New Hope Specialist Care Ltd

New Hope Care Balsall Common

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out this inspection on 8 December 2015. We told the provider 24 hours before the visit we were coming so they could arrange for staff to be available to talk with us about the service.

New Hope Care is a domiciliary care agency which provides personal care support to people in their own homes. At the time of our visit the agency supported 24 people with personal care. People who used the service had a variety of care needs. Some people had very complex needs with several care calls a day and others required one call a day. Most of the people that used the service were older people.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had left the service in August 2015. A new manager was in post since September and in the process of applying for registration.

Overall people and their relatives told us they felt safe using the service. Care staff had a good understanding of what constituted abuse and knew what to do if they had any concerns. The manager had acted accordingly when concerns had been identified.

People did not always have consistent care staff who arrived on time and, at times, calls were missed. Care staff told us there was enough of them to provide the support people required. The management team had identified improvements were required with the scheduling of care visits.

There were processes to minimise risks to people's safety; these included procedures to manage identified risks with people's care and for managing people's medicines safely. People received their medicine when required and from care staff trained to administer this.

Checks were carried out prior to care staff starting work to ensure their suitability to work with people who used the service. Care staff received an induction and a programme of training to support them in meeting people's needs effectively.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. Care staff understood the principles of the Act and gained people's consent before they carried out care tasks.

People who required support with their nutritional needs had enough to eat and drink. People were assisted to manage their health needs and supported to access the support of other professionals if this was required. Care records contained relevant information for care staff to help them provide people with personalised care and support.

People told us care staff were kind and caring and had the right skills and experience to provide the care and support they required. Care staff supported people with dignity and respect, whilst promoting their independence.

Overall people and staff told us the management team were approachable. However, some people told us it was not always easy to contact them when they wished to do so. People knew how to complain and could share their views and opinions about the service they received.

Care staff told us they felt supported in their roles and could raise any concerns or issues with the manager, knowing they would be listened to and acted on.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, surveys, checks on care staff to make sure they worked in line with policies and procedures and a programme of other checks and audits.

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.

People received support from care staff who understood risks related to people's care. Care staff had a good understanding of what constituted abuse and actions to take if they had any concerns. There was a thorough staff recruitment process and a safe procedure for handling medicines. Recent recruitment ensured there were enough suitably experienced care staff to provide the support people required.

Is the service effective?

Good

The service was effective.

Care staff were trained and supervised to ensure they had the right skills and knowledge to support people effectively. Care staff understood the principles of the Mental Capacity Act 2005 and gained people's consent before care was provided. People who required support with nutritional needs had enough to eat and drink and people were supported to access healthcare services.

Is the service caring?

Good

The service was caring.

People were supported by care staff who they considered were kind and caring. Care staff ensured they respected people's privacy and dignity, and promoted their independence. People mostly received care and support from care staff that understood their individual needs.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Overall people received a service that was based on their preferences and how they wanted care staff to support them to live their lives. People did not always receive care from consistent staff at the times they preferred. Some calls were missed altogether and people were not always made aware of

care staff being delayed. Care plans were regularly reviewed and care staff were given updates about changes in people's care. People were given opportunities to share their views about the service and the manager dealt promptly with any concerns or complaints they received.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Overall people were satisfied with the service, however they were not always able to contact the management team if they needed to. The manager had identified some further improvements were required to the care provided. People told us the new manager was approachable and the service had improved. Care staff felt supported to carry out their roles and felt able to raise concerns with the management team. The management team had systems to review the quality and safety of service provided.

New Hope Care Balsall Common

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.

We reviewed information received about the service, for example 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 looked at information received from relatives and visitors and we spoke to the local authority commissioning team, who had visited the service in October 2015. The local authority had identified some concerns around the timing of calls.

The office visit took place on 8 December 2015 and was announced. We told the provider we would be coming so they could ensure they would be available to speak with us and arrange for us to speak with care staff. The inspection was conducted by one inspector.

We contacted people who used the service by telephone and spoke with 11 people, (four people who used the service and seven relatives). During our visit we spoke with two care staff, a team leader, a care co-ordinator and the manager.

We reviewed three people's care plans to see how their care and support was planned and delivered. We looked at three staff files and checked 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.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe with care staff. One relative told us, "Yes [person] feels safe, they are quite happy with the staff."

Staff told us they understood the importance of safeguarding people who they provided support to and their responsibilities to report this. One staff member told us, "I would definitely report any concerns, I would speak with the person and report it to my line manager or CQC or social services."

Staff understood what constituted abusive behaviour. One staff member told us, "It could be physical abuse, bruising or scratches on someone, financial abuse relating to money or belongings, sexual abuse, a change in behaviour, neglect or verbal abuse." One staff member told us the manager had raised an issue with them when a person had tried to ask the staff member to help them with a financial matter. They told us they had learnt this was not appropriate and could leave them and the person at risk. The staff member had not realised this and the manager had arranged for them to do some further safeguarding training following this. The provider had a whistleblowing policy, however not all staff were aware of this. We raised this with the manager who told us they would highlight this to staff now.

We received mixed views about staffing levels. One person told us, "There is not enough staff." However, other people spoken with told us there were. Most staff felt there was enough of them to care for the people they supported, however if staff were absent this could put additional pressure on them. Agency staff were not used. The manager told us, "Staff are mainly helpful and will help out in this scenario, cover each other." One staff member told us, "I do think there is enough staff, we have employed more staff recently." Other staff comments were, "There wasn't enough staff but there is now," and, "Now there are new staff and some are drivers, it is easier, there are enough staff."

The manager told us about staffing, "There is ongoing recruitment." Around 12 care staff were currently employed and there were five vacancies including one for a supervisor. The manager told us staffing was getting better and they did not intend to accept further clients without the staff in place to support them. Staffing levels had improved and there were now enough staff to support people's care needs. We looked at staff rota and saw there was enough staff to support people at the times they preferred, when checked against people's care records.

Staff undertook assessments of people's care needs, identified any potential risks to providing their care and knew how to reduce these. Staff told us it was 'everyone's role' to identify risks around people's care. One staff member told us, "We do risk assessments for manual handling, the environment of the house, the stairs, lighting. We see if we are able to carry out the support required. We sometimes get the social worker to come in as well." Risk assessments were updated when people's needs changed by senior staff. One staff member told us, "I will update the risk assessments when we go out, if someone has been in a hospital perhaps, I would do a new plan." Risk were documented on care records and had been identified in areas such as moving people. For example, one person had been referred to a 'specialist risk assessor' at the local authority by the manager as staff had concerns around caring for them in bed. The risk assessor had now

provided them with some additional equipment so they could move the person safely and ensure staff remained safe as well.

We saw a file was kept at the office to record accidents and incidents; however there was nothing recorded in this. The manager told us, "There are no incidents recorded but this was before I commenced my employment with the agency." They told us they were unsure if this was because there had been nothing to record or there had been a lapse in recording. Staff told us they were aware of when an accident or incident should be recorded in this way. The manager explained to us they were aware that they should keep accident and incident records and would do this now.

Recruitment procedures made sure, as far as possible, care staff were safe to work with people who used the service. Disclosure Barring Service (DBS) checks were completed before staff could start work. These checks helped support employers to make safer recruitment decisions by providing information about a person's criminal record and character. Staff also had to provide two references. The care co-ordinator told us about recruiting new staff, "Most people that we see are really caring, at the interview you get an instinct if they genuinely care." On starting their employment staff were given a job description detailing their roles and responsibilities, so these were clear when they commenced work.

We looked at how people's medicines were managed and found they were administered correctly. One relative told us, "Staff apply cream to pressure areas, they always put this on." Staff received training in medicines administration and their competency in this was assessed by the manager or team leader. A staff member told us, "We have medicines training with the manager's, they update us, we do a risk assessment around administering this, we understand what the person is capable of, do they understand the medicine, why they take it, the doses and the times of day, we fill in a medicine administration record sheet, it's recorded." Another staff member told us, "I was not confident with completing medicine records before the training, but I am now."

Most people who used the service administered their own medicines with prompting from staff. Medicines were stored in pharmacy produced 'blister packs'. One relative told us, "[Person] is on painkillers and they look after these themselves." Another person told us, "I take medication, but I do it myself." Some people took medicine 'as required' and there were protocols for staff to know when this was needed. However, most people were able to communicate this to staff, and other people were supported by their relatives with their medicines.

Good

Is the service effective?

Our findings

People and their relatives told us care staff had the skills and knowledge to meet their needs. One relative told us, "Overall the care is very good, it has settled down now, we have had [care staff] a while now." Another person told us, "They help me with washing and dressing and with a special medical support I have, they are very good, I could not wish for better." A relative told us, "The carers are 100%, [person] has had carers before and I would rate them as exemplary."

Staff received training considered essential by the provider to meet people's care and support needs. We asked one person if they felt staff were trained and they told us, "The ones that come here are trained, if not I train them, I've got no complaints." One care worker told us, "I had mandatory training about safeguarding, we can spot any risks or abuse. I have done face to face training before." Another care worker told us about moving and handling training they completed, "I have a person who uses the hoist, I am more confident now when I use the sling." The manager told us all staff had started the care certificate and were currently completing modules on; 'Working in a person centred way,' and 'Mental health, dementia and learning disability'. The Care Certificate sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment.

New staff were supported with training around moving people safely, medicines, safeguarding from harm, health and safety and fire safety. A period of induction took place where the new staff member shadowed an experienced staff member to learn about the people they supported, systems and procedures. One staff member told us, "I went out with three colleagues shadowing them and was introduced to clients. It helped with the training I had and the manager had explained things to me before." This showed an effective system of staff induction and training was in place.

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. It also requires that when people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Care plans contained information as to whether people had capacity to make certain decisions, and if not, what decisions they needed support with. One care worker told us, "If the person refuses some care, if they have capacity we have to respect that, we would document it, we would contact their social worker as it could have a bad effect on their health." Another care worker told us, "Every person has the capacity to know what is best for them, how they want to live. I ask people each day. For instance, I might know what clothes they want to wear but I make sure I give them the choice." Another staff member told us staff had been given a booklet around mental capacity which also covered dementia and a trainer had visited the service to go through this with staff recently. We were not aware of anyone supported by staff who could not lacked capacity to make day to day decisions for themselves.

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. No one using the service had a deprivation of liberty safeguard (DoLS) authorised, however the manager was aware of when this may be applicable for people.

Care staff understood the importance of obtaining people's consent to their care and support. A staff member told us, "A person has to give consent before we can help them with any care. They are the boss and what they say, goes." One relative told us care staff always involved their family member in making decisions and this could be difficult, as sometimes the person was reluctant to accept care; however they could not manage without it. We saw on people's care records consent forms had been completed around administration of medicines and people had signed these to give their written consent.

People who required care staff to assist with meal preparation told us they were satisfied with how this was done. One relative told us, "Yes they help to heat ready meals for them, [person] is happy with the food, sometimes they cook things themselves as well." One relative told us their family member had to have food supplements twice a day and staff ensured they had these. Several people were supported by their relatives with their nutritional needs or were able to prepare their food and drinks independently.

People were supported to manage their health conditions and had access health professionals when required. This was either with assistance from care staff or their family members. One relative told us, "The staff in the office make appointments if they need to, they get the doctor out." A staff member told us they work closely with personal assistants (private care staff) and other professionals to support people and, "If we have any concerns, we ring the GP." One care worker gave an example of a person with painful sores on their legs who they referred to the district nurse. Another person now had a special mattress following staff referring to the district nurse about their skin soreness. Care records showed referrals had been made to the GP, hospital and social work teams when required.

Good

Is the service caring?

Our findings

People were positive about the staff that supported them and told us they were caring. One relative told us, "Staff are very fond of [person] which helps, they talk all the time with them. There is a good relationship there, they have helped them settle very well." They went on to say, "Staff really are caring, I would defend any of them, they are superb and go above and beyond with care, it's the little touches. I adore some of them." Another person told us, "You cannot fault the girls [staff] when they get here." Another relative told us, "The staff are lovely with [person], they have a laugh and a joke."

One relative gave us an example of how staff looked after their family member, "They know what they are doing, they massage [person's] feet with cream, they really enjoy it." Another relative told us, "[Person] loves the attention they get and they have good rapport with the staff."

Staff told us what caring meant to them, "It's the attitude of staff, how you communicate with a person to break the ice, the relationship you need, to deliver the care." Another care worker told us, "I love my job, going out there meeting people, your 'regulars.' You see people first thing in the morning and they tell you it brightens their day to see you." Another care worker gave an example of one person they supported who became very low in mood at times, "We always stop and listen to them, talk with them, you can see them starting to smile before we leave."

People's dignity and privacy was respected by staff. One person told us, "Staff absolutely support me with dignity and respect, I would not want to use them if not." Another person explained, "If they didn't treat me with respect they could go back again, we get on alright." One care worker told us, "I do feel that we do treat our service users with dignity and respect, we do it automatically, staff give people the time." A care worker gave an example of one person they supported with personal care, "When we see [person] they always like their door closed, we close it when we come and go, as they like it. We would make sure we knock people's door, cover them with a blanket during care."

Staff encouraged people to be independent. One relative told us, "[Person] won't let staff always help, they are very independent and so staff encourage them." Staff gave an example of one person who was initially unable to do any care for themselves and was living downstairs. Now this person was able to use the stair lift independently to get themselves to bed, following the care support from staff and their own determination. Another care worker told us, "One person I support really needed a shave so I suggested we do it, they wanted to it themselves, so I just supported." Care records contained an independence 'scale' to show what people could do for themselves and individual goals for people to aim to, to increase their independence.

People and their relatives were involved in making decisions about their care and had been involved in planning the care. One relative told us, "I have a relationship with the staff, we have each other's mobile numbers." They felt this offered them reassurance and they could discuss any issues as staff were accessible. Staff told us, "We work really closely with families." Another relative told us that staff fed back to them if they were worried about anything with the care. For example, one person had decided to remain sitting in the kitchen when staff left and they were unable to walk to the lounge independently. Staff had let the family

member know as they were concerned the person may become uncomfortable there later, however, wanted to respect their wishes. The relative told us, "Staff let us know the information for the right reasons, if they are worried."

Requires Improvement

Is the service responsive?

Our findings

People had differing views about care and did not always receive calls when they were expected. One relative told us, "Overall the staff are on time, if they are late we are told, they apologise and give us a guide of when they will come." Another person told us, "Staff arrive pretty much on time and stay as long as they should, they usually phone first if they are going to be late." A relative told us they had been made aware at the start of the service that at times staff could occasionally be later so they were aware of this. However, other comments included, "[Person] feels last on the list, their call is about 9.30am and it can be 11 or 12pm, it is supposed to be half an hour either way. They feel like a second class citizen," and, "If staff are late we understand, but they don't always call, you can't get sense out of anyone." Another person told us, "It's not brilliant, the weekend cover can be erratic, my call is 11am and they came at 3.30pm."

We asked staff about timings of the calls they provided. One care worker told us, "We are not always there on time, there are times when calls are later, we will ring to say we will be late. It is usually as there is an emergency with the existing call, we call as soon as we know there is a problem." Another care worker told us, "On paper it looks fine, but if there is traffic or someone is slower, delays can happen." They explained, "If we are late five or 10 minutes we call the clients, we call the office if the delay is longer. People stop you to chat sometimes, you can't ignore them and leave."

People's care calls could be missed altogether and sometimes people were not informed of the reasons for this. One person told us, "I have been having problems, they did not turn up on Saturday and no second carer today so I had to stay in bed, we were not sure what was going on." One relative commented, "There are not always regular times and they did not turn up at all one day." They went on to say, "They came one day at 2.30pm for a 9.30am call. They did apologise." We asked the staff about missed calls, one care worker told us, "This happens if we have problems, like we have to call an ambulance for someone, there could be no signal in their house to use the phone, they there would be a missed call."

People did not always receive care from consistent care staff who they knew and had a rapport with. One relative told us, When they first came we knew the carers, now they are not regular ones." Another relative told us, "They try to maintain a regular team, there should be about five of them over a week but then we get ones in between. To start with they told us these two are your carers, but they keep swapping them." They explained their family member was a solitary person who liked to be private, and it was embarrassing to have people they did not know helping them with personal care. They explained their family member did not know who was going to turn up at the door and the new staff did not always know what the person's needs were. Other comments included, "They are good but the new faces take ages to know [person] and I don't want it to be at their expense," and "There are three primary carers but over the last three weeks I don't know how many I have met."

We asked staff about the inconsistent care. One care worker told us, "I did have regular clients but it has been a bit all over the place." They went on to say, "I understand we need to cover if people are off sick but with new people you do not know them so need more time." One staff member told us, "Not knowing people you feel pressured with the time, it's not so good, it is stressful." Another care worker told us, "It is

easier if you know then, you know what they want, otherwise you are strangers and they have to get used to you. It's better to have consistent people." We asked the management team about this and they told us, they tried to ensure as far as possible that people received care from the same care staff, however this was not always possible.

Some people told us there had been a problem with calls being poorly scheduled. One person told us, "I have complained some staff are going from Knowle to Solihull to Balsall Common, it's ridiculous, staff driving like this." Another person told us about this, "It's the management of staff, it does not appear to be pre-planned, they could sort it better." However, staff were more positive and told us, "Since the new management has been in, they have given the calls more structure, before you could be in Balsall Common, Shirley, then Meriden, now they are closer together." We looked at the scheduling of care calls and saw that calls were planned based on people's postcodes so that this now reduced staff travel time.

Care staff knew about people's likes and dislikes. A care worker told us about one person they supported, "Person likes to be called something different and they have a sweet tooth. They can get anxious when they are standing up, you need to reassure them, they don't like using a commode." Staff told us about another person who would sometimes refuse to let staff assist them with care. The staff member said they would leave the person five minutes and go back and they knew then generally they would let them help. On care records we saw detailed information about people's preferences and routines. A relative told us the manager had done the first few visits for one person so they got to know the person and their care needs fully.

One relative told us that their family member preferred not to have a male worker for personal care, however sometimes a male came. We asked the manager about this and they told us this had been discussed with them and they tried to ensure it was a female but could not always guarantee it. One staff member told us, "With a double up call it might be a male or female, we cannot always guarantee, we let people know if a man would be present. The female can do the personal care then but the man would assist with using the hoist."

Care plans provided staff with information about the person and how they wanted to receive their care and support. A staff member told us support plans were updated by senior staff when people's needs changed. This was usually every three months and this had been done recently.
One staff member told us, "I don't always have time to look at care records." However another staff member told us, "Some calls I don't have time, but later calls I have time to read them."

People and their relatives told us formal reviews of the care were not always held. One relative told us, "There has been no reviews about the care, but I insisted on one as [person] has deteriorated." However, another relative explained that staff often called them if there had been any issues with the care and they were happy about this. They told us, "Communication is generally good." A care worker explained, "Reviews are held as often as they need to be, if nothing changes, we update the support plan yearly. Everyone is invited to reviews, the social worker, family members. They have the opportunity to add to the review." We saw care plans were updated with these changes.

We looked at how complaints were managed by the provider and found these were logged and responded to, to people's satisfaction. One relative told us, "We have had some hiccups a couple of times, but these have been forgotten as they were resolved easily." We saw three complaints had been made about the time of calls, missed calls and the attitude of one staff member. This had been investigated by the manager and some further training provided to the staff member. Information about how to complain was provided to people when they started at the service in a 'welcome pack'.

Overall people told us they felt comfortable with raising any concerns they might have and some people had done this in relation to issues with time keeping. One relative told us, "I could complain to them no problems and if I didn't my [sibling] would." Another relative told us, "I made a complaint and they phoned me and left a message on the answerphone, they will sort it out, they usually do." Another relative told us, "The manager picks up on things, they call and respond to issues." However, one person said they had complained about the late calls and they were not happy with the response from the provider on that occasion.

Requires Improvement

Is the service well-led?

Our findings

Overall people told us they were satisfied with the service they received from New Hope Care. One relative told us about the manager, "The manager always tries to do a good job, they are very good at their job and loyal to the business." They commented they were not always sure the manager was supported in their own role however, and at times they seemed, "Overloaded."

There had been a change leadership at the service. A manager had started in October 2014 and left. A registered manager had come into post in December 2014 and this person had left around three months ago. The new manager was the registered manager of the Coventry branch and had now come to Balsall Common to manage both services. The manager told us, "We need to build the service here now, it is more stable in Coventry." They were now in the process of applying to be the registered manager of this service as well.

The management team consisted of the manager, care co-coordinator, two field care supervisors and one senior carer (one other person was in training for this role). The manager told us, "It was a learning curve for us, we were in deep water at the start, learning the routine, not everything is nice and smooth yet. We are establishing the structure of the office to oversee everything." The care co-ordinator had also come from the Coventry branch and they told us, "There have been some new changes, we had some resistance from staff at first but most have seen a change for the better." The manager and care co-ordinator continued to spend one day each week at the Coventry service.

People were positive about the new manager. One relative told us the new manager had 'revitalised' the care. They told us, "Staff were unhappy before, within a week of the new manager coming they had smiles on their faces. They know their hours now. They get alternate weekends off." They explained the manager has been doing a good job, and "They are not frightened of getting their hands dirty and mucking in." One staff member told us, "It is better, I can see why the changes have been made, people did not know what they were doing before." The care co-ordinator told us, "There have been lots of changes, there is a good manager, we complement each other, they are supportive." However, the manager had been away due to a planned absence the previous week and one person commented, "It has fallen apart this week." The manager told us they were aware there was a lot of work to do to continue to make improvements at the service.

Tasks were separated between the management team. The field care supervisor told us, "I'm more face to face, I check support plans, do assessments of care." The care co-ordinator planned staff rotas. The care co-ordinator told us about the staff rotas, "We were running between postcodes before, but we are now one rota. Rotas were not structured properly." People's preferred call times matched the call times scheduled and call postcodes were now reflecting geographical areas. The co-ordinator told us at times difficulties arose and when people accepted times of calls, for instance as they wanted to come out of hospital. However, when they arrived home the times did not always suit people and they could not always address this immediately. They told us that they had been working to change and improve the system and this was a gradual process to improve it around the existing calls.

Some people told us that it was not always possible to speak with the management team when they wished to. One relative told us, "It is difficult to get through, you can leave a message, there is an office at Oldbury, a list of numbers, eventually I got through to Coventry, it was very long winded." Another person told us. "I tried to ring the agency but I could not get hold of anyone, just the answerphones." This person had emailed the head office once to make a complaint however they said no one responded to them. They told us, "I think the carers and immediate management are superb but I get frustrated when at the head office no one is available." We raised this with the manager who acknowledged there had been an issue in the past and said they were ensuring people had the correct details to call when they wished to speak with someone at the service. They were also planning to put in an additional phone line at the service to help with this.

Staff told us they enjoyed working for the agency and they felt supported by the manager. One staff member told us, "Personally I am very supported, any minor problems are sorted out and resolved. I am glad I came to work here." Another staff member told us, "I think if I have a problem or worries, I would go to [manager]. The manager is good in what they do." Staff meetings were held monthly and these gave staff an opportunity to raise any issues. One care worker told us, "We have meetings monthly, we had one last month, we talk about service users, medication, any work reminders, training required, we can talk openly. I have always got a lot to say." We saw a meeting had been held in November 2015 and training had been discussed.

Staff felt supported by the management with one to one meetings. One care worker told us, "I have had one supervision recently, if there are any problems you can raise it." Another care worker told us they had discussed their development needs and were now going to do their NVQ three qualification in care. Staff received annual appraisals from the manager and this gave them an opportunity to discuss their needs and development in more detail.

Satisfaction surveys had been sent to people in September 2015 and overall showed positive comments. In total 18 people and relatives had responded and comments included, 'No concerns, carers are good,' 'Staff on the weekend can be a bit late,' and 'All ok, if they are delayed I get a call.' People had previously been telephoned about every six weeks from the management team but some people had said they found this too much, so the manager was now reducing this contact.

The manager told us when they started at the service they had identified improvement was required in areas such as the rotas. The manager told us, "We did not have a system in place with calls, it did not allow for traffic or service users being unwell, so calls were late." They told us they had been working to try to address this. They told us that there had been further challenges around staffing levels, however this was improving. Other issues before were care reviews, staff supervision and with staff not able to talk with the management in the past. Also managing staff training and managing the differences in people's care needs. They explained they were still addressing some of these issues.

The manager told us about plans for the service. They were aware there had been problems getting through to the office and they were going to arrange for a second phone line as the mobile signal was poor. They also told us, "I want to keep the staff I have, they are very good, building the team, there have been lots of issues between staff and the management and we are trying to build communication." A lack of office space had been an issue and they were trying to obtain use of another room. They told us they felt supported in their role by the provider with manager's meetings every two months.

The manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications which are required by Regulations. There had been one safeguarding referral made in September 2015 when a staff member had been late for a call however we had not been

made aware of this. This was during the period of change in management.

The management team used a range of other quality checks to make sure the service was meeting people's needs. This included observations of care staff to ensure they were supporting people correctly. The field care supervisor told us, "I do observations of staff, the manager too, we do unannounced spot checks, to check the quality of the care." A staff member told us, "Yes they do competency 'spot' checks. They told me they were happy. They just made a suggestion about writing in the daily records, that the person is left safe and well when there are no problems."

Records were audited by the management team to ensure care was delivered as outlined in their care plans. For example, one audit had identified that staff were leaving the medicine sheet blank instead of recording 'other' when medicine was not given for any reason. This had been highlighted in the staff meeting and the medicine policy was referred to. The care co-ordinator explained that care call times were recorded electronically and they checked these each day to see what times staff arrived and leaved, to monitor this. The manager told us if any issues were raised in audits they discuss this in the staff meeting or in one to one if they reoccurred. The manager played an active role in quality assurance and to ensure the service continuously improved.