Hartley Home Care

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Inspection report

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Ratings

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

Overall summary

Hartley Home Care is a domiciliary care service that provides care and support to people in their own homes. The service provides support and care to mainly older people who require assistance with personal care, dressing, meal preparation and the prompting of medicines. This includes people with physical disabilities and dementia care needs. The service mostly provides care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and give support with meals.

At the time of the inspection the service provided support for 92 people in the Camelford, Padstow, Bude, Launceston, Wadebridge and surrounding areas. There was a registered manager in post who was responsible for

Summary of findings

the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We carried out this announced inspection on 17 and 19 June 2015. We told the provider 36 hours before that we would be coming. At this comprehensive inspection we also checked what action the provider had taken in relation to breaches of regulations found at our last inspection on 3 February 2015. There have been concerns about this service not meeting the requirements of regulations under the Health and Social Care Act 2008 since March 2010.

At the last inspection on 3 February 2015 we found that people experienced missed visits, late visits and shortened visits. For some people the times of their visits were not of their choosing and the provider did not always respect individual people's requests about the gender of the care worker who was to visit. One person did not have a care plan in their home which meant staff did not have any instructions about the person's care needs or any risks related to providing the care. We also had concerns about the provider's understanding of the Mental Capacity Act 2005 (MCA), their management of complaints, their omission to submit statutory notifications when required, and the effectiveness of their quality monitoring processes.

At this inspection we found the effectiveness of the service that people received had improved. No one told us they had experienced missed visits and only one person reported they had experienced a shortened visit. Although, four people told us that sometimes the service did not inform them of changes to the times of their visits they also told us overall the service had improved. Everyone told us they had agreed to the times of their visits and said if they specified the gender of their care worker this request was respected.

We spoke with three relatives at this inspection who had raised concerns at the last inspection about the quality and reliability of the service provided. All three relatives told us the service had improved and they were satisfied with the service the person currently received. They told us "things have improved, it's very good. We have regular carers and visits are within 10 minutes of the agreed times", "It's a lot better and if they are running late they ring to let us know" and "things are so much better now. We have two regular carers who are excellent".

We found there were care plans in all the homes we visited and these provided staff with guidance and direction about how to meet people's needs safely.

The registered manager and staff had a clear understanding of the MCA and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Where people's ability to make daily decisions could fluctuate care plans recorded people's known preferences so staff could make informed decisions on people's behalf. Discussions with staff confirmed they had a good understanding of people's needs and used this knowledge to enable people to make their own decisions about their daily lives wherever possible.

Complaints were being appropriately recorded and managed. We looked at the complaints log and saw that all complaints had been responded to in the agreed timescale and had been resolved to the complainant's satisfaction.

Since our last inspection the service had made one safeguarding alert, about allegations of abuse in relation to people who used the service. The Care Quality Commission (CQC) had been notified of this referral, as required by law.

Since our inspection in February 2015 the provider had continued to improve the effectiveness of the systems used to assess and monitor the service provided. Although, there were inconsistencies in the way systems to monitor the quality of the service were implemented and recorded, that required further improvement. The provider told us that because the numbers of people who used the service had reduced this had enabled them to consolidate and improve their systems. The results of these improvements were evidenced by the positive comments everyone made about their experiences of the service provided.

People we spoke with told us they felt safe using the service. One person told us, "I'm in good hands [with the care staff]". A relative told us, "it [the service] gives us peace of mind knowing my mother is safe with the carers".

Summary of findings

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

There were adequate numbers of staff available to keep people safe, although at the time of our inspection care staff numbers were lower than the service had assessed as needed. Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff were kind and compassionate and treated people with dignity and respect.

People were supported to take their medicines by staff who had been appropriately trained. People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included, "the carers are excellent, they speak to me in a caring way", "the attitude of the carers is wonderful" and "the staff speak to me in a friendly and very caring way".

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. The service was flexible and responded to people's changing needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were adequate numbers of staff available to keep people safe, although at the time of our inspection care staff numbers were lower than the service had assessed as needed.

Is the service effective?

Good

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff received regular training to help ensure they had up to date information to undertake their roles and responsibilities.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

Is the service well-led?

Requires improvement

The service was mostly well-led. There were quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Although, there were some inconsistencies in the way these systems were implemented in practice and recorded.

Summary of findings

There were clear lines of accountability and responsibility within the management team.

People and their families were asked for their views about their experiences of the service provided.

Hartley Home Care

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.

The inspection of Hartley Home Care took place on 17 and 19 June 2015. We told the provider 36 hours before that we would be coming. This was to ensure the registered manager was available when we visited the agency's office and so we could arrange to visit some people in their own homes to hear about their experiences of the service. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

Before the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. Prior to the inspection we spoke with 17 people and five relatives on the telephone.

During the inspection we went to the provider's office and spoke with the provider, the registered manager, a consultant working with the service and two care co-ordinators. We met with four care staff and spoke with a further three. We visited eight people in their own homes and met two relatives.

We looked at eight records relating to the care of individuals, five staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service. After the inspection we made telephone calls to two healthcare professionals.

Good

Is the service safe?

Our findings

At our inspection on 3 February 2015 we found some people were not receiving a reliable service because some of their visits were missed or late. One person did not have a care plan in their home which meant staff did not have any instructions about the person's care needs or any risks related to providing the care. We found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had taken action to address the shortfalls in relation to the requirements of regulation 9 described above. No one told us they had experienced missed visits. Most people told us their visits were usually at the agreed times and if the times were changed they were informed of the changes. Although, four people told us that sometimes the service did not inform them of changes to the times of their visits they also told us overall the service had improved. We checked care logs and computerised records where visits were provided later than planned for the period 8 to 14 June 2015. We found in all but two cases telephone calls had been made to inform the person of the change. On one day two people had not been informed of changes. This was because the message the care worker sent to the office from their mobile phone, to say they were running late, had not been received due to signal problems. Computerised records for the same period of 8 to 14 June 2015 showed that there had not been any missed visits.

We looked at a sample of staff rotas for the week of our inspection and found travel time was included. This meant staff had gaps in their rota to give them time to travel between visits to help ensure they arrived at people's homes at the agreed times. Staff told us they were usually able to arrive at each visit at the booked time. Sometimes they might run late due to traffic or staying longer at a visit if someone was unwell. Staff advised the office if they were running late and they told us the office passed these messages onto people.

People told us, "the carers do respect the times and if they are running late they would phone me", "we know what time they [staff] will be arriving within half an hour either way", "I have the same carers and they call at regular times", "they [staff] arrive on time" and "mostly on time, bit late sometimes, better now than it used to be".

We spoke with three relatives at this inspection who had raised concerns at the last inspection about the quality and reliability of the service provided. All three relatives told us the service had improved and they were satisfied with the service the person currently received. They told us, "things have improved, it's very good. We have regular carers and visits are within 10 minutes of the agreed times", "It's a lot better and if they are running late they ring to let us know" and "things are so much better now. We have two regular carers who are excellent".

We found there were care plans in all the homes we visited and these provided staff with guidance and direction about how to meet people's needs safely. Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks in relation to the health and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about using moving and handling equipment, directions on how to find people's homes and entry instructions. Staff told us they were always informed of any potential risks prior to them going to someone's home for the first time.

People we spoke with told us they felt safe using the service. People told us, "I'm in good hands [with the care staff]" and "I feel safe when they [staff] are here". A relative told us, "it [the service] gives us peace of mind knowing my mother is safe with the carers".

Staff had received training in safeguarding adults and were aware of the service's safeguarding and whistleblowing policies. They were knowledgeable about how to recognise signs of potential abuse and the relevant reporting procedures. All told us they would have no hesitation in reporting any concerns to management as they wanted people to be safe and well cared for. Staff received safeguarding training as part of their initial induction and this was regularly updated. We saw an example of where concerns had been raised about an individual, who was at risk of abuse, and the service had referred these concerns to the local authority.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.

Good

Is the service safe?

There were adequate numbers of staff available to keep people safe, although at the time of our inspection care staff numbers were lower than the service had assessed as needed. Staffing levels were determined by the number of people using the service and their needs. There were 47 care staff at the time of the inspection which was a reduction from the 55 care staff employed at the inspection in February 2015, when the same number of people used the service. During the week of our inspection three care staff had been unwell. When there was a shortfall in the number of care staff available to cover visits the care co-ordinators, whose role was to work in the office and to cover care, went out to provide care for people. One care co-ordinator had worked an excessive number of hours to ensure all planned care visits were provided. The provider's systems for ensuring all care visits were provided had been working effectively and no visits had been missed. The registered manager told us five more care staff had been recruited and would be ready to start shortly. Advertisements had been placed and further recruitment would take place to bring the staff numbers back to around 55.

We were unable to look at the staff roster for the week following the inspection as these had not been completed by the Friday afternoon when our inspection finished. Following the inspection the registered manager advised us staff rotas for the first half of the week had been sent to staff in time for the start of the new week on Monday 22 June 2015. Staff rotas for the rest of the week were sent to staff on Tuesday 23 June 2015. We were advised that all care visits had been allocated to either care staff or a care co-ordinator.

The service used a computerised system to produce a staff roster each week to record details of the times people required their visits and what staff were allocated to go to each visit. Staff were sent a list of their duties each week and details of the people they were allocated to. Staff told us they had regular work although they would cover extra visits when staff were off sick or took leave.

People had telephone numbers for the service so they could ring at any time should they have a query. Everyone told us they knew how to contact the service. The office was open from 06.00am to 10.00pm every day. Care co-ordinators worked different shifts so a member of staff was available seven days a week. A member of the management team was 'on call' in the evenings and weekends to provide support to the care co-ordinators when management were not working in the office.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment. This included Disclosure and Barring Service (DBS) checks.

Care records detailed whether people needed assistance with their medicines or the arrangements for them to take responsibility for any medicines they were prescribed. The service had a medicine policy which gave staff clear instructions about how to assist people who needed help with their medicines. Records completed by staff detailed the assistance that had been given with people's medicines. Staff had received training in the administration of medicines.

Good

Is the service effective?

Our findings

At our inspection on 3 February 2015 we found staff were not always staying for the full time of the visit and visits were not provided at the time of people's choosing. The provider did not always respect people's individual requests about the gender of their care worker. We also had concerns about the provider's understanding of the Mental Capacity Act 2005. We found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had taken action to address the shortfalls in relation to the requirements of regulation 9 described above. Everyone told us they had agreed to the times of their visits. People told us, "I have been able to choose what time I get up and what time I go to bed" and "we did choose the times they [staff] visit, we are flexible with the times depending on who they call on in the area". A relative told us, "times stay the same which is good for Mum's routine".

Apart from one person everyone told us staff stayed the full time of their visit. One person told us staff had left after 15 minutes on a 30 minute evening visit, but they had asked the worker to leave as they were in bed and did wish the worker to stay. Another person told us, if staff have finished their duties, and there was still some booked time left, they, "usually make time to sit and chat for a short while".

People told us if they specified the gender of their care worker this request was respected. The service recorded people's preferences, on the computerised roster system, in relation to the gender of staff or any individual staff people had requested not to visit them. We were advised that the system prevented office staff, who planned the rotas, from booking care staff into visits where people had requested not to have them. We looked at records of comments made by people when the quality assurance manager visited them to ask for their views of the service. We saw that one person had complained in May 2015 about having a male worker for a visit when they had requested not to. Records showed that the person was advised at the time that on this occasion there were no female care workers available. This person was given assurances that this would not re-occur. The registered manager told us that new recruitment in the area that the person lived in should enable the service to increase the number of female staff.

We found the registered manager and 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 for themselves had their legal rights protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack mental capacity to make particular decisions for themselves. Where people's ability to make daily decisions could fluctuate care plans recorded people's known preferences so staff could make informed decisions on people's behalf. For example staff may sometimes need to make choices for people about what clothes they wear and what meals they want to have. Discussions with staff confirmed they had a good understanding of people's needs and used this knowledge to enable people to make their own decisions about their daily lives wherever possible.

People, or their advocates, signed consent forms to give their consent to the care and support they received. Staff told us they always asked people for their verbal consent before delivering care and support. People we spoke with confirmed staff asked for their agreement before they provided any care or support.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. One person told us, "No, I don't think they [staff] need further training". A relative told us, "yes, they [staff] do understand my son's needs". A healthcare professional said, "they [the service] provide competent and well trained staff".

Staff completed an induction when they commenced employment. The service was developing a new induction programme in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees spent a day in the office to provide an overview of the service and training in topics such as manual handling, infection control, safeguarding adults, food hygiene and health and safety. There was also a period of working alongside more experienced staff until the worker felt confident to work alone. One person told us, "when a new carer visits they are shadowed by an 'old' carer to go through my procedure". A newly recruited care worker told us, "I was new to care but the training was good and it taught me how to be a carer".

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. 42 out of 47 staff had either attained or were working towards a

Good

Is the service effective?

Diploma in Health and Social Care. There was a programme to make sure staff received relevant training and refresher training was kept up to date. One care worker told us, “there is lots of training”.

Staff received regular supervision and appraisals from managers. This gave staff an opportunity to discuss their performance and identify any further training they required.

Records showed staff received supervision every three months. This supervision was either by a face-to-face meeting or a work based assessment of their working practices. We saw minutes of regular staff meetings where staff were updated on working practices, were able to share information or concerns about their work and were provided with updated information about people’s needs.

Good

Is the service caring?

Our findings

People received care, as much as possible, from the same care worker or team of care workers. People and their relatives told us they were very happy with the staff they had allocated and got on well with them. People told us; "I have been having really good care", "they are polite and we have a laugh and a joke" and, "the carers do respect our home".

Staff had a good knowledge and understanding of people's needs and spoke passionately about the people their cared for. Staff told us; "I enjoy the work" and, "it's good to make people happy".

Staff respected people's wishes and provided care and support in line with those wishes. A relative told us, "they do what we want them to do, not what they want to do, we have a choice". People told us staff always checked if they needed any other help before they left. For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. This included drinks and snacks, telephones and emergency call alarms. We observed staff checked with people before they finished the visit if there was anything else they needed.

The interaction we observed between staff and the people they cared for was kind and compassionate. People told us; "the carers are excellent, they speak to me in a caring way", "the attitude of the carers is wonderful" and, "the staff speak to me in a friendly and very caring way". We also saw that staff encouraged people to be as independent as possible. For example one person was confined to their chair and wanted to be involved in making their own lunch. The care worker placed bread, butter and the filling they had chosen for their sandwich onto a tray for them to use from their chair. This enabled the person to make their own sandwich for their lunch, which it was clear, they got pleasure from doing.

One relative told us about how staff had 'gone the extra mile' recently when their mother had been unwell and how reassuring this had been for the family. Staff had stayed longer at visits to ensure they were settled before they left, had rung the GP and kept the family informed of any concerns. One person also told us how staff would carry out extra tasks for them, "they [staff] do understand my needs, and they sometimes do extra things like watering my plants".

People told us staff ensured their privacy was protected when they provided personal care. A relative told us, "he is covered most of the time whilst he is being washed, they do not leave him exposed". People told us "they speak to me in a normal manner and respect my privacy and dignity" and "the carers speak to me with respect".

People told us they knew about their care plans and a manager visited them regularly to ask them about their care and support needs so their care plan could be updated if necessary. A relative told us, "management visit every 3 months to see if there are any changes and if mum is happy".

Good

Is the service responsive?

Our findings

At our inspection on 3 February 2015 we had concerns about how complaints were recorded and responded to. We found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had taken action to address the shortfalls in relation to the requirements of regulation 17 described above. We looked at the complaints log and found complaints were being appropriately recorded and managed. The service had received seven complaints since our last inspection. Complaints had been responded to in line with the service's complaints procedure and had been resolved to complainant's satisfaction.

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Care plans gave staff clear guidance and direction about how to provide care and support that met people's needs and wishes. Details of people's daily routines were recorded in relation to each individual visit they received or for a specific activity. This meant staff could read the section of people's care plan that related to the visit or activity they were completing. For example one person's care plan had a section specifically detailing how the person liked to be supported to have a shower. The section recorded step-by-step instructions for staff to follow to ensure the person received their care exactly how they had requested. Details included the colour of the towels to used, the type of soap used and "I wear a shower cap because I do not like to get my hair wet".

Care plans were regularly reviewed and updated as people's needs changed. Staff told us care plans were kept up to date and contained all the information they needed to provide the right care and support for people. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves staff involved family members in writing and reviewing care plans. All apart from one person told us they had a care plan and these were regularly reviewed. One person told us, "yes I have a care plan that is revised every 3 months". A relative told us, "I have an up to date care plan for him, they do assess the situation annually and ask me if there are any changes".

The service was flexible and responded to people's needs. People told us the service responded if they needed additional help or their needs changed. For example providing extra visits if people were unwell and needed more support, or responding in an emergency situation. One person told us, "when I had a hospital appointment they have changed their time to accommodate my appointment". Another person told us the service had responded to a request to change the time of their visit. They said, "I did say that I didn't want to get up very early, they now call at around 9.45am which I am OK with".

Requires improvement

Is the service well-led?

Our findings

At our inspection on 3 February 2015 we had concerns about the effectiveness of the provider's quality monitoring processes. This was because monitoring systems had not identified people's concerns about missed and late visits. There was a disconnect between the quality of the information in the office and the effective use of that information in the practical provision of appropriate and timely care. We found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Also, at our inspection on 3 February 2015 we found that the service had not submitted a statutory notification to the Care Quality Commission (CQC) as required by regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to a safeguarding alert raised regarding the care of a person who was receiving a service from the provider.

At this inspection we found that the provider had taken action to address the shortfalls in relation to the requirements of regulations 17 and 18 described above. We found the service had made one safeguarding alert, about allegations of abuse in relation to people who used the service, since our last inspection. The Care Quality Commission had been notified of this referral, as required by law.

There was evidence that since our inspection in February 2015 the provider had continued to improve the effectiveness of the systems used to assess and monitor the service provided. The provider told us that because the numbers of people who used the service had reduced this had enabled them to consolidate and improve their systems. The provider's systems for monitoring the quality of care provided included; spot checks of staff practice, staff meetings, regular surveys, three monthly quality assurance visits to people, an analysis of any comments or concerns raised at quality assurance visits and management working alongside staff.

Care staff remotely 'logged in' to the provider's call monitoring system by telephoning when they arrived and left each person's home. The care co-ordinators monitored the system throughout the day to check all planned care visits were provided. Where staff failed to 'log in' to a care visit care co-ordinators promptly checked with staff to see if the visit had taken place. This meant the service was alerted to any potential missed or late visits and was able to quickly respond and reallocate another worker if necessary.

Journal logs were used, within the roster system, to record any relevant information about people or phone calls that were made or received. We found these were not being used consistently by the office staff. Sometimes the journey logs were used to record that people had been phoned to advise of changes to visits, and at other times these telephone calls were recorded on the planning system against the specific visit. We discussed this with the provider and they told us they would write a new protocol on what care co-ordinators should put in journal logs to provide consistency. This would mean that all telephone calls about changed visits would be recorded in the journal logs and marked as 'visit alteration'. This would mean that these entries could be 'pulled' out of the system separately. This would provide a better audit trail and enable managers to effectively monitor why changes had been made to the timings of people's care visits.

The registered manager checked the system each day and had regular updates from the care co-ordinators to monitor that people were all receiving their visits and at the agreed times. The registered manager also checked the journal logs completed each day to check if actions had been completed. We saw where the manager had signed these each day to confirm that checks had taken place.

However, there were some inconsistencies in the way these systems were implemented in practice and recorded. For example the registered manager told us they had completed detailed comparisons of daily care records with information for the service's call monitoring system. They explained these audits had been designed to ensure these records accurately reflected the care people had received. We asked to see examples of these audits but when requested the manager was unable to provide evidence to demonstrate this type of audit had been completed recently. It was therefore not possible to confirm these audits had been completed or to identify how any issues highlighted by the audit process had been investigated and resolved.

When two staff attended visits daily notes were often only written by one care worker on behalf of the other worker. We observed at one of the homes we visited that while the two workers were at the visit for the key times both were

Requires improvement

Is the service well-led?

needed, one had arrived and left earlier than the other. However, the daily notes were written by one worker and the times reflected their times and not that of their co-worker, which were different. This again could make following up any information about visits for audit or investigation purposes more difficult and less accurate.

We also discussed with the provider the systems used to identify and investigate any possible missed visits that may have occurred. The provider explained that when a missed visit was identified it would be recorded as a journal entry and subsequently investigated by the registered manager. Although, there was no evidence at this inspection of any missed visits.

The provider had identified a specific area of the service provision that they realised could be improved. Through feedback they had sought from people, they had found some people were not always informed of changes to the times of their visits. Results from questionnaires returned by people between April and June 2015 showed that 14 out of 30 people who replied said they were not always informed of changes to the times of their visits. Records of comments made by people at quality assurance visits in May 2015 showed that four people said they were not always informed about changes to the times of their visits. The registered manager told us the results of this feedback was shared with the care co-ordinators to re-emphasise the need to make telephone calls to people, as well as being discussed at regular meetings. It was clear at this inspection that this area of the service provision had continued to improve. However, as detailed above, the audit trail would be improved if there was a consistent method of recording of when people were informed of changes to their visits.

The management structure of the service provided clear lines of responsibility and accountability. The provider was involved in the day-to-day running of the service and worked closely with the registered manager. There was a consultant who worked part-time as a human resources manager. Operational staff included; two field based area managers, four office and field based care co-ordinators, two office based administrators, an office based roster planner and a quality assurance manager.

Most staff told us they felt supported by the management team who were readily available and approachable. However, some staff commented that recently management had been less supportive and appeared distracted by other commitments. Staff thought this may be due to new ventures the provider and registered manager were involved in.