency. Managers had been asked to carry out a self-assessment using the key lines of enquiry. These are prompts that help a provider determine whether the service is safe, effective caring responsive and well led. The managers had started looking at how safe the service was.

The manager looked for ways to continually improve the service and keep up to date with current trends. The agency was a member of a local care providers association which offered advice and support. The manager attended the local meetings where they could discuss best practice. A senior director was also a member of the United Kingdom Home Care Association (UKHCA) so guidance and information from them was also shared and cascaded through the teams.

The manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>People's Care and Treatment was not always assessed for risk and practicable steps had not always been taken to mitigate risks. Regulation 12 (1) (2) (a) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>People's records were inconsistent and did not ensure effective communication between staff, family and other people providing care and support Regulation 17(2)(c)<br><br>Systems for assessing and monitoring the quality of the service had not effectively identified the risks to the recording systems to mitigate such risks. Regulation 17 (1) (2) (b) |