

Teonfa Limited

Teonfa care services

Inspection report

Suite 7Gi, Britannia House
Leagrave Road
Luton
Bedfordshire
LU3 1RJ

Tel: 01582730591

Date of inspection visit:
26 October 2017
29 November 2017

Date of publication:
17 January 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

When we inspected the service in March 2017, we found the provider was in continuing breach of some of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because poor staff deployment had resulted in a number of late and missed care visits. People had not been consistently given their medicines as prescribed and accurate records in relation to people's medicines were not always kept. Incidents were not always recorded and analysed. Staff recruitment processes were not robust enough to ensure that only suitable staff were employed by the service. Staff had not been trained on the Mental Capacity Act 2005 (MCA), and people's consent was not always sought in line with legislation. People's health needs were not always identified in their care plans so that they received appropriate support. People's care plans were not detailed enough to enable staff to provide person centred care. People had not been consistently involved in planning and reviewing their care plans. The provider did not have an effective system to handle people's complaints and concerns, and there was no evidence of learning from these to improve the service. Additionally, the overall management, leadership and governance of the service was poor.

The service had an overall rating of 'Inadequate' and was placed in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. We also imposed a condition that the provider could not accept any new care packages without the Care Quality Commission's authorisation, and we followed up on this during this inspection.

This announced comprehensive inspection was carried out between 26 October and 29 November 2017 to check if sustained improvements had been made. We found the provider had made improvements to most areas where we had previously identified shortfalls. However, people's concerns about inconsistent care visit times meant that Safe and Well-led were rated 'requires improvement'. This was because a longer period was required to ensure that systems and processes had been embedded to enable staff to provide consistently safe, effective and good quality care. However, the service demonstrated to us that significant improvements have been made and is no longer rated 'Inadequate' overall or in any of the key questions. Therefore, this service is now out of Special Measures.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults. At the time of this inspection, 41 people were being supported by the service.

There was a registered manager in post. 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's medicines were now managed safely and accurate records were kept. The provider had effective

recruitment processes in place. More staff had been employed to ensure that people were supported safely and consistently. The provider had effective systems to keep people safe, and staff had been trained on how to safeguard people. There were individual risk assessments that gave guidance to staff on how risks to people could be minimised. Environmental risks were assessed and there was evidence of learning from incidents to reduce the risk of recurrence.

Staff training, support and supervision was now more robust. The requirements of the Mental Capacity Act 2005 were being met and people's consent was sought in line with guidance. People's needs had been assessed so that they received effective care. People were supported to have enough to eat and drink, and they had access to healthcare services when required.

Staff were kind and caring towards people they supported. They treated people with respect and as much as possible, they supported people to maintain their independence. People were happy with how their care was provided and they valued staff's support. People made decisions and choices about how they wanted to be supported and staff respected this.

There had been improvements in the quality of care plans and these now contained personalised information that enabled staff to provide person-centred care. The provider now had an effective system to manage people's complaints and concerns.

More robust quality audits were now carried out and prompt action taken to make improvements. People were mainly complimentary about the quality of the care provided by staff. Staff felt supported and motivated to carry out their roles. People, relatives, staff and professionals had been enabled to provide feedback in order for them to contribute to the development of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Some people still experienced inconsistent care visit times, but there had been significant improvements in how staff were deployed.

People's medicines were now managed safely.

People felt safe with how staff supported them and there were effective systems in place to safeguard them.

There was now evidence of learning from incidents.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff training, supervision and support was now more robust.

The requirements of the Mental Capacity Act 2005 were now being met. Consent was sought in accordance to guidance.

Staff understood people's individual needs and provided effective support.

People were supported to eat well and to maintain their health and wellbeing.

Good ●

Is the service caring?

The service was caring.

People were supported by staff who were kind, caring and friendly.

Staff respected people's choices and supported them to maintain their independence.

People were supported in a respectful manner that promoted their privacy and dignity.

Good ●

Is the service responsive?

The service was responsive.

People's care plans were now personalised to enable staff to provide person-centred care.

The provider had an improved system to manage people's complaints and concerns.

Good 

Is the service well-led?

The service was not always well-led.

Further work was necessary to ensure that people were not negatively impacted by inconsistent visit times. Also, more time was required to ensure that improvements made could be sustained so that people received consistently good care.

Quality audits were now more robust to enable the provider to identify shortfalls in the quality of the service and make prompt improvements.

Feedback was sought in order for everyone to contribute to the development of the service.

Requires Improvement 

Teonfa care services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place between 26 October and 29 November 2017, and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that there would be someone available to support the inspection. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We followed up on previous breaches of regulations at this inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including the report of our previous inspection and notifications they had sent us. A notification is information about important events which the provider is required to send to us. We also received feedback from the main local authority that commissioned the service.

During the visit to the provider's office, we spoke with the registered manager and three office staff. We looked at the care records for six people using the service to check how their care was planned and managed. We looked at files for two members of staff who started working at the service after our previous inspection in order to review the provider's staff recruitment processes. We reviewed training and supervision for all staff employed by the service. We also reviewed information on how the provider assessed and monitored the quality of the service, and how people's medicines and complaints were being managed.

We spoke by telephone with 15 people using the service and relatives, and also five care staff.

Is the service safe?

Our findings

When we inspected the service in March 2017, we found wide ranging concerns about the service's ability to provide safe care. There were breaches of Regulations 12, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff rotas were not adequately planned to ensure that all care visits were covered, and this resulted in a number of late and missed care visits. Staff did not stay for the duration of the agreed times, which meant that people's care was rushed and not completed to appropriate standards. Also, people had not been consistently given their medicines as prescribed. There was no evidence that incidents were recorded and analysed so that systems were put in place to reduce the risk of these happening again. Staff recruitment processes were not robust enough to ensure that only suitable staff were employed by the service. The provider had also failed to keep accurate records in relation to people's medicines.

We followed up on these breaches as part of this inspection and we found some improvements had been made. For example, people reported they had not had any missed visits and that they were much happier with how their care was provided. They said that the service had recruited more staff which meant they were now always able to provide their planned care. Also, people told us that staff stayed for the duration of their planned visits and provided the care to a satisfactory level. However, although some people told us of improvements in the timeliness of their care visits, some said this was an area that the service still needed to improve on. One person said, "They're not late that often and they usually have an excuse. It's often the previous call or heavy traffic." Another person told us, "Calls are late sometimes, but they get in touch. I've not been let down completely." A third person said, "Time keeping could be better. It would be nice if they could get to me at the same time. Sometimes I have to call them."

Other comments included a person who said, "They always turn up and have not let me down. Yes, they run on time." One relative said, "Our only problem is that sometimes they have poor punctuality, and it's most difficult at weekends. We have two carers each time, but they often arrive a while apart or just one turns up. If one is not here we often have to take a chance and start without them." They further told us that although the person did not use a hoist, it was essential that they had two staff to support them to move safely. Although most people told us they had not been adversely affected by the occasional lateness of staff, one person told us that this had an impact on their plans for the day as they needed to go out most days. Some people were also concerned that constant changes in staff put them at risk of inconsistent care. We shared people's concerns about inconsistent visit times and changes in staff with the provider and they sent us a prompt action plan, showing what action they would take to make the required improvements.

There was now a dedicated member of the office staff who planned the rotas and monitored if all the care visits took place as planned. We asked them how they ensured that people were supported as close to their planned time as possible. They told us that improvements to their staff deployment meant that staff now worked within an allocated geographical area, which limited the amount of travelling they had to do between care visits. Also when planning rotas, travelling time was included so that staff could get to their care visits on time. Staff we spoke with confirmed this, including one member of staff who told us, "It's much more organised now with the rotas being on [an electronic system for planning people's care visits and staff

rotas]. It's 100% better and I haven't heard of any missed calls." Another member of staff said, "Calls are planned to allow for travel time between clients. I only normally work in the [name] area and it's easy to get from one client to another." A third member of staff told us, "Everything is running quite well now. I have a permanent round, but I can support other areas if needed. Rotas are always correct and the [electronic system] is excellent."

We were shown the service's electronic system for planning staff rotas and allocating them to provide care to people at the right times. We saw that staff now confirmed electronically that they had arrived to support an allocated person. If they had failed to log in within 15 minutes of the planned time, the system raised an alert and the office staff contacted the care staff to check where they were. If the failure to log in on time was due to travelling delays, office staff informed the person of this so that they knew that someone was still coming to support them. If required, another member of staff was sent to support the person. However, we found the provider needed to make further improvements in how staff were deployed so that people were not adversely affected by late care visits.

Late visits were now monitored to check why they happened and the investigation report showed what processes were put in place to improve. For example, a letter of warning regarding potential disciplinary action had been sent to a member of staff who had been responsible for two missed and two late visits. A risk assessment had also been completed in relation to that member of staff and letters of apology were sent to the people involved.

We reviewed the provider's staff recruitment processes and we found they now had effective systems in place to complete all relevant pre-employment checks. These included obtaining references from relevant people and Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. There was now a dedicated member of staff responsible for ensuring that recruitment processes were completed fully and that they met the requirements of Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Records showed that none of the staff started work until all checks had been fully completed and the registered manager was satisfied that they would not pose any risk to people using the service. This ensured that people were only supported by suitable staff.

Some of the people we spoke with told us that staff supported them with their medicines and they all said that this had been managed well. None of them told us that late visits had impacted on them getting their medicines on time. One person said, "I do my own tablets, but they also ask if I've taken them. I'm diabetic, so the timing is really important. I take my main medication an hour before my meal at teatime." Another person said, "They do my tablets, but it's not a problem if they are late as I can still take them myself." A third person said, "I can't complain, they are here three times a day just to do my tablets. No mishaps as they make a note in the folder, they initial the drug sheets and these get picked up." One relative told us, "They do [person]'s tablets and it's all put on the charts."

We reviewed some of the medicines administration records (MAR) that had been returned to the office for auditing and we found these had been mainly completed fully and any gaps explained. In order to identify potential recording errors quickly, we saw that the MAR were audited as soon as they had been returned to the office. For example, the MAR for the whole of July 2017 had been audited on the first of August 2017, and the ones for August were checked on the first of September 2017. Training records showed that staff had been trained to administer people's medicines safely. Their competence had been assessed to ensure that their practice was in line with current guidance. Within the 'medication folder', we saw that there was a policy and procedure, and there was also a copy of the 'NICE guidance for managing medicines for people receiving social care in the community'. This showed that the provider ensured that staff had up to date

information and guidance.

Potential risks to people had been assessed when they started using the service, and these assessments identified what action they and staff needed to take to minimise the risks. For example, the assessment for a person at risk of falling had considered whether the medicines they took increased the likelihood of this happening. If this was the case, there was advice for the person to take extra care after taking their medicines. Where a person was forgetful and at risk of taking more medicines than prescribed, there were clear instructions for staff not to leave medicines where the person could have access to them. Some people were aware that the risk of them coming to harm had been assessed. One person said, "I remember them asking me a lot of questions." Most people whose care records we looked at had not been supported by the service long enough to require a care review. However, we saw that risk assessments were reviewed annually or whenever people's needs changed to ensure that the care provided to them remained safe and relevant to their needs.

Additionally, the provider had completed a health and safety assessment of people's homes to ensure that there were no hazards that put them, their relatives and staff at risk of injury. The provider's office had also been assessed to ensure that it was a safe environment for staff to work in or access regularly. There was guidance on how staff would deal with emergencies, including those that might affect the smooth running of the service. The provider had improved how they managed people's care outside of office hours by having calls diverted to a new mobile number, just in case the landline did not work properly in the event of an emergency. Out of hours procedures had also been reviewed and communicated to the staff so that they knew who to contact when required.

People told us that staff supported them in a way that ensured they were protected from the risk of acquired infections. Everyone told us that staff wore gloves and aprons when required, and followed appropriate hand washing procedures. One person said, "They wear gloves and an apron, and they wash hands after. They are tidy enough." We saw that staff completed infection control training as part of their compulsory training. One member of staff told us, "I always have gloves and aprons in my car and I pick up more when I go to the office."

We reviewed accidents and incidents that occurred to people using the service to check how the provider ensured safeguards were put in place to reduce the risk of them happening again. Unlike during our previous inspection, a record was now kept of incidents reported to the provider and this showed what action was taken to ensure that the person was safe. All the incidents recorded at the time of the inspection involved people being found on the floor after falling. In all cases, we saw that emergency services were contacted to check if the person was medically fit and well. Staff told us that they had been advised to make the person comfortable, call 999 and never to lift the person off the floor as they might worsen any injuries they might have. This showed that the provider was now analysing the causes of incidents, lessons were learned and improvements made when things went wrong.

Everyone we spoke with told us that they felt safe with staff who supported them and had never been concerned about potential abuse or harm. One person said, "I'm very happy with them and safe." Another person said, "I feel safe enough with them and none have been nasty." A third person said, "So far, I'm just as safe as ever." One relative said, "Yes, [person] is safe enough and they have some nice staff."

Staff told us that they had been trained on how to protect people from harm or abuse, and records we looked at confirmed that safeguarding training had been provided. Staff showed good knowledge of processes they would follow to report any concerns. One member of staff said, "I've never been concerned about abuse at all. Clients will have a moan if they don't like certain staff, but none have ever said they felt at

risk of abuse." Another member of staff said, "Clients are definitely safe. If I know of anything, I will flag it up. I always think of the clients as if it was my mum and I will report any concerns." We saw that the provider had effective processes in place to ensure that people were protected from potential abuse and harm, including encouraging staff to report any incidents or information of concern. Records were kept of potential safeguarding incidents that had been reported to the local authority and the Care Quality Commission. This showed that appropriate action had been taken to ensure that these could be investigated quickly and safeguards put in place to protect people.

Is the service effective?

Our findings

When we inspected the service in March 2017, there were breaches of Regulations 11, 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because of the failure to provide adequate training to enable staff to support people effectively. Staff had not been trained to ensure that the requirements of the Mental Capacity Act 2005 (MCA) were being met, and people's consent was not always sought in line with legislation. Additionally, people's health needs were not always identified in their care plans so that they received appropriate support.

During this inspection, we found improvements had been made. When asked if staff were well trained, one person said, "The training seems mostly okay, but some could do with more. The younger ones need more skills and less relying on experienced ones." Another person said, "They seem to be well enough trained in general care." A third person said, "I think they are quite well trained." Another person described how new staff learnt from more experienced staff when they said, "They are always with someone who can do the work. They do an introductory visit, then watch, and then they come round with someone who does know what to do."

In order for staff to support people effectively, there was now a comprehensive training programme that enabled them to acquire skills and knowledge in a variety of subjects. Training was now provided to enable staff to understand how to support people living with learning disabilities, dementia, and diabetes. Training records showed that all staff were up to date with their training and that they had received regular supervision. Staff were complimentary about the quality of the training and support they received through regular supervision and appraisals. One member of staff said, "Training is good, you get a lot of information. Supervisions are okay." Another member of staff told us, "Training was very interesting and I enjoyed it. I've had enough training and I have no other training needs. I have supervision every three months and I find it helpful. They ask if you have problems and any new ideas to improve the service."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. There was now training provided for staff to understand the MCA. Staff we spoke with showed good understanding of the processes they needed to undertake to ensure that people's rights and choices were protected. Furthermore, mental capacity assessments had been completed to determine if people had mental capacity to make decisions about their care.

Consent to care was now sought in line with legislation and guidance. In the care records, there was evidence that people and their relatives had been consulted and involved in planning their care. Where possible, some people had signed forms to show that they consented to their care plans, their care information being shared with other professionals, and use of a key safe code by staff. Staff told us that they always asked for people's consent before care was provided. They also said that they ensured that people had a say in what support they needed during each visit and they respected this.

People's health needs were now listed in their care plans, so that they were appropriately supported to receive on-going healthcare support. The service worked closely with people, relatives and other professionals to ensure that people's needs were met. People told us that they or their relatives managed their health appointments, and staff normally only assisted them to access urgent care if required when they became unwell. One person told us, "They've not needed to send out an alert about me and the doctor also looks out for me anyway." Another person said, "I think they would get the doctor if I needed one."

People were happy with how staff supported them. One person told us, "Once they get here the care is quite good." Another person said, "It's got better, I can't fault the girls." While another person said, "They are very good and I've been very happy with them." One relative said, "The care is done well and [person] is very happy with the staff." This was supported by staff including one who said, "Care is organised enough and people get the care they need." Another member of staff said, "Clients get really good care, from me and other staff." One relative also told us prompt action was taken to deal with issues when they had raised concerns about some of the staff's competency. They said, "I keep in touch with [senior staff] and one of the ladies who also is a senior, and she chases the other girls if they are not shaping up."

People told us that their needs were met by the service and staff provided good care. When asked if their care needs were always met, one person told us, "Yes, they take the time to shower and wash my hair." They further described how attentive staff were in ensuring that their skin was well looked after while supporting them with personal care. They said, "They make sure they put my creams on and they dry me fully." Another person said, "They take the time to help me stay safe." People's needs had been assessed prior to them using the service. This was confirmed by people including one person who said, "They came out and we agreed the care plan." Another person told us, "They took over the care in the last 12 months and someone came out to see me."

Staff supported some people with their meals, and people told us this was managed well. One person said, "I get up myself early and do my own breakfast. Then they help me put my meals out and help me as I want." Another person told us, "They prepare my meals and it's nicely done. Sometimes they need a prompt, but generally they leave it all tidy." A third person said, "They do some meals. I already have ready meals, and it's then well cooked and nicely set out. No rushing and they tidy up the kitchen." Another person said, "They do no meals now, but they will make me a cuppa." Staff told us that they were not concerned about anyone not eating or drinking enough. They also told us that even for people they did not support with meals, they normally checked if they had something to eat so that appropriate care could be put in place if the person was no longer able to prepare their own meals.

Is the service caring?

Our findings

When we inspected the service in March 2017, we found inconsistent visit times and poor management and deployment of staff had an impact on the overall quality of care being provided. During this inspection, we found improvements had been made and the level of satisfaction with the service had increased.

People told us that staff were kind and caring towards them. One person told us, "They are nice enough and I know them. They are polite and pleasant, I can't fault the girls." Another person said, "The girls are fine." A third person said, "The care staff are nice, polite and respectful." Another person said, "The ladies are really nice and they are nice to me when they help me."

People told us that staff chatted with them in a friendly manner while supporting them. One person said, "When they are here, we have a laugh." Another person said, "I can have a laugh like friends with [senior staff] and the others. He's a pleasant person." Most people said they were normally supported by a group of regular staff they had got to know really well. They also said that they had developed good relationships with staff who supported them regularly. One person said, "They are considerate in my house and I get on with them all." Another person said, "It's mainly staff I know and they get to know me. There are some new staff, but I've mostly seen them before they start supporting me." A third person said, "I've not wanted any care staff to be changed, but we have some staff we prefer more than others." Some of the people told us that when they did not get on well with some of the staff and asked for them to be removed from their care team, their requests had been listened to and responded to quickly. One person told us, "There have been some staff who I wanted not to come round; they respected this with no fuss."

People told us that staff normally stayed for the duration of their care visits to ensure that they had been fully supported in line with their care plans. They also said that staff were patient when supporting them and never rushed to finish quickly. One person told us, "I can also tell them if I want anything else doing, like putting rubbish out. Yes, they stay the full time, and they ask me if they have done everything before they go." Another person said, "They take the time to do it all properly and they have enough time." A third person said, "They help me get washed and dressed. They take the time and they do not rush."

Staff told us that people were always supported to make decisions and choices about their care. They further told us that they respected people's diverse needs and preferences. People confirmed that they could choose how they wanted to be supported or to live their lives, and that staff always respected their decisions. Some people told us they had gender preferences of the staff who could support them with their personal care and that this was respected. One person said, "They send men and ladies and I'm ok with men, but not in the morning. They have once sent a man, but a lady did the care and she gave me my shower." Another person said, "They respected that I have women carers and they keep to that." One relative said, "They are much better than the last service about a year ago. The last service kept sending men to bath [person], but she didn't want this and was even a bit frightened. This firm are much better that way. When we first met [senior staff], he said we could have women who [person] prefers and they have kept to that."

People told us that staff supported them in a respectful manner, and they promoted their privacy and dignity, particularly when providing personal care. One person said, "My personal care is done with dignity." People also said that staff encouraged them to maintain their independence as much as possible, and would only provide support with tasks people were not able to complete without support. One person said, "They are good in how they help me, they don't take over." Another person said, "I can do a lot for myself and only need help with some things." A third person said, "Since it started, I've reduced the calls as I could now do more myself."

Is the service responsive?

Our findings

When we inspected the service in March 2017, there were breaches of Regulations 9 and 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because information in people's care plans was not detailed enough to enable staff to provide person centred care. People had not been consistently involved in planning and reviewing their care plans. Additionally, the provider did not have an effective system to handle people's complaints and concerns, and there was no evidence of learning from these to improve the service.

At this inspection, we found improvements had been made. People told us that they and their relatives had been involved in planning their care and that their care plans were reviewed from time to time to ensure that they continued to appropriately meet their assessed needs. One person told us, "One day the chap who set things up [name] set it up with [senior staff] from Teonfa, and me and my sister met up with them. We don't want to change anything." About their care plan, another person said, "It was all agreed with me and [registered manager] came twice this week." Another person told us, "They went through the care plan. A third person said, "Yes, we've reviewed how it's going, from time to time." One relative said, "It was more calls when we first agreed the care, but [person] needs less care now. They've done reviews with us and the recent one was about two months ago."

We saw that people had care plans that included their needs, choices, views and preferences in order to enable staff to provide person centred care. The care plans identified what support people needed at each care visit, how long each visit was for, and the times staff were expected to arrive. We found care plans provided clear information for staff on how to support each person in a way that ensured effective care outcomes. One member of staff told us, "Care plans are pretty good and straightforward." Another member of staff said, "Care plans are very informative. That's where I get the information for the calls." A third member of staff said, "Care plans have enough information to know how to support each person."

The provider had a system to formally record and deal with complaints and concerns raised by people and their relatives. Where required for people with limited vision, we saw that the provider had a 'large print' version of their complaints procedure and form. People knew how to raise concerns or complaints. Most people told us that they were mainly happy with how their care was managed, and had only ever complained occasionally about the inconsistency of visit times. People told us that the provider was always apologetic when staff were late and improvements were made, although not always sustained. However, most people acknowledged that the nature of the service meant that some delays were inevitable due to staff needing to travel from place to place. They told us they appreciated that the office staff normally informed them when staff were running late. One person said, "I've not really complained, but my [relative] and I have had to chase them when they are late." Another person said, "I have complained about the time keeping and they do apologise." While another person told us, "We've been very pleased with everything. They mainly get in touch if they are running late and the office staff also let me know." Another person said, "We appreciate they have some local difficulty in getting enough staff and it's not easy. The work is not for everyone and we try to be reasonable."

We reviewed the complaints recorded since our last inspection, and we saw that the registered manager had taken appropriate action to deal with these in a timely way. There was also evidence of learning from issues raised by people to improve the service as the provider had now put effective rota planning systems in place to bring about sustained improvements.

Is the service well-led?

Our findings

When we inspected the service in March 2017, we identified continuing concerns with the overall management, leadership and governance of the service. There were also a number of breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and a breach of Regulation 17 in this key question. This was because the provider had failed to develop effective systems to assess and monitor the quality of the service. Due to these failings, we imposed a condition that the provider could not accept any new care packages without the Care Quality Commission's authorisation. We followed up on this during this inspection.

There was a registered manager in post. Following our previous inspection, the provider recognised that a more effective manager was necessary to make the required improvements and this led to the provider's nominated individual registering as the registered manager in May 2017. The registered manager was now supported to manage the service by a team of office staff. These included: an administrator; a human resources manager; a coordinator; a senior staff; and a field care supervisor.

During this inspection, we found significant improvements had been made to the overall quality of the service and people were much more happy with how their care was managed and provided by staff. However, further improvements were needed to ensure that people's experiences of the service were not negatively impacted by inconsistent care times. We raised people's mixed views about the timeliness of the care visits with the provider and were assured by their prompt action plan that showed they were taking positive steps to make further improvements.

The provider's quality monitoring systems were now used effectively to identify any potential shortfalls in the quality of the service. The registered manager and other senior staff completed regular audits and took appropriate action to rectify any shortfalls in a timely way. The provider's new electronic care planning and monitoring system meant that people no longer experienced missed care visits. There was a new scheduling procedure and they checked the rotas were accurate before sending these to care staff. Also, an alert system meant that late visits were now identified quickly and where necessary, an alternative member of staff sent to support the person.

Audits were carried out to ensure that people's care records contained relevant and up to date information that enabled staff to provide safe and effective care. Risk assessments had been reviewed and care plans were more detailed to ensure that people's assessed needs were appropriately met. Staff files had been checked to ensure that thorough pre-employment checks had been done so that only suitable staff were employed. People's medicines administration records were now audited as soon as possible to ensure that any omissions and recording errors are identified quickly and improvements made. We found these processes ensured that they now continually improved the quality of care provided to people using the service. However, we judged that a longer period was required to ensure that these systems and processes had been embedded to enable staff to provide consistently safe, effective, compassionate, and good quality care.

In September 2017, the provider had also completed a full review of the service using the Care Quality Commissions key lines of enquiry for all five key questions. This identified that the service had made significant quality improvements. Furthermore, the service had been rated 'good' following a review in May 2017 by the main local authority that commissioned the service. The provider became a member of relevant care providers' associations so that they could have access to up to date guidance and support to further improve their systems and processes.

People, relatives and staff knew who the registered manager was and what their responsibility was within the service. Some people told us of their meetings with other senior staff and they spoke fondly about them. People told us they found the service well managed, and all staff approachable and helpful. They were complimentary about the office staff who contacted them when care staff were running late. Most people told us that if it wasn't for the occasional late visits, they would definitely recommend the service to others. This was because they found staff to be caring and good at what they did. The service had also received seven compliments, with some people making references to specific members of staff as being 'lovely and caring'.

Staff told us that the provider promoted a positive culture within the service, which was person-centred, open, inclusive, and supportive to staff. One member of staff said, "I've never been concerned about how the service is run and I feel that I will always get support. If I ever have problems, I go to [registered manager] and anyone in the office. Everyone in the office is really helpful and I'm happy." Another member of staff told us, "I haven't any issues with office staff as they seem to act on anything I report." A third member of staff said, "Office staff are alright and very cooperative." Staff felt valued and enabled to contribute to the development of the service through regular team meetings. One member of staff said, "Staff meetings are very interesting and we are able to air our views. It's a two way process between staff, the manager." Another member of staff said, "I'm not afraid to speak my mind if there is a problem."

Minutes of staff meetings showed that various issues relevant to their roles were discussed. Additionally, in order to motivate staff to provide consistently good care, the provider had introduced a 'care worker of the month' system. This was a staff recognition system which rewarded staff who contributed positively to the service each month with a gift card. This was viewed as a positive approach by staff we spoke with. The provider had also identified staff champions for dementia and dignity in care so that they could identify and share good practice guidance.

The provider enabled people, relatives and professionals to routinely provide feedback about their experiences of the service. Following our previous inspection, the provider had sent surveys to people using the service, relatives, staff and professionals. We noted that most people provided generally positive feedback about the quality of the care provided by staff, but some people still experienced inconsistent care visits and they identified this as an area the service needed to further improve on. However, we found the provider had made further improvements since the results of the service. They also contacted people more regularly by phone to obtain their views and gave people opportunities to comment about the quality of the service during home visits to complete care reviews. This showed that the provider was making positive steps and considering others' comments in order to continually improve the service.