Nurse Plus and Carer Plus (UK) Limited

Nurse Plus and Carer Plus (UK) Limited - Suite 1 Wellington Square

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

The inspection took place on 17 April 2018.

Nurse Plus and Carer Plus (UK) Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to adults, but predominantly to older adults, including people who may have a physical disability, a learning disability, sensory loss, mental health problems or people living with dementia living in Bexhill-on-Sea, Hastings, Battle and the surrounding area. At the time of our inspection around 54 people were receiving a service, of which 44 were receiving the regulated activity of personal care.

The service did not have 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. There was a new manager who was present during the inspection. An application was in process for the new manager to become the registered manager for the service.

Staff told us there had been a lot of changes during the last six months. There was a new manager and office staff, and a number of care staff had also left the service. This had affected the consistency of care staff providing care calls and some systems, for example the sending out of rotas, had not been maintained. Senior staff told us of their own quality assurance audits. Through these they had identified areas of improvement and told us of the action plans which already in place to address this and of the work already completed to ensure the quality of the service delivered. Feedback from all the staff showed they were confident of the new management, they felt listened to and areas for improvement had been or were already being addressed. The service was moving forward after a difficult period. People spoke well of the care provided by their regular care staff. They told us their main concern was the lack of rotas and knowledge of who was due to provide their care and when care staff were due to complete their care call. Not everybody was sure of who to contact with any concerns. Senior staff from within the organisation were present during the inspection. They acknowledged there had been a period when staff changes had resulted in a lack of continuity of service provided. They told us they had reviewed the care provided and they had supported the manager and all been following an action plan to address issues raised.

Systems had been maintained to keep people safe. People told us they felt safe with the care provided. One person told us, "Yes I do very much so and we get on well together." A relative told us," Yes when regular carer visits, she has developed a good relationship." They felt they could raise any concerns they had. People remained protected from the risk of abuse because staff understood how to identify and report it. Assessments of risks to people had been developed. Staff told us they had continued to receive supervision, and be supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. People told us their regular care staff had the knowledge and skills to provide their care and support.

People's individual care and support needs continued to be identified before they received a service. Care and support provided was personalised and based on the identified needs of each person. People told us they felt listened to, supported to be independent and they were involved in decisions about their care. They spoke of their care plans having been reviewed and of their preferences having been considered within this process. One relative told us, "We had a review one week ago, and husband's likes, dislikes and decisions of care needs were discussed." Another relative told us, "We have had different reviews over the past four years that viewed likes, dislikes and decisions of husbands care needs." Staff had a good understanding of consent. One member of staff told us it was about," Making sure they have understood what you are going to do for them." Another member of staff told us, "It's making sure they don't ask too many questions and give people time to answer and don't take their choice away."

People were happy with the care provided and care staff had ensured all the agreed tasks were covered during their visits. Comments from people included, "Yes my carer does everything they are supposed to do and they also take me for a walk and give me a cup of tea when we get back," and "Yes if they have done everything they sit and chat."

People continued to be supported by kind and caring staff who treated them with respect and dignity. One person told us, "Yes my carer is lovely." They were spoken with and supported in a sensitive, respectful and professional manner. People's privacy and dignity had been respected. One person told us the," Carer always knocks the bathroom door before coming in." A relative told us, "Yes when doing personal care for husband, carers cover him with a towel for privacy and dignity." Another relative told us, "Yes carers do always close curtains in the bedroom or close bathroom door when assisting husband with personal care."

Staff told us the service was well led. They had had their views sought through supervision, team meetings and questionnaires as to how the service could be improved. They spoke well of the new senior staff team and of changes which had already been introduced. For example, an employee of the month award had been introduced. This was where staff who had worked above and beyond during the month were nominated for the award. One member of staff told us, "If I have something to say I know they will take it on board and be dealt with." Senior staff carried out a range of internal audits, and records confirmed this. People and their relatives were regularly consulted about the care provided through either reviews, telephone contact and by using quality assurance questionnaires.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of this report.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Requires Improvement

The service remains Requires Improvement.

This is because the consistency of care staff providing people's care calls had not fully improved. People were not always aware of when their care call was due, received their care at the times they expected or knew which member of staff were due to undertake their care.

People did not always feel their concerns had been addressed to their satisfaction.

Is the service well-led?

Requires Improvement

The service becomes Requires Improvement.

Senior staff, office staff and care staff vacancies had affected the smooth running of the service. Systems in place had not always been fully maintained.

The leadership and management promoted a caring and inclusive culture. Staff told us the management and leadership of the service was approachable and very supportive.

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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 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 17 April 2018 and was announced. We told the manager a week before our inspection that we would be coming. This was because we wanted to make sure that the manager and other appropriate staff were available to speak with us on the day of our inspection. One inspector undertook the inspection, with an expert-by-experience, who had experience of older people's care services. The expert by experience undertook the telephone calls to get feedback from people being supported.

We previously carried out a comprehensive inspection on 17 December 2015 when the service was rated Good overall.

The provider was asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted the local authority commissioning team and four health and social care professionals for feedback on the service provided. We received one response. We spoke with five people who used the service three relatives and a neighbour for one person who supported them with their answers.

During the inspection we went to the service's office and spoke with the quality manager, the area manager,

the manager, a care co-ordinator, a field supervisor, a senior member of care staff and four care staff. We spent time looking at records, including six people's care records, four staff files including recruitment documentation and other records relating to the management of the service, such as policies and procedures, compliments and complaints records, accident/incident recording and audit documentation. We also 'pathway tracked' the care for two people using the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People and their relatives told us they felt the service was safe. Comments received included when asked why people felt safe, "Yes, the attitude of the carers are considerate and friendly," "Yes I do feel safe," and "Definitely, because they are there to support me when I walk with my trolley." A relative told us, "Yes they just help me in the evenings with my husband."

Systems had been maintained to identify risks and protect people from potential harm. Each person's care plan had a number of risk assessments completed which were specific to their needs. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. Staff told us the provider was proactive and responsive in getting problems sorted out. Staff described how they had contributed to the risk assessments by providing feedback to senior staff when they had identified additional risks or if things had changed. Risks associated with the safety of the environment and equipment were identified and managed appropriately. Staff regularly checked equipment in people's homes to ensure it was safe to use.

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff told us, "They are so on the ball about things like that." Procedures were also in place to protect people from financial abuse and care staff were able to describe the practices to be followed to protect people.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff had a clear understanding of their responsibility around reporting poor practice, for example, where abuse was suspected.

Procedures had been maintained for staff to respond to emergencies. Care staff had guidance to follow in their policies and procedures and they were aware of the procedures to follow. There was guidance in place where care staff were lone working. There was an on call service available so that care staff had access to information and guidance at all times when they were working. Care staff were aware of how to access this. One member of staff told us, "The on-call is brilliant. They are very supportive." Staff continued to take appropriate action following accidents and incidents to ensure people's safety. We saw specific details and any follow up action to prevent a reoccurrence had been recorded in the accident and incident book. The manager analysed this information for any trends. People had contact numbers should they need to ring. Before starting a service, people received a service user guide. This provided them with information about how and where to report information of concern about their safety.

People continued to receive their medicines safely. The majority of people we spoke with told us they were able to take medicines independently or had support from their relative. Some people who needed help

removing pills from blister packs or applying skin creams, told us they had received good support. We did not receive any concerns from people in relation to medicines administration. Their comments received included, "Yes, they cream my back, administer eye drops and compression stockings at the right time " and "Yes, they prompt medicines from blister pack and this is recorded on a MAR (Medicines Administration Record) sheet." Care staff had received regular training in medicines administration. They described to us the practices to be followed when administering and recording medicines. Regular auditing of medicine procedures had been maintained, including checks on accurately recording administered medicines. One senior member of staff told us, "All the paperwork is checked during field supervision. If necessary more training is provided so it is correct and how it should be. I would notify the staff as to how it should be. If they have a query they will call in and discuss. I would also go out and check it." This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

People were protected by the prevention of infection control measures. Staff had good knowledge and attended regular training in this area. PPE (Personal protective equipment) was used when required, including aprons and gloves. One member of staff told us, "There is brilliant access to PPE. They (Senior staff) will drop it around if necessary." The provider had detailed policies and procedures regarding infection control and staff received copies of these on induction.

The majority of people and their relatives told us that their care calls were not missed and care and support had continued to be provided as agreed. They told us they stayed the correct amount of time. Comments received included, "Yes and more if I need it," "Normally they do," "Yes always," and "Yes always does and makes up for lost time if late." They also told us care staff always covered the agreed tasks. Comments received included, "Yes and they clear up everything afterwards," "Yes always," and "Yes and more." Staffing levels would be adjusted according to the needs of people, and we saw that the number of care staff supporting a person would be increased if required. The manager told us there continued to be ongoing recruitment to ensure sufficient staff were available to provide a safe service. Staff told us although there had been a difficult period with staff changes there were sufficient staff to meet people's care needs. The manager talked to us about the on-going challenge of recruiting care staff. They held recruitment events at local venues to support on-going recruitment of staff. The manager had an on-going recruitment plan to ensure there continued to be adequate staffing levels at the service.

Staff had been consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form. One new member of staff was able to confirm this process had been followed.

Good

Is the service effective?

Our findings

People told us they felt their regular care staff were skilled to meet their needs and continued to provide effective care. They had been asked for their consent prior to any care and support being provided. Staff spoke of improved training opportunities. One member of staff told us, "The training is brilliant. We are going around asking staff what they need."

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. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. We checked whether the provider was still working within the principles of the MCA. Staff continued to have a good understanding of the importance of enabling people to make decisions and had received training in MCA. One member of staff told us, "You talk to them making sure they have choices. Empowering them to make their own choices. It's part of your daily life." People told us they were always asked for their consent before any care was provided.

Staff had the appropriate knowledge and skills to support people. They continued to undertake essential training to ensure they could meet peoples care and support needs. There was a training plan in place to ensure staff training remained up-to-date. This system identified when staff were due for refresher courses. Staff also spoke of the senior staff asking care staff what other training they would like to support them in their role. One member of staff told us of recent improvements to the refresher essential training, and said, "I am really, really impressed." Another member of staff told us, "The training is pretty good. If there is any more training needs you can ask for it. There is now also some online and distance learning available." A senior member of staff told us this new training, "This gives learners more flexibility. This is used with supervision and the completion of log books. We can put people back through depending on their skills." Care staff had been supported to complete professional qualifications such as a Qualification Credit Framework (QCF) in health and social care. Where staff had moved into senior roles in the service they spoke of good support, through formal training provided by the organisation and guidance to support from senior staff with shadowing opportunities to support them in their new role.

When new staff started employment they continued to undertake an induction, and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. One new member of staff told us, "The induction was very helpful. There were different scenarios of working with clients, shadowing, and I had a good understanding of what to do." They said they had shadowed, and received training and support which meant they felt ready for lone working. People told us they felt their regular care staff were skilled to meet their needs and continued to provide effective care. One person told us, "I feel they have (the correct skills) especially the regular carers." Further comments received included, "No not always with new carers, only with regular carers. One young new carer recorded in my file my name as 'Jean' totally wrong," and "Most do. Those new starting, no and it depends on the complexity of the task." Senior staff had told us they

were already aware of this feedback and of additional support now provided to new care staff as part of their induction to address this. Further training to support new care staff had been provided. New care staff were shadowing senior care staff and working with them until they were competent and able to undertake work on their own. The manager has now also attended the final thirty minutes of all induction training sessions to introduce himself to all staff and go over the branch expectations and code of conduct. This included discussing the importance of consistency and punctuality and actions to take if care staff were running late to care calls.

Staff all confirmed they continued to receive regular supervision and said they felt very well supported by the management team. As part of the supervision they were observed by a senior member of staff whilst supporting people in their homes to ensure the care provided met essential standards of care. They had continued to attend regular supervision meetings throughout the year with their manager and had completed a planned annual appraisal. One member of staff told us, "The training is good. Every three months is supervision and there's an appraisal."

The manager had introduced a, 'Care Worker' of the month award in January to help promote a positive culture. The assessment criteria measured care staff people against the company core values of being reliable, trustworthy, caring and positive. This demonstrated how the manager was leading and had encouraged the team to take ownership of their responsibilities to provide care in a way that meets all the requirements.

Staff undertook an assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. The pre-admission assessment were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork and feedback from people confirmed where possible they and their relatives were involved in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews.

Staff had a good understanding of equality and diversity. This was reinforced through training and the manager ensured that policies and procedures were read and understood. The Equality Act covers the same groups that were protected by existing equality legislation - age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership (in employment only) and pregnancy and maternity. These are called `protected characteristics´. Staff we spoke with were knowledgeable of equality, diversity and human rights and told us people's rights would always be protected. One member of staff told us, "We have to treat people equally. Adjust to their needs."

Where required, care staff continued to supported people to eat and drink to maintain a healthy diet. One person told us they had support with, "Yes, breakfast, lunch and supper. Apart from breakfast, all were microwave meals." Care and support plans provided information about people's food and nutrition needs and likes and dislikes. For example, for one person it was very detailed how the person liked their cup of tea to be made. Staff told us they continued to monitor what people ate and if there were concerns would refer to appropriate services if required. When asked how they ensured people had a choice of meals one member of staff told us, "For some people we do their shopping and they tell you what they want to eat, or relatives prepare, and we offer them a choice."

People continued to be supported to maintain good health and have on-going healthcare support. Care staff monitored people's health during their visits and recorded their observations. They liaised with health and social care professionals involved in their care if their health or support needs changed. One member of

staff told us how they had supported one person who had gone into a diabetic coma and they had called the office and 999 for support.

Good

Is the service caring?

Our findings

People and the relative felt staff were consistently kind and caring. Comments received included, "Definitely, my carers have been kind and caring," "Very much so, kind and caring," and "Yes on the whole I am happy with them all." People who answered the services own quality assurance survey in 2017 stated they felt safe with the care staff who provided their care.

Staff spoke warmly about the people they supported and provided care for. Staff demonstrated a good level of knowledge of the care needs of people. People told us care staff knew how they liked to have their care provided. Comments received included, "Yes my regular carer does,"" Yes always," and "My regular carers do."

Staff told us people had continued to be encouraged to influence their care and support plans. Care staff told us how they knew the individual needs of the person they were supporting. They told us they looked at people's care and support plans and these contained information about people's care and support needs. People consistently told us they were happy with the arrangements of their care package. They had been involved in drawing up their care plan and with any reviews that had taken place. They felt the care and support they received helped them retain their independence.

Peoples' equality and diversity continued to be respected. Staff adapted their approach to meet peoples' individualised needs and preferences. There were individual person-centred care plans that documented peoples' preferences and support needs, enabling staff to support people in a personalised way that was specific to their needs and preferences. One member of staff told us of one person they supported, "She has her particular needs as to how she likes to get ready, and have food at certain times." For one person for who English was not their first language staff described how a member of staff who spoke the same language had been made the main worker. They had worked with their family had helped and care staff had used visual alternatives to help the person make their own choices.

Peoples' privacy was respected and had been consistently maintained. People confirmed that they felt that staff respected their privacy and dignity. Comments received included, "Respect and dignity, the bedroom and bathroom door is closed and a towel over me when having a top and tail wash," "Carer always knocks the bathroom door before coming in," and "Absolutely, when having personal care I am covered with a towel and the bathroom door is closed." A member of staff told us, "I always treat them as how I would like to be. Talk to them, throw in a bit of humour and make it two way process. Ask them how they would like things to be done. Give them choices. Make them feel they have some control."

Information continued to be kept confidentially and there were policies and procedures to protect people's personal information. Records were stored in locked cupboards and offices. There was a confidentiality policy which was accessible to all care staff and was also included in the care worker handbook. People received information around confidentiality as well. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to people. The manager was aware of who they could contact if people needed

this support.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection on 17 December 2015 we found some people did not always have consistency of care staff to meet their preferences and provide continuity of care. Although improvement plans were in place to address this, further improvements were still needed. When asked if anything could be improved in the service people told us, "No I don't think so. It would be nice if carers came on time," "Times of calls" and "Having same regular carers and consistent times of calls."

Care staff told us they had regular people they provided care to. They knew the people they cared for well. One member of staff told us, "They communicate with me brilliantly. The rotas are good. They (People) respond well to any changes. They normally know their care staff and time." A senior member of staff told us, "We have good communication. Staff let us know if they feel there is anything we need to know." The rota system identified where specific staff preferences had been made, for example the use of male or female staff to provide personal care to be recorded and inform the scheduling process. Senior staff told us of work had that had already been undertaken to improve the consistency of care staff providing the care calls. However, feedback from people was very varied as to if they had regular care staff providing their care calls. People gave the following feedback: "Yes I have the same carer four days out of seven. Saturday one to two regular carers," "Yes every morning during the week I have regular carers," "Same carer each day," "No we don't have regular carers," "No I have never had regular carers, never the same person each day," and "Used to have a team of regular carers. Now I don't have the same carers. " This was discussed with the manager at the time of the inspection, who acknowledged this as an area of practice in need of improvement. They told us there had been a number of changes of care staff which had affected the consistency of the care staff providing the care. Recent recruitment had addressed this. Senior staff were able to show us work which had been completed to improve the scheduling of care calls to address this.

People and their relatives provided a mixed response regarding the times care calls were provided. We did not receive any feedback this had affected the safety of people, for example where care calls were required at a specific time due to the nature of the care provided. The manager had also risk assessed the care provided to ensure when necessary calls could be prioritised due to the nature of the care needed. One person told us, "Generally speaking, they come within 10 – 15 minutes (Of the agreed time)." Another person told us, "No not always, they can be as late as 2.0 pm for a 10.30am visit. Weekends are worst, usually between 12.0am and 2.0 pm again for a 10.30am visit. This is every weekend." However, the majority of people told us they did not know in advance what time the care staff would be arriving as they did not always receive a rota. Comments received included, "I haven't had a rota for some time, previously carers were on time but now I don't know when they are coming. Usually it is between 8.0 am and 10.0 am when the visit should be 8.0 am - 8.30am," "No, this is the biggest problem. The carer can't get here on time. But I have no rota now and times vary in the morning between 8.45am – 10.45am," and "No I never get a rota, so never know when carers are to visit." Another person said, "At weekends I have different carers. I never know who is coming. I used to get a rota." Feedback was also varied when people were asked if they were notified if care staff would be late to undertake their call. Comments received included, "Depends on how late, if very late office will inform me," "Yes the office will inform me," and "No never informed if carer is late." We discussed this with the manager during the inspection who acknowledged this was an area in need of

improvement. Recent changes in the senior staff had meant rotas had not always been sent out for a period of time. However, following the recruitment of new senior staff all the senior staff told us they were aware these issues and of the steps which had already been taken to address this and ensure people received their rotas and were notified of when there was any significant to care calls being provided.

People did not always receive consistency of care staff providing the care calls. The scheduling of care calls placed people at risk of receiving late calls. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We found the provider had maintained a process for people to give compliments and complaints. People told us that if they were not happy about something they would feel comfortable raising the issue. No one we spoke with had raised any formal complaints with the main concerns raised being in relation to care calls and the lack of a rota. Not everyone we spoke with were aware of how to raise any concerns with senior staff. People told us the areas they had raised concerns about was in relation to the timing of calls and the lack of knowledge of when and who would be covering their call. Comments received when asked if people had raised any concerns and if they had been happy with the response included, "Yes I have, mostly about lateness at the weekends and no I am not happy with how it's handled. There is no change or rotas," "I have phoned on umpteen times about the late times carers visit and no I am not happy with Nurse Plus," "I have complained several times about not receiving my weekly rota. No I am not happy with the way they handled it." This is an area in need of improvement.

People and their relatives told us the service provided continued to be responsive to their care and support needs. One compliment received in the service stated, 'Thank you so much for the care you provided even though the care didn't last long, without your help it would not have been possible for us to have him home and fulfilled his last wishes.' Another compliment received stated, 'The staff provided over the last week and of late have been amazing and really helped us through our recent crisis.'

A detailed assessment had continued to be completed for any new people wanting to use the service. One person told us, "I believe I did with my daughter, son as well as the manager." This identified the care and support people needed to ensure their safety. One person told us, "Senior staff undertook the initial assessment, and discussions then took place about the availability of staff and the person's individual care and support needs. Work had continued to be undertaken to develop and maintain the detail within people's individual care plans. Feedback from people and care staff was this information was regularly updated and reviewed. One person told us, "Yes I have had a review of my care plan and I made decisions about my care needs including likes and dislikes." Another person told us, "Yes, I had a review of my care plan recently and my likes and dislikes and decisions of care needs were recorded." A relative told us, "Yes I was involved in decisions, likes and dislikes when my husband had a care plan review." One member of staff told us, "The care plans are up-to-date. We let the office know if there are any changes for example with medicines." A senior member of staff told us when they were told of any changes, "I go out and do a partial review for any changes."

No one at the time of the inspection required end of life care. The manager told us peoples' end of life care would be discussed and planned and their wishes respected. Staff were able to give examples of when end of life care had been provided and of the support and guidance they had received from healthcare professionals. One member of staff told us how they had supported one person. How they had discussed how they had wanted their care provided and said after that talk they had felt more relaxed with the person and ensured they had received the care in the way they had really wanted. For example, "I sat and massaged his feet with cream."

From 1 August 2016, all providers of NHS care and adult social care services must follow the Accessible Information Standard (AIS). The AIS makes sure that people with a disability or sensory loss are given information in a way they can understand. Services must identify record, flag, share and meet people's information and communication needs. Senior staff were able to show us a policy and procedure had been written to support staff with this standard. Although staff had not received AIS training they had ensured people's communication needs had been identified and met. Senior staff told us this was looked at as part of the comprehensive initial assessment completed. People's care plans contained details of the best way to communicate with them. Information for people and their relatives if required were created in a way to meet their needs in accessible formats to help them understand the care available to them. One member of staff told us of one person they supported. "He knows exactly what is happening. We give him closed questions and three options and he will point to which one he wants. You really need to know him to understand him."

Technology was used with a system of telephone monitoring. This system required care staff to log in and out of their visits when they arrived and left. Senior staff told us they had just agreed a new system to be used which would increase the monitoring facility available for use.

People and their relatives continued asked to give their feedback on the care provided through either telephone calls, reviews of the care provided and through quality assurance questionnaires which were sent out. Comments from people included, "Have done occasionally," and "I had a phone call recently to check on the service." The last quality assurance questionnaire completed in 2017, when asked how satisfied people were with the care and support they received all stated this was good or excellent.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection on 17 December 2015 we found some people did not always have consistency of care staff to meet their preferences and provide continuity of care. At this inspection we found any improvements made had not been sustained and this had not been fully addressed. At this inspection the majority of people told us they did not know in advance what time the care staff would be arriving as they did not always receive a rota. and the times they received their care calls could be varied. When raising these issues people did not always feel their concerns had been addressed. Although senior staff had put action plans in place for senior staff to address, this is an area in need of improvement.

Care staff continued to speak well of the leadership of the service. One member of staff told us, "It's a great team. We are all here to help each other. There's always great help you never feel you are on your own." Another member of staff told us, "The group downstairs (The senior staff team) are good and I hope they stay." Staff told us communication was good where changes had occurred and they received information about new clients. The majority of people felt the service was well led. Comments received when asked if the service was well led included, "Yes, if I have an early morning appointment, they sometimes can get a carer in earlier," "Yes I do," "Yes but can't give a reason," "Yes it's all ok," "It hasn't been, but recently improved."

Senior staff from within the organisation were present during the inspection. They acknowledged there had been a period when staff changes had resulted in a lack of continuity of staff providing the care calls. They had reviewed the service provided and drawn up an action plan where it was felt improvements needed to be made. They had sent out a staff questionnaire to gain feedback from staff and were in the process of sending one out to people who use the service about the care they had received. Senior staff told us they had been working with the new manager to address the issues raised. The office was now also fully staffed which meant systems such as the sending out of rotas were now able to completed and there would be an improved response to people when they telephoned the office. They said they have all been following an action plan to address issues raised and that staff had worked hard to address these issues. Staff told us they had felt listened to and of the improvements which had been made to their work environment.

There was a clear management structure with identified leadership roles. The manager was supported by a team of senior staff. Staff told us they continued to be well supported. Comments received included, "So far so good. We all feel very happy he is going to provide the right support for us, "If we need anything doing we go to (Manager's name) or higher up and it will be dealt with," and "They are looking after staff really, really well."

Policies and procedures continued to be in place for staff to follow. The senior staff were able to show us how they had sourced current information and good practice guidance, which had been used to inform the regular updates of the services policies and procedures. For example, with the drawing up of a policy for the Accessible Information Policy.

Senior staff continued to monitor the quality of the service by regularly speaking with people to ensure they were happy with the service they received and completing regular reviews of the care and support provided

and records were completed appropriately. People were asked to complete a quality assurance questionnaire. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The recruitment process and regular supervisions ensured that the care staff understood the values and expectations of the provider. Staff meetings were held periodically and staff newsletters had recommenced and were used as an opportunity to keep staff up-to-date with what was happening in the service.

Feedback from the visiting professional was that staff in the service had continued to be responsive and work well with them. The manager and staff worked closely with health professionals such as the local GP's and health specialists when required. Senior staff told us they worked very closely with all professionals they were in contact with, to ensure people received the correct care and treatment required. The manager was committed to keeping up to date with best practice and updates in health and social care. They were also aware of the CQC's revised Key Lines of Enquiries that were introduced from the 1st November 2017 and used to inform the inspection process. Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People did not always receive the care and treatment required to meet their assessed needs, or which reflected their preferences or wishes. The scheduling of care calls placed people at risk of receiving late calls.