Caring Direct Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 10 February 2016. We reported that the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were also required in relation to the service being Safe, Responsive and Well led.

At this inspection on 24 July 2017, we found that some improvements had been made in relation to training, support and supervision, communication with staff and the management of the service. However, we found that there were still areas where action was needed in all of the key questions.

Caring Direct is a domiciliary care agency currently providing individual packages of care to people in their own homes. The provider was given 48 hours' notice of our visit because they provide a domiciliary care service and we needed to be sure staff would be available at the location to meet with us. At the time of our inspection, 115 people were using the service with 61 care staff supporting them.

The service has a registered manager in place. 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 assessment, monitoring and feedback systems needed improvement in relation to the quality of the service people experienced. Improvements were needed to the allocation of staff across the service. People remained very unhappy with the delivery of the service. Although impact was minor in terms of safe delivery of care, the effects of the ineffective management of people's views and the deployment of staff meant that the service continued to fail in their delivery of service.

People were supported to have sufficient to eat and drink but not always at a time they chose.

The service was not always caring and respectful as regular staff were not always provided and some staff were not aware of people's care arrangements.

People did not always experience person centered care which met their needs, preferences and choices

People's complaints were not always processed appropriately and information was not used to improve the service.

Risks to people's health and wellbeing and that of the staff had been completed to ensure safe care could be provided. The assessment process was sufficiently detailed to provide an accurate description of people's care and support needs.

Although there were sufficient numbers of staff available to meet people's needs, the deployment of staff meant that people remained unhappy with the timing of calls and delivery of the service. Appropriate recruitment checks were in place which helped to protect people and ensure staff were suitable to work at the service.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect the people they supported. Staff had induction, training, supervision and appraisals and had the skills and knowledge to carry out their roles.

People's medicines were administered to them safely and as prescribed.

The service was working within the principles of the Mental Capacity Act 2005. People or their relatives gave their consent to the care and support provided. People were involved in their care arrangements. Their health needs were met in a timely way as staff liaised well with health and social care professionals.

We have now given this service an overall rating of 'Requires improvement.' You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement

The service was not always safe.

The way in which people's care was arranged was inconsistent.

Risks to people's health and wellbeing and that of the staff had been completed.

Staff knew how to protect people from harm or poor practice in order to keep them safe.

There were enough staff to meet people's needs who had been recruited safely.

Staff followed correct procedures for supporting people with their medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

People were supported to have sufficient to eat and drink but not always at a time they chose.

Staff gained consent before supporting people and the principles of the Mental Capacity Act (MCA) 2005 were followed.

Staff received induction, training and supervision and were skilled and knowledgeable in carrying out their role.

People had access to appropriate services which ensured they received on-going healthcare support.

Is the service caring?

Requires Improvement

The service was not always caring.

Regular staff were not always provided and were not aware of

people's care arrangements.

People's independence was not always promoted and maintained.

People's privacy and dignity was respected by staff who were sensitive to people's needs and wishes.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not always experience person centred care which met their needs, preferences and choices

People's complaints were not always processed appropriately.

The assessment process was sufficiently detailed to provide an accurate description of people's care and support needs.

Is the service well-led?

Inadequate

The service was not well-led.

The assessment, monitoring and feedback systems needed improvement in relation to the quality of the service people experienced. Although impact was minor in terms of safe delivery of care, the effects of the ineffective management of people's views and the deployment of staff meant that the service continued to fail in their delivery of service.

There was visible leadership in the service with a clear management structure.

Staff received support and guidance and were positive about their work.

Caring Direct Ltd

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 undertook an announced inspection on 24 July 2017.The provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that someone would be in. The service was inspected by two inspectors and two experts by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses a similar service. Both had experience of using community based services.

Before the inspection we reviewed the information we held about the service including any safeguarding concerns and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. A Provider Information Return (PIR) which provides information to us about the service was not requested on this occasion.

On the day of the inspection, the inspector spoke with the registered manager, the operations/quality assurance manager, the deputy care manager, a service manager, a director and six care staff. We reviewed nine people's care records, six staff recruitment files and looked at quality audit records. After the inspection, we undertook phone calls to 15 people who used the service and 25 relatives or their representatives.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in February 2016, Safe was rated as 'Requires improvement'. Whilst some improvements have been made, further improvement is required in relation to the allocation of staff. Safe continues to be rated as 'Requires improvement' with a recommendation.

The consistency of staff and visits were highlighted during the previous inspection. Although there were sufficient staff to keep people safe, from the views of people during this inspection, there has been little improvement in the consistency of staff supplied to support people. This had also impacted on people's mealtimes.

Staff worked in geographical teams and people received support from both male and female staff with varied experience." A relative said, "The staff seem very able. We get a mix and rarely get beginners and we do get people shadowing which is okay." Very few people we spoke with reported having regular staff with whom they had become familiar and who would be aware of their needs . They told us, "I understand they can't always send exactly the same people but there have been 30 different staff over a month's period," and, "We have different staff all the time," and, "There are lots of different staff coming. They are not regular people," and, "It is always different people and so they always have to ask what to do and I have done most things by the time they come." Some people and relatives said that they had regular people who were allocated to them who provided continuity and who knew them well. One person said, "It's improving. Now I have a couple of older more experienced staff, they stay the whole time and I get my shower and I feel safe with them, am dressed and everything is tidied up."

We recommend that the service review their arrangements for the allocation and consistency of staff.

Staff told us they felt there was enough staff on each shift to meet the needs of people using the service. The manager told us that the service now had a contingency response team. This meant there were at least two staff available to cover any last minute absences caused by sickness or annual leave. This was also why they had very minimal missed calls. Staff told us, "The contingency team are a link between care staff and office staff, so we would cover any calls," and, "I think we have enough staff, the office staff will come out and help us and that happened a week ago," and, "All office staff are trained, if someone goes sick the contingency person would go, or any of the office staff."

The manager told us that they rarely had any missed or late calls. This was because they worked within their policy and procedure to ensure that staff would always attend to a person within the two hour agreed time frame. Staff would not be deemed as late until after the two hour timeframe had expired. We were only told of one missed call which had happened recently and which was being investigated. One staff member said, "I see regular people every other day, but not every day and have about 18-23 visits over a day. There is not enough time to travel to get to people, and this makes me late to the next person. It does have a knock on effect. I can usually make my time up, like if someone is down for a 30 minute call but doesn't want personal care, I might only be with them for 10 minutes. I always phone the office to let them know and then go on to the next person."

People and their families told us that they felt safe. One person said, "I do feel safe with the staff who come. They never make me feel uncomfortable." Another said, "I do feel safe for example, I have a key safe and there has never been a problem. We have a good system with that and it helps make me feel safe." A family member told us, "I definitely feel my [relative] is safe with them- they know what to do."

We saw that staff had received training in safeguarding and were knowledgeable about the types of abuse people might be exposed to and how to report any concerns that they might have. Staff told us that they were aware of the whistleblowing policy as well as their duty to report anything untoward to senior staff.

Staff said, "I would report to the office straight away, we can whistle blow or I would go to social services," and, "I would put it in writing, contact the office straight away if I was not happy or I would go to CQC." The management team were aware of how to make safeguarding referrals and we saw that appropriate safeguarding records were securely kept.

Improvements had been made and staff did have the necessary information about people's needs. Risks to people's safety were assessed and reviewed regularly. Care plans showed risk assessments had been completed on areas such as, people's medicines, mobility, eating and drinking, infection control, personal care and the internal environment. Care staff had all relevant and up to date details about the care to be provided and the risks associated in the care plan at the person's home. These included risk of infection if aprons and gloves were not worn, use of lifting and other equipment for transferring and catheter care. One relative told us, "My [relative] has to be hoisted everywhere and as long as there is at least one experienced staff member here every time, they do feel safe. They will never start moving them until they are comfortable,"

We saw however that some risk assessments had not been fully completed. For example, for one person who had bedrails in place, we found an entry in the care plan that stated, "Tries to climb over cot sides," but there was not a management plan in place to identify how staff could mitigate this risk. However, practical guidance on the use of bed rails had been provided to all staff in the July edition of the staff newsletter. Another example we noted was for a person who needed support with eating and drinking which had been assessed for but there was little information about what the risks were and what to do in relation to them choking. We made the manager aware of this during our feedback and action was taken on the day of the inspection to update this information in the care plans.

One staff member told us, "One person had the same hoist as I used in training so I knew how to use it; we usually work with experienced staff first before using any new equipment."

There was an effective recruitment process in place for the safe employment of staff. Checks were in place to confirm that staff were of good character and suitable to work with people who needed to be protected from harm or abuse. Staff confirmed they did not commence employment until the necessary checks such as, proof of identity, references and satisfactory Disclosure and Barring Service (DBS) checks had been obtained. We discussed two gaps found on staff member's employment history with the manager and they addressed these gaps and changed the wording on their new application form.

Staff had been trained to administer and manage people's medicines. Observations of practice, competency checks by senior staff and refresher training were undertaken to ensure staff gave people their medicines safely and in a way they wanted. One family member said, "My [relative] has a cream at the moment for a rash and staff are applying it without a problem and do remember to do it." Another said, "[Relative] has help with her tablets. The staff get it from the locked cupboard and give it to them with a drink. After they have taken them, it all gets written in the notes."

Care plans included information about the medicine which was taken, dosage and whether the person needed it administered or prompted. We looked at some people's medicine administration records (MAR) and these were completed correctly although some gaps were identified on the MAR but we found information on the care notes detailing that the medicine had been given. For example, the person had gone out or temporary medicines had been stopped by the pharmacy. Staff told us that any gaps found on MAR were immediately reported to the office to investigate why the gap had occurred. One staff member told us, "I found a gap this morning, on checking found relative had been staying and had administered the medication as prescribed."

People told us that staff wore protective aprons and gloves at each visit and washed their hands when visiting people's homes. Staff were professional in their appearance, with identity name badges and a uniform. One person said, "They always bring gloves with them and have identification and wear a uniform. I think they have different summer and winter uniforms." Staff told us they were able to call into the office any time to take stock and received training in infection control to protect people and themselves from harm.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in February 2016, Effective was rated as Good. At this inspection, improvements are required in relation to people's nutritional needs. Effective has been rated as 'Requires improvement'

Staff assisted or prompted people where needed to have sufficient to eat and drink and to have a balanced diet. One family members said, My [relative] isn't really able to sort any hot drinks out for themselves so each time they will make a cup of tea as soon as they are through the door and then they will usually leave another hot drink before they go. They also make sure they have a glass of cold drink next to them for whenever they want."

However, for some people, it was the timing of their visits between meals that caused them to be dissatisfied. One person said, "I'm reliant on the staff to prepare all my meals. It's not too complicated because I only have some cereal for breakfast, a frozen meal for dinner and usually sandwiches for tea. I always choose what I fancy from what I've got. It's just that the timings of some of my calls can mean that there's not long between some meals and others are much longer. I find I need to keep a packet of biscuits handy for when I get hungry if it's a late call." A family member told us, "Sometimes, [relative] will go 14 or 15 hours between their bedtime call and breakfast call depending on when they arrive and they have no means of accessing any food during that time. I've started leaving some snacks to keep in the bedroom overnight with the flask for when they do get peckish." Another family member said, "How [relative] is at present, they need to be encouraged to eat and it's just not happening. I'll often go in and their meal is just sitting, where it's been put, yet if I make them something and actually sit with them for a minute, I can persuade them to eat it."

Staff told us, "People choose what they want for lunch," and, "Choice is what is in the fridge, the family usually buy meals we can heat up, but we still give people options of what they want on that day," and, "People like different things for example one person likes a cup and saucer and another has their meals pureed which is all done separately. Then they ask me to halve it and give half to the dog."

People were supported by knowledgeable, skilled staff who effectively met their needs. Training records showed that staff had completed a range of training in topics relevant to caring for people such as moving and repositioning people, safeguarding, mental capacity, first aid, continence care, medicine administration, food safety and fire awareness. Staff told us that they had also received training to meet people's specific health needs such as palliative care, dementia care and bereavement and funeral support. The service organised any training that might be required to meet the needs of people that used the service. We saw that the dedicated training room was well equipped and would be a comfortable place for staff to engage and learn.

A staff induction process was in place. Staff completed three days training which included the introduction to the Care Certificate. The Care Certificate aims to equip health and social care staff with the knowledge and skills to work with people who need care and support. Staff then shadowed experienced staff before starting two weeks of supervised visits. Competency of staff was assessed as part of the Care Certificate then

at least every six months. Training was refreshed yearly delivered by an in –house trainer. When we looked at the training plan, we could see that it was organised and all training was up to date.

Staff told us, "It was really good training, during shadow shifts we just watched everything experienced care staff did," and, "It helped to find out little things about people like how they liked their coffee," and, "In the last three months I have done loads, I am also doing a diploma in care level three."

Staff told us that they felt supported and they could talk to the manager or supervisors at any time. Electronic records showed that staff received at least two supervision sessions during their induction period then every three months. The service varied the supervision sessions so they could discuss different subjects with staff, for example development and training and general discussions about progress and practice. They had a process in place to escalate any concerns to senior management if needed. The service also regularly sent out group discussion emails, memos and an informative Newsletter to keep staff informed and up skilled.

One staff member told us, "This is the nicest company I have worked for, they do listen to us." Another staff member told us, "I did have some issues but these were resolved quite quickly. I feel I am very well supported."

People told us that consent was obtained from them before care was provided. We looked at whether the service was working in line with the requirements of the Mental Capacity Act (MCA) 2005.

The 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.

When we discussed mental capacity assessments with the senior team, they told us that they always referred to the relevant professionals to complete these. Staff understood the principles of the Mental Capacity Act (MCA) 2005 and always sought advice. If there were any issues related to decision making, they would discuss with the family and also contact the relevant professional. We saw that care plans were signed either by the person receiving the care or a family member.

People's records showed the involvement of health and social care professionals in their care. We saw evidence staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. For example, contact and liaison with GP's, district nurses, the mental health team and social workers. Records reflected the advice and guidance provided by external health and social care professionals. One person's care plan detailed that heel protectors had been provided by the district nurse and how staff supported them to use them.

Requires Improvement

Is the service caring?

Our findings

At the last inspection in February 2016, Caring was rated as Good. At this inspection, improvements were needed in relation to the care and consistency of staff. Caring has been rated as 'Requires improvement'.

There was a very mixed response from people and their families in relation to whether the service was caring. People reported to us that they were unhappy with the variety of different staff who provided their care and consistency of the care was variable.

Relationships were not being encouraged or nurtured so that people and staff got to know each other. The constant changing of staff for some people did not provide them with a positive experience of the service or showed that it was caring. One family member said, "In my experience of seeing my [relative's] staff at close hand, it's a really mixed bag. Some are lovely, taking their time, doing extra jobs, leaving me notes if they're concerned about anything, but some others, I just despair over. Some evenings when I pop upstairs to say good night to my [relative] the staff member hasn't even had the decency to take her glasses off her or put her teeth into a sterilizing pot overnight. It's something that happens every night, so how can you forget?

Other family members told us, "My [relative] needs encouragement and persuasion to do things these days. Some of the staff are very good and when they get there ask them if they are ready for their wash, even if they say no to the staff, they will persevere, using encouraging words and usually after a couple of minutes of banter they can be persuaded to have a proper wash and change of clothes. Unfortunately, some other staff, who seem more determined to get in and out as quickly as possible with as little fuss as possible, just take it at face value when they say they don't want a wash, simply noting in the records that they refused and then leaving them."

People's support to be independent also varied because of the time that staff were able to spend with them. One person said, "I am really getting on well since coming from hospital, they are helping me a great deal, I am not rushed." Whilst a family member said, "We were told that the idea was that the staff would support [relative] to regain their independence by helping them with basic kitchen and bathroom tasks - making sandwiches, cleaning teeth but this just isn't happening. The staff rush in at all odd times and do everything for them and they are not learning anything."

Some people told us that staff were friendly, helpful, kind and caring, they took their time, did not rush and people were satisfied with the service provided. One person said, "They are all very friendly and we can have a bit of a laugh." Another said, "I like having a chat with the staff who come." Another said, "They are all quite friendly and we have a little natter at times, if they have time but sometimes they are too pushed for time for a chat." A relative told us, "The staff that [relative] knows well, and who know them, are very good because they know them and what their needs are and they are very good and just get on with it." Staff told us, "We have a really good rapport with people that use our service," and, "The people I go to get good care, in my opinion we provide a good service," and, "We do have time with people; I always find time for a chat."

People gave us examples of where the staff treated them with dignity and protected their privacy. "They

close the curtains when washing me and when I am on the commode they say they will just go and do a bit of washing up to leave me in privacy for a few minutes," and, "Of an evening, the first thing the staff will do is close all the curtains and put on the lights so that my neighbours can't see in. In the mornings, my bedroom curtains certainly never get opened until after I am finished in the bathroom, I'm fully dressed and ready for the day." and, "We have a little natter at times, if they have time. They do respect my privacy on the whole." One family member said, "They will often make sure that [relative] isn't putting dirty clothes on. They can't see very well these days so they don't notice when they have had a bit of an accident with the food. Most of the staff now will make sure they've put something clean on the next day and will usually leave me a note to say there is some washing to do when I come. "Another said, "They are friendly and do what they need to do. They wash [relatives] hair, do their teeth and make sure they are comfortable. "

Staff told us how they cared for people and knew their needs and personalities. They said, "If people are receiving palliative care and not able to speak, we refer to the care plan to ensure we provide their choice, their last moments should be happy." Another said, "After their wash, one person likes their underarms dried with a hairdryer, it is important to them and all the staff know to do this."

People had access to information about the service in the service user guide. This included details of how to get advocacy and other support should it be needed.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in February 2016, Responsive was rated as 'Requires improvement' At this inspection, some improvements had been made but further improvements were required as there is a breach of the Regulations. Responsive remains rated as 'Requires improvement'.

People's wishes and preferences were not always being taken into account in the provision of their care. People expressed mixed views about the arrangement for the times they were visited and how the service responded to their needs. People stated that the timing of the visits either did not suit them or varied considerably from day to day with frequent late calls or sometimes calls too early, especially in the evening visits. Some people were accepting of this situation whilst other people told us they had made complaints.

Whilst people were involved in their own care and in making decisions, in practice people's wishes and preferences were not always being taken into account in the provision of their care. People, who were able, could direct staff in what tasks they wanted to have done and how they liked them to be completed but again were critical of the changing staff.

People's care and support was set out in a person centred written plan describing what staff needed to do. Care plans included details of people's histories, preferences and choices about their care and support. However, the lack of continuity of staff meant we could not be certain that they would know people well enough to provide the person centred care documented. One family member said, "There are quite a few of the staff who my [relative] will only see once every few weeks and then they have to tell them how they like things to be done. Obviously staff just don't remember, or they don't have the time or can't seem to be bothered to look in the care plan to find out what help and care is needed." One person said, "The staff who I see regularly, will know my likes and dislikes. The other staff only get to learn from what I tell them because I never see them often enough for them to remember from one visit to the next, how I like my care provided."

One person said, "Not having set call times, not having a core team of regular staff, not having consideration for the structure of the day - evenly spread meal provision - is unacceptable." Another said, "My number one bugbear had always been about staff coming at times that suit them rather than me." A family member said, "My [relative] won't work with some of the staff and can be reluctant to go to bed early. I have asked them to do a late evening call but then they go in at 7pm and [relative] won't go to bed and sits up all night in the chair. If they had more of a regular time and regular staff they liked, they would probably go to bed without any problem."

Another family member told us, "They don't stick to any of the times of the visits. If [relative] needs to use the toilet and they haven't arrived I have to do it. I was originally asked the times I wanted and I said 9am and 9pm. At night they sometimes come in at 7.30pm but we say, "No it's too early," so I do it while I still can. And another said, "The staff were coming at 11am to get [relative] up and then lunch was delivered at 12.30pm and now it's the other extreme and they come at 7am which is too early and [relative] won't respond to them. A couple of the good staff make an effort to come at about 8am."

The manager told us about the service's policy which was discussed with people at the onset and which determined if they could provide a service to them or not. The service had two sets of times when staff would call. For people using the hospital discharge service for a six week period, this was between a three hour timeframe for example, staff would visit anytime between 7.30 and 10.30am for two weeks and then between 7.30 and 9.30 from then on. This two hour timeframe also applied to people receiving longer term care.

People's diverse cultural and spiritual needs were identified in the care plan. Care plans informed staff that people might have cultural preferences for care and gave descriptive background details about their history and lifestyle. People had also expressed a preference for a particular gender of staff requesting female only staff. One of the issues reported by women during our inspection was that they received visits from male staff. The majority of people could not recall having been asked on their preference regarding gender of staff. This was a concern for some but not for others. One person said, "I've specifically asked not to have men doing my personal care. It did get a bit better for a while but then they started to send them again and I sent him away." One person said, "I was not asked what gender of staff I would prefer and it is a mix that is fine with me." A family member said, [relative] was not asked about the gender of the staff and they do send men but they don't mind." Another said, "In the past I said [relative] wouldn't like a male staff but they sent them anyway and now she likes them."

The manager told us that people were asked if they had a preference for a male or female care staff when they met with an assessor from Caring Direct. This question had recently been added to their application form. They could express a preference but if that was for female only care staff, then the service could be declined. They could not guarantee female only staff would be available on the rota.

The provider's policy and procedure in terms of times of calls and preferences for the gender of staff were at odds with the views of people who used the service and their relatives. Improvements need to be made in relation to communication, information, and clear guidance so that people received a service which responded to their needs when they needed it and with their choices respected.

People were not always supported to follow their interests or to get into a routine as they did not know when the staff would be turning up. One family member said, "[Relative] could benefit from going to the day centre, but sometimes, there's not enough time for them to go because their morning call has been so late that it's nearly time for lunch." One person told us, "I would like to go to the coffee morning at the church but it's hard to be back for that time. Sometimes I go out and just miss the lunch call." One staff member told us that on occasions they do support people to access the community, "On longer visits, I would take the person for a walk in the village and stop for a coffee and a chat."

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care plans were reviewed regularly and kept up to date with people's changing needs. One person said, "They are quite friendly, the office staff and from time to time somebody comes out to see how I am getting on." Detailed daily records were maintained which provided information about the support that had been provided at each visit. The ones we saw were written in a sensitive and respectful way.

People told us they knew how to complain to the service and some told us that they had made complaints and these had been dealt with satisfactorily. One person said, "The manager does encourage complaints and I have received a questionnaire in the past asking for feedback." Another said, "We had issues and all are resolved and a good service resumed."

The manager told us that written complaints were responded to under their complaints procedure. Verbal comments or complaints, the action taken and investigation were logged but the response was not always given back to the complainant. One person said, "The service is very quick to apologise and say they are very sorry that I'm not happy with any aspect of their services, but they never come back and explain to me what they're going to do about putting it right." Another said, "Raising an issue with the agency is not the problem, getting them to resolve it or let me know what happened would be useful." In discussion with the manager they agreed that the complaints process could be improved to ensure that feedback was given to people and their families.

Inadequate

Is the service well-led?

Our findings

At the last inspection in February 2016, Well led was rated as 'Requires improvement' At this inspection, improvements had been made in some areas but people remain very unhappy with elements of their care provision and there has been continued breaches of the Regulation.

Some improvements had been made to the service. These were in relation to training, support and supervision, communication with staff and the management of the service. However, the provider had not sufficiently reviewed the allocation of staff and the timeframes within which they worked as was identified at the last inspection. People and their relatives reported a continued dissatisfaction with the service during our inspection.

People were receiving a less than satisfactory service in terms of the quality of the service they received. People told us about their views and experiences in relation to receiving their meals and drinks in a timely way, how staff were managing their time with them, how staff responded to their preferences and choices and the inconsistency of care provided. Improvements were still needed to manage people's expectations and deliver on high quality person centred care.

Complaints were being recorded and action taken but further improvement was needed to consider people's experiences and views and the learning outcomes from these in relation to the development of the service.

Although impact was minor in terms of safe delivery of care, the effects of the ineffective management of people's views and the deployment of staff meant that the service continued to fail in their delivery of service.

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

Improvements had been made to the response which people received when they rang the office. Whilst some people reported not having had any contact with the office staff or management team they knew who to contact should they need to. People were able to get through to the office staff but did not always know who the manager was. They said, "They are very nice when you phone them and they do phone me back if they say they will," and, "The office staff who pick up the phones are nice enough, but they've never got any answers or plans about how they're going to improve the service."

A number of audits had been introduced since our last inspection to monitor the quality of the service and these included care planning, records of care, care reviews, medicine records, staffing levels, training and supervision. Robust data management systems were now in place which enabled the service to measure and review the service as a whole.

There was a structured management team in place, who shared the responsibilities for different aspects of

the service. Staff reported that managers were visible and provided leadership. The managers were aware of the day to day culture of the service, and had clear policies and procedures in which they worked. Structured and recorded regular management meetings provided a framework for communication at all levels to implement and monitor improvements.

The management team had implemented a number of improvements in relation to the training offered to staff, support systems and supervision. Staff training was well planned and documented and staff we spoke with were knowledgeable about how to carry out their role. A supervision policy and procedure had been implemented and was working well. Staff were encouraged to develop and increase their opportunities for learning. Checks on staff competency were undertaken and notes taken of any areas for follow up. All staff told us that they enjoyed working for the service and they received good support from the management team. They were treated fairly, listened to and that they could approach them at any time if they had a problem.

The on call and contingency team systems also supported staff to undertake their role and responsibilities. Staff said, "Our on call really works and the phone is answered, and it is nice to know someone is supporting you," and, "They always say, if you get stuck give us a call and we will try to help," and, "They are supportive, I have stayed with a person longer before as they were unwell, I ring the office and they try to pick up the next call or ring people," and, "When a person died, they were very supportive and covered my calls for the rest of the day and no-one was left."

The managers was aware of changing legislation and best practice and followed guidance as and when required to improve the service such as being affiliated with the United Kingdom Home Care Association for updates to policy and practice. They were affiliated with other organisations such as the Essex Home Care Association (EHCA) regarding the sharing of information and learning.

The operations and quality assurance manager was putting in an application to become the registered manager of Caring Direct to enable the existing registered manager to retire. This was in process. We discussed the need for notifications to CQC to be sent in a timely way and for the manager to utilise the website to ensure they understood their statutory responsibilities.

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 9 HSCA RA Regulations 2014 Person-centred care People's wishes and preferences were not always being taken into account in the provision of their care.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not sufficiently reviewed and improved the quality of the service and people's experiences of it.