

Assist Domiciliary Care Limited

Choose Your Care

Inspection report

Silverdale Care Home
Newcastle Road
Newcastle under Lyme
Staffordshire
ST5 6PQ

Tel: 01782618357

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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 6 October 2016 and breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. We found that improvements had been made in relation to two of the four previous breaches, so those regulations were no longer being breached. However, we identified two continued breaches and one additional breach of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection. You can see what action we told the provider to take at the back of the full version of the report.

During this inspection the service demonstrated to us that some improvements have been made and it is no longer rated as inadequate overall however one of the key questions still has a rating of inadequate. Therefore, this service is still in Special Measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The office inspection took place on 26 April 2017, with follow up phone calls to people, relatives and staff following this. We gave the provider 48 hours' notice. This was to ensure that someone would be available in the office as it is a domiciliary care service. At the time of our inspection there were approximately 47 people using the service with a range of support needs such as people living with dementia, physical disability and

older people.

There was a Registered Manager in post at the time of our inspection. 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.

People were not always protected from alleged abuse as some concerns had not been reported to the management and the local safeguarding authority for them to look into.

Guidance was not always available for staff to follow to protect some people's skin integrity.

People's medicines were not always managed safely as there were not always instructions available for staff to follow and there were not always explanations when medicines had not been administered.

People were not always protected from the risk of cross infection/contamination. Infection control measures were not always in place.

Although training had been improved since our last inspection, more improvement was required, particularly regarding the identification of safeguarding concerns and specific health conditions.

The principles of the Mental Capacity Act 2005 (MCA) were not always followed as people who may not have had Lasting Power of Attorney (LPOA) were signing consent on behalf of people. However, mental capacity assessments were now being carried out to help determine if people had capacity to make decisions.

People told us they felt they were treated with dignity and respect. However, we received feedback that people preferred to have regular staff and this was not always being offered and people did not feel their care was as personalised with non-regular staff.

People told us they felt that their feedback was not always acted upon to make improvements to their experience of care.

People and relatives told us they knew how to complain and improvements had been made since our last inspection regarding responding to complaint. However, further improvements were still required as some people did not feel their feedback was being responded to and issues not always been resolved.

Audits were now being carried out and whilst some had identified issues, some actions had not been completed and further work was required to ensure the improvements continued

The registered manager had been submitting notifications about the service, which they are required to do.

People told us they felt safe and their relatives confirmed they felt their loved ones were safe when being supported by staff.

Guidance was in place for staff regarding moving and handling, which had not been in place previously. These matched what people and relatives told us and what staff were recording in care notes.

People, relatives and staff told us there were enough staff. Safe recruitment practices were in place and staff had appropriate checks prior to starting work to ensure they were suitable to work with people who use the

service.

People were supported with their nutritional intake when necessary, although most people were supported by their loved ones.

People had access to health care services and were supported by staff where required. Changes in people's health were also reported to relatives.

People, relatives and staff knew who the registered manager was and felt able to go to them with queries.

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 consistently safe.

People were not always protected from harm because two incidents had not been reported to the local safeguarding authority.

Peoples' medicines were not always safely managed.

There were not always plans in place for people who had skin integrity needs.

People and relatives told us they felt safe.

There were enough staff and safe recruitment practices were followed to ensure appropriate staff were working with people who used the service.

Is the service effective?

Requires Improvement ●

Staff had received training however some potential safeguarding concerns had not been reported and more training was needed in relation to people with specific conditions.

The principles of the Mental Capacity Act 2005 (MCA) were not always followed although improvements had been made following the last inspection.

People were supported with their nutritional intake when necessary.

People had access to health care services and were supported by staff where required.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

Regular staff knew people well however other staff did not know

people as well.

Privacy and dignity was respected and people were supported to maintain their independence.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People did not have their needs fully considered.

People knew how to complain although concerns were not always addressed.

Is the service well-led?

Inadequate ●

We could not improve the rating for well led from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The service was not consistently well-led.

Quality monitoring systems were not effective to ensure the service was being managed appropriately and safely.

There were continued breaches of regulations.

A registered manager was now in place and people felt they were approachable.

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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.

The office inspection took place on 27 April 2017, with follow up phone calls to people, relatives and staff following this. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

We looked at information we held about the service including statutory notifications submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also asked commissioners if they had any information they wanted to share with us about the service.

We spoke with six people who used the service, seven relatives, six members of staff that supported people, the registered manager and the operations manager. We reviewed the care plans and other care records (such as medicine records) for five people who used the service. We also looked at management records such as quality audits. We looked at recruitment files and training records for six members of staff.

Is the service safe?

Our findings

At the last inspection we found that people were not always protected against the risks of potential abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Despite staff having safeguarding training, some of them could tell us about abuse however others were not aware of the different types of abuse. We were made aware of incidents which should have been reported to the local safeguarding authority which had not been reported. At this inspection we found the provider was still in breach of this Regulation.

People were not always protected against the risks of potential abuse. When we spoke with staff one told us of an incident that should have been reported to the local safeguarding authority for the incident to be looked into. We also saw another incident documented in a person's care notes which had not been reported to the registered manager or the local safeguarding authority to be looked into either. We checked with the local safeguarding authority and they confirmed this had not been done. We did see other examples of concerns being reported to the local safeguarding authority. This meant people were not being consistently protected as when incidents had occurred they had not been reported and action had not always been taken in a timely way to keep people safe. Following the inspection the operations manager updated us as to what steps they had put in place to protect people in future.

These issues demonstrated a continued breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found the provider was not adequately assessing or managing the risks to people's safety and welfare and medicines were not always given correctly. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that risks to people's safety and well-being had not always been consistently assessed and sufficient detail was not always available for staff. Medicines were not always being given as prescribed as staff did not have clear instructions available. At this inspection we found that the service had made some improvements so it was no longer in breach of this Regulation. However, further improvements needed to be made in relation to medicines management and supporting people with their skin integrity.

Some people needed support to monitor and maintain their skin integrity. There was not always a plan for staff to follow. The assessment of the level of risk to people's skin integrity was not always being completed properly. For example, one person was assessed as being at 'high risk' of developing a pressure ulcer; however the risk level should have been 'very high risk'. The level of risk indicated that a 'plan of care is implemented/reviewed for all areas of concern' however there was no plan in place. Another person also had their level of risk assessed however the assessment had not been completed so their level of risk had not been identified even though they were at risk of developing a pressure sore. For instance, there were no details about the equipment in place that some people used or guidance for what staff should be monitoring to help the person keep their skin healthy. Some relatives and staff told us that some people use inflatable boots to help stop their feet and lower legs getting pressure sores. Some people needed to be positioned in a certain way to stay comfortable. However this information was not always included in

people's plans. One member of staff we spoke with said, "One person I support gets sore in particular areas but the other [non-regular] staff are not always checking these." Plans may make reference to 'monitor and report' if a person's skin integrity changes however they did not always include detail specific to each person and their particular risk of skin breakdown. This left people at risk of their skin becoming damaged as staff did not always have the guidance as to what to do.

Medicines were not always managed safely. Medication Administration Records (MARs) were used by staff to record when they had administered or not administered a person's medicines. When we spoke with people and staff we were told of an example when some medicine had been missed and another example when medicines had been documented as provided however the medicine had run out. We saw that on some MAR charts there were gaps when there was no information or explanation as to whether the medicine had or hadn't been given. This meant we could not be assured that people were always receiving their prescribed medicines.

Some medicine is applied or taken as and when required, sometimes called 'PRN medicine'. The MAR charts that we checked had missing information such as the dosage and it wasn't clear if a medicine was PRN or a regular prescription. There was no personalised information for staff as to how to identify when PRN medicine was required for the person they were supporting. When we asked the operations manager about this, they told us that new PRN medicine documentation was being introduced. Two examples of the new PRN documentation were viewed due to it being a recent introduction. One contained detail as to where the topical medicine should be applied, however the other did not have detail where it should be applied. Neither contained information as to how staff know that PRN medicine was required. This meant documentation was not always clear for staff to follow which put people at risk of not having their medicines correctly.

There was a mixed response about staff always wearing an apron and gloves when people were being supported with personal care. Some people told us staff did always wear them, whereas one person said and one member of staff told us that staff did not always wear them. One person said, "I've had to keep asking the staff to wash their hands and put gloves on for personal care and they don't always wear aprons." A member of staff also said, "Staff use hand gel but don't always wash their hands or wear gloves. They don't always take aprons into calls." This means infection control measures were not always being taken to protect people from cross-contamination.

People told us that their regular staff made them feel safe. One person we spoke with said, "When I get my regular staff, I feel safe." Another person said, "They're there when I have a shower and stand beside the bath so I feel safe." Other feedback included, "I feel very safe and comfortable with staff." When we asked another person whether they felt safe they said, "Yes, they come in and do their job." A relative we spoke with said, "Yes my relative is safe. It's how they interact with them, my relative can't have a conversation but the staff talk to them." This meant that people were supported by staff that made them feel safe.

People told us they were supported to move around their home safely and there were plans in place for staff to follow. A relative we spoke with said, "They move my relative in a safe manner, they help them on the stair lift." Another relative we spoke with told us, "The staff are careful when lifting my relative in the hoist." Another relative said, "My relative stays in bed, the staff use slide sheets to help them sit up. I feel they do this safely." When we checked people moving and handling risk assessments we saw that these included details about the different equipment staff used to help someone mobilise safely. This meant there were plans in place for staff to follow in relation to moving and handling and people felt they were being supported appropriately.

People, relatives and staff told us there were enough staff. One person told us, "They seem to have enough staff." People said they had not any missed visits. Staff told us they were not being asked to call cram, such as being asked to be in two different places at the same time. One staff member said, "I generally have a set rota. I do some extra calls but it runs well." Another member of staff said, "It's not often that they ask me to pick up extra calls." We were also supplied copies of the rotas. This meant there were enough staff so that people received their care.

The service followed safe recruitment practices. Staff files we viewed included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with people who used the service.

Is the service effective?

Our findings

At our last inspection, we found that staff were not always sufficiently trained to support people effectively and they did not feel supported in their role. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found some improvements had been made so that the service was no longer in breach of Regulation 18, although further work needed to be done to ensure incidents were dealt with appropriately and to assist staff to understand the needs to people with specific conditions. However, we also found an additional breach during this inspection.

The Mental Capacity Act (MCA) 2005 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. A person who has Lasting Power Of Attorney (LPOA) for health and welfare has the legal right to make decisions and sign agreement on behalf of someone who has lost their capacity to make their own decisions. We saw evidence that LPOA had been considered by the service and saw evidence of LPOAs for people who had these in place. However, in some instances, people without an LPOA in place were signing consent when they did not have the legal right to do so. Some relatives had also been signing consent when the people still had capacity however it could not be determined why they had signed consent, rather than the person themselves. We could not be sure that they had the right to sign consent on someone else's behalf. The provider or registered manager were not clearly recording why someone else would be signing on behalf of a person so we could not be sure that they were consistently taking the MCA into account when seeking consent. This meant people were not always protected as people who may not have had the legal right to make decisions had been making decisions. Following our feedback the provider addressed this with consent forms being updated for those without LPOA. This meant the service was responsive to our feedback but that systems were not in place at the time of our inspection to ensure all principles of the MCA were consistently followed.

These issues demonstrated a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found that mental capacity assessments were not always being undertaken and those that had been completed were not always correct. During this inspection we found improvements and mental capacity assessments were now being completed as appropriate. If a decision was being made we saw that family were involved in making a best interest decision and this was recorded. Most staff were also able to tell us about the MCA, whereas previously most staff did not have an understanding about it. This meant improvements had been made and the service was now considering people's capacity more consistently.

Most people told us the staff were well trained and staff confirmed to us that they received training when they started and ongoing training. Staff we spoke with told us they had received safeguarding training and they were able to tell us about the different types of abuse. They all told us they would report concerns to

their manager if they suspected someone was being abused. However, due to us being made aware of two incidents which had not been reported to the local safeguarding authority, further improvements were required to ensure incidents were always reported.

There were some people who had specific health conditions and they felt staff could improve their knowledge and understanding of those conditions. For example, one person we spoke with told us, "New staff aren't trained, I have a specific condition, it's not just general knowledge." The person was concerned that new or different staff wouldn't know to record their symptoms at each visit which would be required if they were to become unwell. One relative we spoke with said, "Some staff know my relative's needs but not all do, [health condition] is complex." Staff told us they had the training when they started working at the service, and were supported to refresh their training, which was both online and some face-to-face and we saw records to confirm this. One member of staff said, "We used to do no training but since the new managers have started it's better." Staff were also supported to undertake an NVQ 2 qualification, we saw an NVQ assessor who visited the service on the day of our inspection and staff confirmed this when we spoke with them. One member of staff said, "I'm doing an NVQ and the manager has sorted it out. They don't rush me." This meant that although improvements had been made, further improvements were required to support additional training.

Staff felt supported in their role to effectively care for people. One member of staff said, "I feel more supported now than in my previous job." Another member of staff said, "I have supervisions quite frequently. If I've got something to say, I don't keep quiet." We also saw evidence of supervisions taking place. This gave staff the opportunity to meet with a manager on a one to one basis to discuss their role. This meant staff felt they had the support they needed to work effectively and to continue to care for people.

Most people we spoke with were supported by relatives to make their meals. However for those who were supported, they told us the help was suitable. A relative we spoke with said, "The staff help with breakfast. My relative prefers soft food and I've left instructions for the staff." We viewed this person's care plan and care notes and they matched what the relative told us. This meant people were supported to have their nutritional needs met.

People and relative's told us that other health professionals had been involved with people's care when necessary. One relative we spoke with said, "They [the staff] always bring it to my attention if my relative's health changes." Another relative we spoke with said, "[Carer's names] call me, text me or leave me a note to let me know anything about [relative]." One member of staff said, "The District Nurses visit daily [to one person I support] and we report concerns." Another staff member told us, "We got the nurse out for one of the people I support and they've since got better. We report concerns to the person's relative." This meant people were being supported to access other health professionals to help maintain their wellbeing.

Is the service caring?

Our findings

People told us that they had some regular staff and that those staff knew them well; however there were occasions when people received visits from staff they did not know. One person we spoke with said, "When a new starter starts they never read the care plan. They still expect me to explain. Sometimes I'm not well enough to explain." Some people and relatives told us they did not always get the same staff and staff did not always arrive at the time agreed. One person said, "I get a different person every day." Another person said, "If my main carer is off, I get anyone" and they went on to say, "My normal carer knows how to treat me. The carer I've got now doesn't know." Another person said, "Some staff don't even introduce themselves." A relative told us, "If new staff come it wastes time as they don't know my relative's history." Another relative told us, "When the regular carer has time off, it goes wrong" and went on to say, "Different staff don't interact with my relative as well. Regular staff very much know my relative's needs but new staff don't." Another relative said, "We get a lot of strangers. My relative is more comfortable with staff they know. Regular staff know my relative." A survey conducted by the provider highlighted the continuity of staff as a concern for people using the service; an action plan had been put into place by the provider but this had not yet been fully rectified according to the feedback we received. This meant people were not consistently receiving care from staff they had got to know and were sometimes visited by people that they had not expected to visit their home.

People's dignity was respected by staff. People and relatives told us the staff were caring. One person we spoke with told us, "All the staff have been nice." Another person said, "I find the staff excellent, I can't say anything wrong." A relative we spoke with said, "The staff ask what my relative has been doing, takes an interest and pass compliments." Staff also told us how they supported people to maintain their dignity and independence. One member of staff said, "I help them maintain their own power, as some people I support must feel powerless." One staff member said, "I respect what people want to do. I check with them if the support I am giving is okay and talk to them all the time." Another said, "I always ask people if they want to do something or not." Another staff member said, "If people can't understand what I am asking them I show them instead." Staff were able to give examples of where they would help maintain a person's dignity such as keeping the door closed and keeping people covered during personal care. This meant people were encouraged to retain their independence and do what they were able to for themselves.

Is the service responsive?

Our findings

At the last inspection the details of people's daily routines and personal details of their preferences were not always included in their care plans and only basic task-orientated instructions were included with details of how to support each specific person documented. We found at this inspection there was still minimal detail and plans were not overly personalised. We also saw that in some care plans and risk assessments that certain aspects of people's care had not been included or updated, such as the equipment that was required to assist people with their skin integrity needs. Personal preferences regarding how people preferred to be supported, for example details about how they liked to be supported with personal care, was not always available. The service also did not consistently collect information relating to people's diversity, for example whether they were lesbian, gay, bisexual or transgender. This meant the service could not be sure they were effectively supporting people with maintaining same-sex relationships or ensuring people could be open regarding their sexuality, if they chose to. This meant people may not receive care in a way they preferred as reviews were not identifying if information had been previously omitted.

People told us about the times that staff arrived. One person said, "They never ring me to let me know if they're late." And they also said, "The times are going totally ridiculous." A relative we spoke with said, "They staff come very late. I lose half my day waiting for them. It knocks my day out" and they went on to say, "Times change very, very frequently." Another relative we spoke with said, "I have a rota every week but the times don't match. The regular carers know the correct times but the new staff don't so they come at the time on the rota which doesn't match." Another relative said, "They're not the times we wanted. It changes every day" A member of staff told us, "People's times are changing all the time, it's not fair. There's no consideration and they don't ask the service users." This meant people were not receiving care in a way that matched their preferences and people were not always consulted on these changes.

People and relatives were all able to tell us how they would complain. Some people we spoke with said they were satisfied with the response after they had raised a concern. However, some people we spoke with said their complaint had not always been resolved. We did see evidence of complaints which had been responded to and there was a complaints log, which had not been in place at the last inspection so steps had been taken to try and improve this. This meant improvements were still required as some people had not always had their concerns responded to and feedback was not always acted upon to improve the quality of care people were receiving.

Is the service well-led?

Our findings

At our last inspection, we found that effective systems were not in place to assess, monitor and improve quality and manage risks to people's health and wellbeing. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found some improvements had been made however the service was still in breach of this Regulation. Further action was required so that people were fully protected by effective systems to ensure accurate records were up to date for staff to follow. We could not improve the rating for well led from inadequate because to do so requires consistent good practice over time. Overall, there were also continued breaches of regulation and one additional breach of regulation. We will check this during our next planned comprehensive inspection.

We saw audit systems were in place and whilst some had identified issues, it was not always clear what action had been taken to remedy issues that had been found. For example, a medicines audit identified that some MAR charts had not always been completed effectively, however it was not clear what immediate action had been taken to ensure people had received their prescribed medicine. When we asked the provider about this they explained that new MAR charts were being introduced to make recording easier. When new medicine paperwork had been introduced, guidance information was not always clear and guidance was not always available for PRN medicine. One member of staff we spoke with said, "They have introduced different types of MAR charts, no one seems to know how to complete them." We were also told about two incidents involving medicines where people had not received their medicine as prescribed. We saw evidence and staff confirmed that they had spot checks on their medicine administration and the support they delivered however these checks had not always been effective due to some concerns still being identified in relation to medicine administration.

Safeguarding concerns had been found during the inspection which had not been reported to the management or had not been identified through audits. For example in one person's notes there was a potential safeguarding concern noted however no action was recorded and although the notes were signed as having been audited, it had not been identified and therefore not investigated or reported at the time. This shows that audits introduced by the provider had not always been effective at recognising when action needed to be taken. Action had also not been taken by the provider when it was identified that a person had some medicine missed. Although improvement on staff training had been made since our last inspection, further improvements were required to ensure this training was embedded and that audits were effective in identifying potential safeguarding concerns, should staff have not reported concerns in the first instance. This meant robust systems were not yet in place to ensure all alleged safeguarding concerns were acted upon at the time of the concern in order to protect people.

It had not been identified that some people's care plans had insufficient detail as to how a person should be supported. One member of staff said, "I don't think there's enough detail about [person's name] conditions." When we asked the member of staff about this they felt they could not speak to some of the office staff about this. Another member of staff said, "It feels like I'm talking to a wall when speaking to some people in the office." This meant some staff did not feel confident in liaising with some office-based staff in order to

improve care for people. We also saw examples of people with skin integrity needs and there was minimal guidance for staff to follow. Relatives we spoke with described how some staff supported their loved ones with their skin integrity. However there was a lack of documentation for either new staff or staff that did not regularly visit a person to follow, even in some examples which we saw had been recently reviewed. Following our feedback the provider showed us a form developed by healthcare professionals that they would ask staff to complete in order to record the support they were providing in relation to skin integrity. This meant people were at risk of not receiving the level of care that protected their health and wellbeing.

Following the last inspection a plan was put in place by the provider to make improvements. One of those improvements was to improve the quality of the care plans. People confirmed they had received visits from the operations manager and the registered manager in order to update their care plans, and we saw evidence of review. One person said, "The operations manager has been to see me." Another person told us, "The registered manager has visited before, they are very good." A relative said, "The operations manager has been to visit to introduce themselves." However some plans still did not contain sufficient detail. This meant further improvements were required to complete the action on their improvement plan.

Most people told us that they were asked for their opinion about their care and we saw evidence that people were asked about their care, however some people felt if they told the service about an issue it wasn't always dealt with. People told us they had been asked about their care through surveys or phone calls however they had not always been informed of the action taken and things had not always improved. One person said, "I've tried to speak to the [staff member's name] about my call times and they say to leave it with them but it doesn't change" and they went on to say, "Communication is poor. I feedback and never hear anything." A relative we spoke with said, "I've raised it [call times] with them, I get given a rota but it's a waste of time" and they went on to say, "I do phone every now and again when I get mad and I get varying excuses." A member of staff said, "I've raised concerns about call times not being correct but it's not yet resolved." One member of staff said, "There is very little support from the office. The office staff don't always report concerns." Feedback we had from people was that they did not always have continuity with the staff that visited them. This, along with other feedback, was highlighted in the action plan developed by the provider following the survey. A document was also developed which was used to communicate to people and relatives about what steps had been taken to improve things since the last inspection. However, not all of the improvements had yet been made. For example, some themes identified were about office communication and continuity of staff but when we spoke with people we found people still felt these needed improving. This meant that people's feedback was not always acted upon and actions not fully completed to improve people's experience of their care.

These issues demonstrated a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, people told us they did not always have confidence in the manager. At this inspection people, relatives and staff told us they found the new registered manager approachable and felt supported. One person said, "The registered manager is very, very good. I'm glad they got the job, they've worked really hard and I think they're wonderful." Another person said, "I get on with the registered manager." A member of staff said, "I think the registered manager is excellent, they've earned that place. They are dedicated." Feedback also included; "Since this registered manager has taken over, they are on the end of the phone and they sort things" and went on to say, "The registered manager is fantastic, they've done a lot." Another staff member told us, "The registered manager is brilliant. They listen to me and ask me if I have any problems and they sort it out." Another staff member said, "Things have improved. The new registered manager is very open, you can go to them and they know what they are talking about." This meant that people were now aware of who the registered manager was and felt able to approach them. The provider

had taken steps to ensure that a registered manager was appointed to help ensure notifications would be submitted. Since the current registered manager has been in post, we have received appropriate notifications.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>People without an LPOA in place were signing consent when they did not have the legal right to do so. Some relatives had also been signing consent when the people still had capacity however it could not be determined why they had signed consent, rather than the person themselves. We could not be sure that they had the right to sign consent. This meant people were not always protected as people who may not have had the legal right to make decisions had been making decisions.</p>