Nationwide Care Services (Dudley) Ltd

Nationwide Care Services Ltd (Dudley)

Inspection report

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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

This announced inspection took place at the provider's office on 15 and 16 January 2018 with phone calls undertaken to people with experience of the service on 16 and 18 January 2018. The provider was given a short notice period that we would be undertaking an inspection. At our previous inspection in March 2017, the provider was rated as 'Requires Improvement' in the key questions of Safe, Responsive and Well Led. The provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question Well Led to at least good. At this inspection, we found the provider had made sufficient improvements to meet the regulations but further improvements were required in the way the quality of the service was monitored, the detail provided in people's records and in relation to the out of hours service provided to people.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. They also provide a service to people who have been discharged from hospital and who receive a re-enablement service. At the time of our inspection 92 people were receiving personal care from the provider.

The service had a registered manager but they were not based full time at this service. The service was managed on a daily basis by a branch manager who advised they were supported by the registered manager. The branch manager had applied to become the registered manager and her interview to become registered was planned after our inspection. The branch and registered manager were present during 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.

Although some improvements had been made, people and relatives continued to experience some inconsistencies in the way the service was provided. People and relatives told us support was not always provided by the same staff that arrived at the expected time. This at times made people feel unsafe as they did not always know the staff member supporting them. Recruitment practices ensured only suitable staff were employed to work with people. Staff knew how to meet people's need and were aware of any risks associated with supporting them despite the lack of detail in people's care records.

People told us their health and well-being needs were assessed when they first started using the service. Staff had received training to enable them to have the skills and knowledge required to support people effectively, and staff told us they felt supported in their role. People's consent was sought before staff supported or provided them with any assistance. People received appropriate support to ensure they ate and drank adequately. Referrals to relevant healthcare services were made as required when changes to health or wellbeing were identified.

People's preferences were taken into account to ensure their dignity was maintained. People and relatives made positive comments about the staff that supported them describing them as kind, caring and gentle. People were provided with suitable information about the service and were supported with their individual communication needs.

People and relatives knew a complaints procedure was in place and they told us any concerns raised with staff or the branch manager had been responded to. Records showed that complaints were investigated and outcomes and actions recorded where required so lessons could be learnt .

There had been some improvements in the way the service was managed and monitored, but further improvements were required with the out of hour's system. People's telephone calls were not answered in a timely manner and issues they raised were not always addressed quickly and efficiently. The provider had an action plan in place to drive improvements. Action was also being taken to ensure the service was effectively monitored and staff used the system to log their arrival and departure times at people's homes. A dedicated staff member had been employed to monitor the delivery provided to people. Audits were in place to identity shortfalls so that action could be taken to make required improvements.

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 did not always receive a consistent and reliable service.

People received their medicines as required.

Recruitment procedures ensured all of the required checks were completed before staff started work.

Is the service effective?

Good

The service was effective.

People's consent was sought before staff supported them.

People's dietary needs were met and they were supported when required to access healthcare to meet their needs.

Staff received training and support to enable them to fulfil their role.

Is the service caring?

Good

The service was caring.

People's received support based on their preferences.

People felt respected and their dignity was promoted by the staff that supported them.

People did describe the staff as "caring and kind".

Is the service responsive?

Good

The service was responsive.

People were happy with the support they received from their regular staff.

People knew how to raise their concerns and their feedback was sought to improve the service.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

People were not satisfied with the out of hours service provided.

The way the service was monitored and delivered was not always effective as the staff rosters were unrealistic and the electronic monitoring system was not being used to its full potential.

The provider had identified shortfalls in the service and was working towards addressing these.

Nationwide Care Services Ltd (Dudley)

Detailed findings

Background to this inspection

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

The inspection was undertaken to check the improvements the provider had made in relation to the breach of the regulation and was partly prompted by two incidents that had taken place at the service. One of these incidents were subject to a criminal investigation and as a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about these incidents indicated potential concerns about the recruitment and monitoring of staff practices, and the way staff responded to emergencies. We looked at these areas as part of this inspection.

This inspection took place on 15, 16 and 18 January and was announced. The provider had 48 hours' notice that an inspection would take place as we needed to make arrangements to speak with people using the service and staff.

Inspection site visit activity started on 15 and ended on 18 January 2018. It included telephone calls made to people over a period of two days. We visited the office location on 15 and 16 January 2018 to see the manager and office staff; and to review care records and policies and procedures.

The inspection was undertaken 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. The expert-by-experience area of expertise was speaking with people that received care in their home.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the

provider had sent to us. We also contacted the local authority who monitor and commission services, for information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke on the phone to eight people who used the service and seven relatives. Whilst at the office we spoke with seven care staff, the recruitment co-ordinator, two administration staff, the branch manager, registered manager and the area manager. We looked at a sample of records including seven people's care records, three staff files and staff training records. We also looked at records that related to the management and quality assurance of the service, such as complaints, rotas and audits.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in March 2017 we rated the service as requires improvement because people did not receive their medicines when they needed them and people did not receive a reliable service from a consistent staff team that knew them well. At this inspection although we found some improvements had been made, further improvements were required to ensure people received a reliable and consistent service.

Five of the eight people we spoke with told us improvements had been made and they received a reliable service from a consistent staff team. Three people told us they didn't always receive a reliable service. One of these people told us, "I do not have regular carers at the moment and I am not happy about this. The last few weekends I've had different carers all the time, and I'm not notified of any changes. The times the carers come change without any consultation with me it is not consistent. The carers do stay the required amount of time". Another person said, "I usually get the same carer but it has been a bit awkward lately but my regular carer is back next week. The times of the calls do change and the staff seem to come later than when I first started. The staff do not always stay the required amount of time, they stay only long enough to clean me up which sometimes makes me feel 'worthless". We also received mixed responses from the relatives we spoke with. Four relatives were happy with the reliability and consistent of the service and said it had improved whereas three relatives told us further improvements were required. For some people this lack of consistency and reliability and lack of communication about staff changes meant they did not always feel safe when supported by staff they did not know. In addition to receiving this feedback, we reviewed the rotas for three other people. These reflected the number of staff people received support from. For one person who required two staff to be attendance at some calls they had 15 different staff members provide their support over a seven-day period. The acting manager told us her aim was to provide people with a consistent core team and where possible this was provided.

The branch manager advised they were actively recruiting for staff on a regular basis and she confirmed they had enough staff to meet the needs of the people they were currently supporting. Information provided to us demonstrated that 66 staff had left the service in the last 12 months. These staff covered the Dudley and Wolverhampton area. The branch manager confirmed that people were invited in for an exit interview but told us, "They rarely attend these and some staff do not give a reason why they want to leave. For some it is because they decide they do not want to work the hours or do this type of work, for others they leave because they can get more money at another agency".

We found improvements had been made with the way people received support to take their medicines. One person told us, "I am satisfied with the support I receive from staff. They put it in a pot and it's on time". Another person said, "I am satisfied with this system and the way it works". Medication administration records (MAR) were completed by staff in people's homes and then returned to the office each month. We saw improvements had been made since our last inspection and these records were audited to check that people received their medicines as prescribed. We saw body maps were now in place to direct staff on the location creams should be applied, and staff we spoke with confirmed these were in place at people's homes. Staff told us they had received medicine training as part of their induction, which included an

assessment of their competence in a classroom environment. Staff confirmed their practice had been observed as part of the spot checks undertaken when working in people's homes. Where medicines errors had occurred these had been addressed and staff had been retrained and their practice monitored.

Other than the comments made above people told us when they received support from their regular carers they felt safe and their relatives confirmed this. One person said, "Yes I feel totally, safe with my carers". A relative told us, "[Person] feels safe with their carers because they're always laughing together." Staff were able to describe the procedures they would follow if they witnessed or suspected that a person was being abused or harmed in anyway. A staff member said, "I have completed training around safeguarding and I would always report any concerns I had to the manager. If I saw any unexplained bruising I would record and report this too". The branch manager was aware of her responsibilities to report any safeguarding incidents and a review of our records confirmed these had been completed as required.

Staff we spoke with were able to tell us about any risks associated with supporting people. They confirmed risk assessments were available in people's homes for them to refer to. Seven of the eight people we spoke with told us staff followed the risk assessments and supported them to manage any risks safely. One person said, "The staff know how to handle the equipment, how to turn it and do it safely". Another person told us, "I feel safe when the staff support me and move me using the hoist. There aren't any problems". One person and their relative did raise some concerns about the way staff used equipment, which made them feel unsafe. We have shared these concerns with the acting manager and requested for these to be investigated and explored.
Records showed that risk assessments had been carried out in areas such as mobility, skin condition, and the home environment. Action had been recorded for staff to follow to minimise any identified risks to people.

People and relatives felt confident staff would know what action to take in an emergency or in response to an untoward events. A person told us, "I am confident the carers would know what to do in an emergency". A relative said, "One morning [person] breathing was a problem, the staff called for an ambulance and they waited with [person] and let me know straight away". Staff demonstrated their knowledge of how to respond to any emergencies or untoward events. Some staff provided us with examples of the action they had taken in these situations such as contacting emergency services for assistance. The acting manager told us, "We have learnt lessons from previous incidents and staff are directed to call emergency services immediately if they think people are unwell and their health is at risk".

We reviewed the staff recruitment practices and found that effective systems were in place to reduce the risk of unsuitable staff being employed by the service. Staff told us they had provided the required recruitment information before they had commenced employment and this included a check with the Disclosure and Barring service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults. Records we looked at for newly recruited staff confirmed all required checks had been completed before staff had commenced working for this service. We saw that recruitment files had been reviewed and audited since our last inspection to ensure they contained all of the required information.

Staff told us that they had received training in how to protect people from the spread of infection, for example through hand washing and the use of personal protective equipment. People and their relatives confirmed staff followed appropriate infection control and prevention practice, for example using gloves and aprons when providing support.

The branch manager advised that lessons had been learnt since our last inspection and work had been

undertaken to make improvements to the service provided to people. We saw there had been changes to the office staff to improve standards and action had been taken to address any staff performance issues. The branch manager acknowledged that further work was required particularly in relation to the impact of the staff turnover had on the support people received.
We were advised there had not been any accidents since our last inspection, and where people had fallen this had occurred prior to staff arriving at their home. Systems were in place to monitor and analyse any incidents and accidents for patterns and trends.

Good

Is the service effective?

Our findings

People we spoke with confirmed their needs had been assessed prior to receiving a service. One person said, "They came out and asked lots of questions, when I first started with the agency". Another person told us, "Yes I was involved in the assessment a lady came out at the start she wrote everything down". Records we reviewed contained information about all aspects of people's health and well-being and how these should be met. People were asked about any diverse needs including their ethnic origin and religious observance. We saw that people were not specifically asked about their sexual orientation but information about the people that were important to them was asked and recorded. The branch manager agreed to include information about people's sexual orientation to ensure the assessment was holistic. We saw expected outcomes were recorded as part of the assessment process.

People that were supported as part of the re-enablement service were assessed by a professional whilst they were in hospital. This information was then shared with the branch manager to ascertain if the person's needs could be met. Due to the short timescale and people being discharged from hospital, an interim care plan was developed for when the person was discharged to enable the staff to have knowledge and guidance about the person's needs, and how these should be supported. The focus of these assessments and care plans were to enable people to regain their confidence and skills to live independently and safely. Staff worked in partnership with professionals to enable the discharge from hospital to be as smooth and stress free as possible ensuring that equipment and resources were in place. Staff provided feedback to professionals about people's progress and well-being. A review of these people's needs were undertaken following a six week period so a decision could be made about their future care needs.

People and their relatives told us they thought majority of the staff who supported them had the required skills and knowledge for their role. One person said, "The staff are trained they know how to use the equipment and how to handle people". A relative told us, "The regular carer is very good and well trained". Staff told us that before they started work, they had been required to complete an induction that included completing training and shadowing more experienced members of staff. A staff member told us, "I had five days classroom based training at the office with other new staff which was good as we could discuss topics. This covered all areas of the Care Certificate. After this, I went out and shadowed staff supporting people to get to know there needs. I think it gave me the skills and knowledge for my role". The branch manager told us that part of this induction training now included an element around supporting people to regain their independence and about the re-enablement service provided.

Records seen confirmed that staff had completed core training for their role and then had spot checks completed as part of their ongoing supervision and monitoring of their practices and competencies. These records indicated that where performance issues had been identified these were addressed with the staff members and action taken. Staff confirmed they received support from the branch manager to discuss their role in supervision. Some staff that had been with the provider for over a year had received an appraisal where they discussed their development.

People told us they were satisfied with the support they received with meals and drinks. One person said, "I

decide what I'm going to have, and I am happy with the way my breakfast is prepared and done. The staff always give me a cup of tea as well". Another person told us, "The carer gets out the food in the morning. I choose what I want to eat and the carer helps me to prepare it at all meal times. If I want bacon and eggs the staff prepare it for me". People told us staff left drinks and snacks for them if they wanted them to. One person said, "The staff do plenty of drinks for me. They leave drinks for me in between calls". Another person told us "The staff usually give me a cup of tea before they go and water is left out in between calls". Care records included information about people's likes and dislikes and how they should be assisted. Specialist dietary needs were recorded and staff were able to talk to us about the needs of the people they regularly supported. Staff confirmed they had received food hygiene training as part of their induction.

People, who were able, told us they made their own healthcare appointments by themselves with assistance from their relative or friends. People and their relatives were confident that if needed staff would provide support and call the doctor. One person said, "I have had carers call the doctor for me in the past and they always ask my permission. They ring my family too, and let them know. They're pretty good like that". A relative told us, "The carer notices anything different or wrong with [person] they tell me straight away always. If [person] is unwell, we discuss it and they will go and ring the office and tell them to. If I have said no to calling a doctor the office will ring me to check if I've made the right decision". The branch manager confirmed referrals to relevant healthcare services were made as required when changes to health or wellbeing was identified. For example if someone needed support from a district nurse to help maintain and support healthy skin for people.

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

People and relatives told us that staff sought consent before supporting or providing any assistance. A person told us, "The staff ask before they provide support but we've got a routine now so I don't need them to ask, can I do this or can I do that". A relative said, "Yes, they always ask if they can begin something, they don't take it for granted". Staff we spoke with had an understanding of the MCA and how this related to how they sought consent before supporting people. A staff member told us, "I always ask people if it is okay to provide support and if someone said no I would discuss their reasons for this and then I would respect their decisions. I would not force people to receive care that is against the law and their human rights". Since our last inspection the acting manager has provided all staff with a laminated card detailing the principles of the MCA to enhance their knowledge and understanding. This had been well received by staff. A staff member said, "It has helped and it is a good prompt, look I am wearing it now so it reminds me what the principles are". Staff confirmed they had received training in relation to MCA as part of their induction and records seen confirmed this.

Good

Is the service caring?

Our findings

People and their relatives made positive comments about the staff that supported them. One person told us, "Most are very kind, and on the whole, they're good". A relative told us, "The regular carer is very good and provides a good standard of care. When [person] had difficulty with food the carer stayed a little longer to encourage [person] to make sure they had something to eat. The carer will chat, they are very kind and patient, and [person] always sings now and they never used to".

People told us they were happy with the regular staff that supported them, as they knew them well and people trusted them. One person said, "The carers talk to me and as I am a fan of a sport they show an interest and ask me about it". Another person told us, "The carer helps me write my birthday cards, they know it's important for me". A relative told us, "The carers are very kind. It is the little things, they brush [person's] hair and they love that. They chat and encourage them to drink more. Sometimes, they do their nails for them and this really cheers [person] up". Staff we spoke with told us they did provide support to the same people where this was possible but due to sickness, annual leave and the turnover of staff this meant that at times they supported people they were not familiar with. One staff member said, "I pretty much have the a consistent round and I know people well it is the little things that make the difference, like the way they like to be supported, and how they like things done, not everything can be written down".

People and their relatives told us staff communicated with them effectively and listened to them. One person said, "We chat all the time they always listen if I've got a suggestion or want it done differently they listen". A relative told us, "The carers listen to both of us. They talk to us, and I tell them if something needs a bit of a change they do it too". The acting manager advised that part of the matching process took into consideration people's communication needs. She advised that where possible if people's first language was not English they provided staff that were able to speak their language. Discussions with staff confirmed this. A staff member told us, "I do support people who I can communicate with in their language. They understand English but it is good to also talk to people in their primary language".

People and their relatives told us staff encouraged them to be independent where possible. One person said, "They encourage me to do things myself when I can. When I have a shower I cannot reach my back, so the carers do that bit and my feet and I do the rest that I can reach". A relative said, "[Person] is encouraged to do as much as they can on their own but with them there they are always ready to support [person])". Staff we spoke with understood the importance of promoting people's independence and enabling them to be self-managing. One staff member we spoke with said, "I always ask people what they can do for themselves and I encourage them to continue with this especially in relation to their personal care". Records provided staff with some information about people's abilities and independence and they encouraged staff to promote this where possible.

People and relatives spoken with told us that their experience was that staff were respectful and care was provided with privacy and dignity in mind. A person told us, "The carers know how to clean me underneath because I can't stand for long. The bathroom is completely closed so there is privacy". A relative said, "The

carers always make sure the doors are closed, and towels are ready to cover [person]". Staff spoken with recognised the importance of ensuring people's dignity and privacy was maintained. A staff member told us, "When I am supporting someone with personal care, I always make sure the doors and curtains are closed, and I ask the person how they want it to be done".

The branch manager was aware how to access advocacy support for people or she would provide them with information to enable them to do this independently. She advised that she did not know of anyone that currently used the services of an advocate. An advocate is an independent person who can support people and provide a voice to them when they may find it difficult to speak up for themselves.

Good

Is the service responsive?

Our findings

At our last inspection in March 2017 we rated the service as requires improvement. This was because people had not received a review of their care package for a while, and information in people's homes did not always reflect their support needs as the care plans were not accurate.

At this inspection, we found improvements had been made. People and their relatives told us that reviews were now being planned and they were involved in their care plan. One person said, "I have a care plan which I contributed to and it was reviewed about 6 months ago. The changes were recorded in my care plan". A relative told us, "[person] has a care plan, which we are very involved in. Someone comes out and they sit and talk with [person] to see how everything' s going". Two people and two relatives told us they were not sure of the frequency of their review and this information was shared with the branch manager to address and provide feedback to people and relatives.

People we spoke with confirmed their regular staff knew their needs and provided support in accordance with their needs and preferences. A person said, "My regular carer knows me well and, therefore, she knows exactly how to care for me". A relative told us, "We are confident the staff know how to care for [person] they have taken the time to get to know them". Staff we spoke with were knowledgeable about the needs of the people they regularly supported. Care records we reviewed contained personalised information about people to ensure they received care in line with their preferences. Records provided staff with information about people's preferences, their interests and hobbies and their religious observances. Information was not sought about other aspects of people's equality and diversity needs such as if people were from the Lesbian, Gay, Bi-sexual and Transgender community (LGTB). Discussions with the acting manager confirmed that further work was needed in this area to ensure such questions were asked as part of the assessment process.

People and relatives told us they were aware that a complaints procedure was in place. One person told us, "I have complained about my call times last year. However, after speaking to the agency, they responded and they come at the right time now". Another person said, "'I haven't had to make any complaints, but I feel confident to raise issues if I need to though". One person and their relative told us they had raised a complaint to head office and they were still waiting for a reply. We discussed this with the branch manager who advised that she had chased this up with their head office and that she would do this again to ensure a response was provided to the person. Two relatives told us past concerns had not been responded to in a timely manner and this information was shared with the branch manager to address.

We reviewed the records held about complaints and apart from the recent complaints received, the records indicated they had been investigated and outcomes and actions were recorded. The branch manager and area manager monitored the complaints for any patterns and trends. Staff we spoke with knew how to escalate any concerns shared with them. One staff member said, "I would ask the person if they wanted to call the office or if they wanted me to share the concerns they had raised". We saw that where lessons were learnt and improvements needed to be made, issues from complaints were discussed with individual staff members, and raised at staff meetings, or memos were sent out to ensure the required changes were shared

with staff.

We saw records of compliments the service had received from people and relatives about the staff that provided their support. Some of the comments received included, "The staff are dedicated, reliable and amazing providing care during such bad weather conditions", and "The carers are highly competent and good carers".

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in March 2017 we found shortfalls in the provider's systems to monitor the quality of the service. This resulted in areas for improvement not being identified. This was a breach of Regulation17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We checked to see if improvements had been made and found the provider had made sufficient improvements to meet the regulations, although further work was required to ensure the service was monitored effectively and in relation to the on call system.

People, relatives and staff told us there had been some improvements since our last inspection with the on-call service but issues were still shared with us indicating further improvements were required. The on- call service is operated when the office is closed, and is covered by staff that worked for the provider across the organisation. Feedback from some people and relatives told us the service was not always effective. One person said, "If you ring it's really difficult to get anyone, and it's usually an answer phone. When I have got through they don't listen. For example, when a carer is late, I have asked them what is happening but they don't always listen, and they say they'll ring back, but they don't". A relative told us, "'They don't always answer the phone some days. I had to ring and ring. When they do answer, they are not that helpful. For example, on one occasion, no one had shown up it was a night call. I waited till 10pm. The response was we'll see what happened but they take ages to get back, if at all". Other people and relatives told us they found the on call system satisfactory. Staff we spoke with also commented that there had been some improvements but they also raised some issues. These included staff being rude, not answering the phone in a timely manner, and not passing on messages to people when they had rang to indicate they might be late.

We discussed these issues with the registered manager who told us the on call system was being monitored in response to the concerns that had already been shared. We saw an action plan had been developed and this told us the action that was being taken. This included monitoring call times, and conversations held. The registered manager advised that a meeting would be held with the on call staff to share the feedback from our inspection to drive the improvements they were aiming for.

The provider had systems in place to monitor the service. An electronic monitoring system was in place and staff used this system to log in and out when they arrived and left people's homes. However we found not all of the staff were using this system and it was not being closely monitored by the office staff. We saw the provider was trying to address this and memos had been sent to staff and meetings held advising the staff of the importance of using this system. The provider had also advertised for a person to be employed to monitor the system on a daily basis. The branch manager told us following our inspection a staff member was now in post and had commenced monitoring the use of the system. They had begun contacting staff if they had not logged in or out. The branch manager told us this had meant the staff usage of the system had improved and the office could effectively monitor the service delivered to people. The branch manager hoped this would have a positive impact on people to ensure they received their support on time.

As part of the audits in place the branch manager monitored the number of missed calls on a monthly basis

and explored and recorded the reasons for these and took action where required. She advised she did not routinely monitor the number of late calls but advised this would now be incorporated in the monthly audits. We reviewed the staff rotas and saw that staff was given a minimum of five minutes travelling times between calls and in some cases more depending upon the distance they had to travel. . A staff member told us, "Certain times of the day the traffic is very busy such as early mornings and tea time, but the rotas do not take this into account or the amount of time needed to get from one person's house to another if they live in different areas. This means we will always be running late". We discussed this with the branch and area manager who assured us this would be reviewed and staff members feedback about peak travelling times would be taken into account. We saw this action was included in the December audit that was undertaken.

Audits were completed of people's well-being records and medicines on a monthly basis, and where issues were noted action was taken to address these. The branch and area manager had started to audit a percentage of the medicines records and completed a visual check on the rest. However, this system was not effective in identifying shortfalls and lessons were learnt so they had now reverted back to completing full audits. The area manager completed audits of the care records during her full audit of the service. We found that all care records were due to be reviewed to standardise the paperwork and ensure sufficient detail was provided to staff. We found that some people's risk assessments did not clearly explain the safe systems of work to be followed when supporting people with their mobility to guide and support staff. This had been identified and would be addressed when the care records were reviewed.

At our last inspection people did not know who the manager of the service was. Five of the eight people and all of the relatives we spoke with were familiar with the branch manager. One person told us, "'She's actually been with a carer here, to do the call. I find her approachable and she's lovely". A relative said, "They've got a good person there now and she is approachable Staff also told us the branch manager was approachable, open and transparent in the way she worked. One staff member said, "She is very supportive and gets things done and takes action where needed. She will also come out and help us when we are short, like when we had all that snow". The branch manager told us following our inspection that she had been successful in her interview and had now been registered as the manager for the service.

The feedback we received demonstrated that the branch manager worked well and in partnership with other agencies to get the best outcomes for people using the service. The branch manager worked closely with commissioners to report and respond to any issues raised. They worked in partnership with the hospital team to enable people to be discharged safely back to their homes.

Staff we spoke with gave a good account of what they would do if they learnt of or witnessed bad practice and how they would report any concerns. The provider had a whistle blowing policy which care staff were aware of and knew how to access. A staff member told us, "I would report any issues straight away to the manager and I know she would take action".

The registered manager was aware of their legal responsibilities for submitting notifications about certain incidents/occurrences that happened at the service to the Care Quality Commission [CQC]. We saw that the previous rating of the service was displayed at the provider's office and on their website as legally required.

Annual surveys were sent to people and staff to gain feedback from them about the way the service was provided and managed. We saw that responses received had been analysed and an action plan developed to address the suggestions made.