Carewatch Care Services Limited

Carewatch (East Berks and South Bucks) & Carewatch (Woking)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 24 and 26 August 2016. It was an announced visit to the service.

This was the service's first inspection since registration.

Carewatch (East Berks and South Bucks) & Carewatch (Woking) provides care to mainly older people in their own homes. Approximately 250 people were receiving support in the East Berks and South Bucks area and 72 in the Woking area. The office is located in Windsor.

The service did not have 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. An application had been submitted to the Care Quality Commission to register a manager.

We found people overall were satisfied with the level of care they received. Comments included "I wouldn't change any of what they do, I couldn't do without them," "On the whole they're very good, very trustworthy," "I'm quite satisfied with the service" and "Everything is going well and I've no complaints." One person told us "Most of the carers are 120 per cent." They added their regular care worker "Does little things without you noticing. She's very professional but so caring."

People told us the support they received helped them remain independent in the community. We received positive feedback on the caring nature of staff. One person said care workers were "Always kind, considerate and respectful, they treat me very well." Another told us "They're very pleasant, patient, kind and caring."

People said they were treated with dignity and respect. We heard that some staff used their personal mobile phones whilst they supported people. We have made a recommendation about use of personal phones during the provision of care.

There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns. Written risk assessments had been prepared to reduce the likelihood of injury or harm to people during the provision of their care. We found a very low rate of accident and incident reporting, which was out of line with the number of people supported by the service. We have made a recommendation for action to be taken to ensure staff know what they need to report to the office. The accident records we checked showed appropriate follow up had been made by the service.

Staff were recruited using robust procedures to make sure people were supported by workers with the right skills and attributes.

The induction process for new staff was detailed and led to the Care Certificate. This includes an identified

set of standards that health and social care workers need to demonstrate in their work. However, most staff who contacted us said they did not feel supported in their roles and were not able to obtain guidance and advice out in the community when they needed it. Staff and people who used the service told us it was difficult to get through to the office by telephone. They said calls often went unanswered and if they did get through, messages were not always returned or responded to. The service had appointed additional staff to improve the response to phone calls and to provide more support for care workers.

We found the service did not make appropriate checks to make sure relatives had the legal authority to make decisions on behalf of people who lacked capacity. We have made a recommendation about checking who can legally make decisions on people's behalf. People who did have capacity told us staff asked for their permission before they carried out tasks.

Care workers supported people with their nutritional and healthcare needs. They maintained a log of the care they had provided for people and any concerns they had. We have made a recommendation about the recording of medicines administration.

Care plans had been written, to document people's needs and their preferences for how they wished to be supported. These had been kept up to date to reflect changes in people's needs.

There was inconsistency in the handling of complaints. People told us their complaints were not always listened to or responded to by the service.

Some of the staff said they would not be confident in reporting any concerns because the culture of the service was not open and they felt there would be negative consequences for them.

We found breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to handling of complaints, notifying of serious incidents, seeking and acting on feedback and staff support. We also found a breach of the Care Quality Commission (Registration) Regulations 2009, as the service had not notified us of a safeguarding concern. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were unreliable records of accidents and incidents affecting people who used the service. This meant we could not always be sure staff took appropriate action to respond to and prevent injuries to people.

People were protected from abuse because staff received training to be able to identify and report it. There were procedures for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments were in place to identify areas of potential risk.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not protected against the risk of unsafe and ineffective care because staff had not been appropriately supported through supervision, training and day to day advice and guidance.

Decisions made on behalf of people who lacked capacity were not always made in their best interests, in accordance with the Mental Capacity Act 2005.

People received the support they needed with their healthcare needs.

Is the service caring?

Requires Improvement

The service was not always caring.

People told us they were treated with dignity and respect. However, some said staff used their personal mobile phones when they were in people's homes.

People were supported to remain independent.

People's sensitive information was kept confidential, to protect their privacy.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's complaints were not always investigated and responded to by the service.

People's preferences and wishes about how they wished to be assisted with their care were recorded in their care plans.

Staff were responsive to people's needs, such as when they were unwell.

Is the service well-led?

Inadequate

The service was not well-led.

Some staff did not feel they could raise concerns about standards of care as they were worried about the consequences of doing this.

Serious occurrences were not always reported to the Care Quality Commission. This meant we could not see what action had been taken in response to these events, to protect people from the risk of harm.

The service did not have a registered manager although an application had been submitted to the Care Quality Commission.

Carewatch (East Berks and South Bucks) & Carewatch (Woking)

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 checked 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 on 24 and 26 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by two inspectors on the first day and one inspector on the second day. An expert by experience contacted a sample of people who used the service, to seek their views. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We contacted six social care professionals to request feedback on their experiences of the service. We sent emails to 38 members of staff to ask for their views; replies were received from eight of them. We spoke with 19 people who use the service and two relatives who spoke on users' behalf.

We spoke with two managers, the regional manager, the regional staff trainer and two care co-ordinators. We checked some of the records the service was required to keep. These included nine people's care plans, three people's medicines records, 12 staff recruitment files and staff training and development records.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe. Comments included "We feel quite safe with all the girls who come here" and "You feel safe with them in your home." People said their properties were left secure, such as "They have a code to get in. There's never been a problem and they always shut the door when they leave. The only time there might be a hiccup is when it's an agency worker and they don't know the code, but I think they should." Another person told us "I've never had a problem with the girls coming in and the flat being left secure and safe."

The service had procedures for safeguarding people from abuse. These provided guidance for staff on the processes to follow if they suspected or were aware of any incidents of abuse. Staff had also undertaken training to be able to recognise and respond to signs of abuse. We received two direct comments from staff about safeguarding training. One member of staff told us they had received "Very basic update training in safeguarding." Another said "I have been given information in training and also had support from the office staff with regards to reporting suspected abuse, which I have followed."

Whilst we were at the service, we read records which showed a safeguarding concern had been appropriately handled. This included referral to the local authority safeguarding team and the police. The service had liaised with the local authority and co-operated with their investigation to protect the person. This investigation was still in progress at the time of our inspection.

We received mixed feedback about staffing arrangements. For example, one person told us "The scheduling of the carers is not good. It chops and changes all of the time, it's very unsatisfactory. Things have deteriorated as the company has got bigger and there's no consistency with who comes. I find I have to tell the carers what to do."

The majority of people said their care workers arrived on time. Comments included "In the main they arrive on time," "By and large they come when they should" and "Yes, they're pretty much to time." Other comments included "They're only occasionally late and they phone if they're going to be quite late," "If they come a bit late, which doesn't bother me, they always apologise" and "Sometimes they may be a little late but it's usually because they've been held up in traffic."

A relative told us about the consequences when a visit had been missed. They said "I don't usually visit my sister on a Sunday but, for some reason, I did on Mothering Sunday. I found her on the floor with her frame on top of her. It turned out that the morning carer hadn't arrived so my sister managed to get herself up and was trying to get dressed when she fell. She tried to summons help but none had arrived by the time I got there."

We looked at how the service monitored visits to people's homes. There was done via an electronic system of logging in as soon as care workers arrived at and just before they left people's homes. Managers had oversight of reports produced from these logging in times and could see if any visits were missed, late or not for the full duration required. There were regular meetings with the local authority commissioners of care, to

look at these details.

We looked at the processes used to cover staff absence, such as due to sickness. Three staff were off sick on the first day of the inspection. We heard co-ordinators in the office arranged cover for these staff. This ensured everyone received a visit.

Seventeen people told us they received continuity of care because the same care worker or group of care workers usually supported them. However, some people said this was not always the case at weekends when agency workers were used. One of the people who raised this issue told us "The agency staff don't know how I am because they don't know me and I have to tell them what to do." Another person said "The lack of consistency in regular staff coming means you have to keep on telling new people what to do and where things are." We saw the service had taken action to improve this situation. It was actively recruiting staff and several prospective care workers visited the office during the inspection to be interviewed. We also saw newly appointed staff come in to start their induction training.

Risks to people's health and safety were appropriately assessed and managed. People's care plan files contained risk assessments to reduce the likelihood of injury or harm to people. These included risks associated with moving and handling, falls and managing medicines. Assessments had also been undertaken of people's home environment and any potential risks which may affect staff providing safe care to people.

Staff responded appropriately in emergency situations and if they could not gain access to people's homes. We heard a care worker contacted the office as they could not gain access to someone's home. Office staff called the person's home and were able to speak with them; they had not heard that someone was at the door and were alright. In another example, office staff did not get any response when they called the person after staff could not gain access. They then contacted the hospital to check if the person had been discharged as planned.

The service used robust recruitment processes to ensure people were supported by staff with the right skills and attributes. The recruitment files we checked contained all required documents, such as a check for criminal convictions, written references, a photograph of the person and health screening. In feedback to managers, we mentioned some files contained the reference number of criminal records checks, but not the date or a copy of the certificate. In these cases, we were not able to verify that staff only started work after all checks and clearances had been received back.
The provider told us this information was held electronically.

People were supported to manage their own medicines where possible. Where care workers helped people with their medicines, people said they were given them at the right times. One person said "They always make sure I take it." We found some gaps on medicines administration records. There were accompanying record sheets for staff to use to explain why medicines had not been given, but these had not always been filled in. Although staff had not followed the provider's procedures for supporting people with medicines, we could see they wrote information in the daily notes to show when medicines had been given.

We recommend staff complete the medicines administration records to show when they have supported people with their medicines, in line with the provider's procedures.

We looked at the procedures for recording accidents and incidents. We queried how reliable monthly statistics were as no accidents or incidents had been recorded for July 2016 and only one for June 2016. This covered approximately 250 people who received support in the East Berks and South Bucks area.

We recommend the service ensures all staff are made aware of what they need to report to the office and that this is closely monitored.

The accident records we checked showed appropriate follow up had been made by the service.

Requires Improvement

Is the service effective?

Our findings

People's care and treatment was not always provided with the consent of the relevant person. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

People told us their care workers sought their permission before they provided support or carried out tasks. One person commented "The girls have been coming for a long time so they know what I need but they still ask if it's alright to do whatever."

We checked the see whether the service had complied with the principles of the MCA. Some care plan files stated the person's relative had power of attorney to make decisions on their behalf. In these cases, the service had not asked for copies of the power of attorney document, to confirm who could make these decisions and if they covered the areas in question. Without this document, the service could not be certain it involved the right people when it consulted them about people's care and that they were legally authorised to act on their behalf.

We recommend the service follows best practice by obtaining copies of power of attorney documentation.

People were assisted by staff who were not consistently supported in their roles. We looked at the arrangements for supervising staff as part of their on going professional development, as well as day to day support whilst they were out in the community.

We were told the expectation was for staff to receive supervision every six months, with observations of care provision in between ('spot checks'). We saw records of supervision in the files of staff who covered the Woking area and notes of spot checks made by supervisors. We also saw records of where new staff had shadowed colleagues, to observe their performance and note any areas where improvement was required. Information supplied by the service showed it was not meeting its targets for staff supervision and appraisal in the East Berks and South Bucks area. We were told this would be addressed as new supervisory staff had been recruited.

There were mixed responses from staff about whether they felt supported in their roles. Four staff said they did not feel supported. One care worker said "On nearly every occasion I tried to contact the office I would rarely have my call answered. On a couple of occasions I found myself out in the community and in a situation where an ambulance was needed. I informed the office and instead of providing any support in getting my calls covered to prevent service users receiving late visits, I would get 'Okay, let me know when

you're at your next call,' without any form of support offered." Another said they were "Left to sort nurses, doctors call outs, equipment for clients." A third told us "Phones are rarely answered. If answered, advice is never given." A further care worker said there was "No support for staff out in the field." The service had appointed additional staff to improve the response to phone calls and to provide more support for care workers.

Training for staff included safeguarding, medicines practice, mental capacity and moving and handling. We asked staff about the training they received and whether it was adequate for the role they performed. One care worker told us "I have never received any training from the company. I came from another company and that was accepted." Another member of staff said "Dementia training is something I think all care support workers should have available to them. The little knowledge given on training is not adequate enough, especially to someone with very little or no care experience." Another member of staff said they had received "Very basic update training in safeguarding, medication and manual handling." One person told us they were expected to use moving and handling equipment without appropriate training. Two staff told us training on handling medicines was insufficient.

These were breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as staff did not receive the supervision, training and support they required.

Three care workers expressed more positive views. One told us "Carewatch Woking as a whole I feel are supportive at times. The only real issue is after-support for carers after a safeguarding situation. I do not feel there is enough support or any given after." Another member of staff said
"I personally feel that I have great support from the office staff. They are always on hand to provide support whether it is over the telephone or in person." Another said "I have been offered extra training in all aspects and refresher training if required."

People told us they thought staff had the skills to meet their needs. For example, "The regular girls know exactly what they are doing," "They're all very good, very helpful and kind," and "I've no concerns about the quality of care given by the girls." Another person said "They always ask if I'm alright when they come in and if there's anything I need." One person told us the care was "Excellent and can't be faulted." Other comments included "On the whole everyone is very good, polite and helpful."

New staff undertook an induction to their work. This was a comprehensive process which included training, shadowing experienced care workers, observation of their care practice and meeting with the manager and supervisory staff. This had been tailored to meet the requirements of the nationally-recognised Care Certificate. The Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way. Staff worked through this process between three and six months, until they had successfully completed each stage.

Care workers communicated information about people's needs. Relevant information was documented in a care log book kept in the person's home. From these we were able to see the type of care provided and any concerns staff had. Staff told us they were kept up to date with changes to people's needs. For example, one care worker said "I feel I am always updated." Another said "Most of the carers call in if there is an update or change in medication, but this is not always filtered back to other carers on different shifts. I always highlight any changes in the care log book and MAR chart (medicine administration record)." A third care worker told us "The office always updates us on any changes to a service user's care. It sometimes comes by email or text. If it's an email, the office always send a text so that we are aware that an email is coming in."

People's nutritional needs were documented in their care plans. We saw, for example, one person was vegetarian. The notes written in the care log book showed staff provided appropriate meals for the person, to meet their needs. People were supported with cooking and shopping where this was part of their care package. Four people told us they received help with making food. In each case the person chose which ready meal they wanted and any accompaniments, and the care worker microwaved the meal.

People were supported with their healthcare needs. Care plans contained an assessment of people's physical and mental health needs. Risk assessments had been written where people had specific health conditions such as diabetes and asthma. We heard a relative contacted the office to ask if there was anything staff could do to chase a referral to the district nurse. The manager who took the call contacted the district nursing office and left a message on their answering machine. When the care worker for the person called in later in the day, the manager enquired if there had been any progress. On hearing that a nurse still had not visited, they contacted Social Services to let them know.

Requires Improvement

Is the service caring?

Our findings

People who used the service were positive about the caring nature of staff. Comments included "We always have a bit of a sing-song at night when they're getting me ready for bed," "They're all very, very nice people. Always kind, considerate and respectful, they treat me very well" and "They're very pleasant, patient, kind and caring." Further comments included "My regular carer is very cheerful and we get on well together" and "She will often do things which aren't down to be done." We read a compliment from someone who used the service. It included "I have found them very caring and (they) consider me when they send carers." Another compliment from a relative praised staff for going above and beyond what was required of them.

People told us staff were respectful towards them and treated them with dignity. For example, "Of course they treat me with dignity and respect. They're very good," and "They take their shoes off when it's raining outside, to protect my carpet." Care plans contained information to promote people's dignity during the provision of their care. For example, one care plan contained guidance for staff to organise how they carried out personal care. This was in order that the person only needed to stand up once, rather than several times. It then advised staff to "Reassure (name of person) at all times what you are doing and ask if she's okay standing."

We saw staff had signed agreements on the use of personal mobile phones whilst at work. However, we received feedback from three people who told us care workers used their mobile phones whilst they were at people's homes, which they found disrespectful. One person said this was particularly so as the person spoke in another language. They said "How do I know they're not talking about me?"

The manager told us all care workers had been issued with a handheld device or mobile phone for logging in and logging out when they were at people's homes. They said the phone also provided details about the person in respect of support to be provided. They told us care workers were required to use this work mobile whilst they supported people and some people may have thought this was a personal rather than work phone. However, it is unlikely staff would have been speaking in another language for work purposes and therefore some personal calls were being made.

We recommend staff are reminded not to use personal phones during the provision of people's care.

Staff kept sensitive information confidential. None of the people we spoke with had any concerns about how staff handled personal information. We saw care plans were kept securely in the office. Staff were reminded about confidentiality during staff meetings, as well as the need to be respectful about people's homes.

People's views about their care were sought during initial assessment of their care needs. Relatives were involved where people could not provide this information themselves. The care plans we read had been signed by the person or their relative. We saw some examples where people's views about the service had been sought. For instance, through telephone monitoring. We were told this was only done about once every six months.

People told us the support they received helped them remain independent in the community. One person said "They take me shopping, it's marvellous." Another person told us care workers supported them to go to appointments. Risk assessments had been written to support people to remain at home as long as they could. For example, we read assessments to reduce people's risk of falls and to help prevent personal neglect.

Requires Improvement

Is the service responsive?

Our findings

The service was not always responsive to people's complaints. We received negative feedback about how complaints were handled. For example, a relative said "They don't listen and they say they will 'look into it' but they don't and they never phone back." Another person told us their complaint had not been followed up. They said they were promised a meeting and that someone would contact them back but this had not happened. Another relative said they had not received any explanation after they contacted the office when a care worker had not turned up.

These were breaches of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as complaints had not always been investigated and action taken to address failures identified within the complaint or investigation.

We read three examples of where complaints had been responded to. We saw letters of acknowledgment had been sent to complainants. One complaint was escalated to a safeguarding concern and appropriate referral was made to Social Services. The second complaint was on-going but we could see changes had been made to who provided support for the person. In the third example, the complaint was upheld and the member of staff no longer worked at the service.

We saw a memo had been sent to staff following the outcome of a complaint investigation. This reminded staff to carry out all visits they were scheduled to undertake and they were advised of the company's standards policy.

We saw the service had received some compliments and read records of four recent ones.

People had their needs assessed before they received support from the service. Information had been sought from the person, their relatives and other professionals involved in their care if required. Information from the assessment had informed the plan of care.

Care plans took into account people's preferences for how they wished to be supported. Information included people's preferred form of address, any communication issues staff needed to be aware of and their next of kin and GP details. Care plans were personalised and detailed daily routines specific to each person. Assessments had been made to include medical history, any existing support people received, how they mobilised, their personal care requirements and details of their nutritional needs. The care plans we read had all been kept up to date. This helped ensure staff provided appropriate support to people.

We saw staff were responsive to people's needs. Entries in people's care logs showed staff had taken action when they had concerns about people's health and welfare. For example, staff had contacted the pharmacy when they realised someone's medicines had not arrived. In another example, a care worker called for a ambulance when they noticed someone was slurring their words and found it difficult to speak. An ambulance had also been called after care workers found another person dizzy, unable to stand and feeling poorly. After the person was checked over by paramedic staff, the care worker managed to gently persuade

the person to have something to eat and recorded that the person "Was much better" by the time they left them.

We saw action was taken when one person felt their early evening visit was too late and asked for it to be arranged earlier. The log book showed staff now visited at a time which was more convenient for the person and their preferred routines.

One person we contacted told us they had asked the service for different care workers to be sent. They said "We told them that we didn't want male carers because I feel uncomfortable with strange men being in our home. It took a while for it to get sorted but we always have girls now."

Another person told us they had not liked the way a care worker had behaved in their home. They said "I phoned the office and told them I didn't want that girl back and she's never been back." This showed the provider had responded to these people's concerns about who supported them with their care.

Inadequate

Is the service well-led?

Our findings

People consistently told us it was difficult to contact the office. A relative said "I tried to phone the office (on a Sunday) but I couldn't get through. The lunchtime carer tried to phone the office and couldn't get an answer either." One person told us "The office is not so good, they say they will phone back but they don't." Staff also said they found it difficult to contact the office. Comments included "Often when a service user has expressed an issue to me and I've advised them to inform the office, their reply to me has been 'What's the point? They never answer the phone anyway.'" Another care worker said when they phoned the office they left messages but no one got back to them. A third care worker said "Phones were not answered; messages were not relayed; phone calls were not returned." This included the on call phone for staff to contact a manager if they needed support out in the community. We acknowledge the service had appointed additional staff to improve the response to phone calls and to provide more support for care workers, to improve this situation. The introduction of new technology to log when care workers arrived and left people's homes was also expected to enable office staff to monitor and address any issues.

We received mixed feedback about the culture of the service. One member of staff said "Office staff generally are supportive. Our manager and field care supervisor are always on the end of the phone if needed, and are supportive at the time but I feel that support needs to continue and not think that one telephone call is enough. I do feel welcome to go to the office and talk to them should I need at any time." Another said they would be confident to raise any concerns: "I always communicate with the office verbally or by email to raise concerns if I have any."

Four staff told us about negative experiences. For example, one said "Care workers were disrespected by office staff and spoken to in an unacceptable manner. Staff were bullied." Another told us they would not be confident in raising a concern: "Nothing is kept confidential. I am too worried that my name and what I have said would be passed around to other employees, making work very uncomfortable." Another care worker said "The lack of support and feeling of insignificancy filled me with great apprehension in regards to expressing my concerns, as I did not wish for any repercussions." We looked at the provider's whistle blowing policy. Whistleblowing is raising concerns about wrong-doing in the workplace. The policy said "The company encourages a free and open culture in its dealings between its employees and all people with whom it engages." This was not everyone's experience.

These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the service did not seek and act on feedback from relevant persons for the purposes of continually evaluating and improving the service.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There are required timescales for making these notifications. The manager had not always informed us about incidents so that we could see whether appropriate actions had been taken. For example, we were not notified about a safeguarding issue which occurred eight weeks prior to our visit, until after we became aware of this at the inspection.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, as the service had not notified us of an incident of abuse.

At the time of our visit both parts of the service, East Berks and South Bucks and Woking had separate managers although this was now one office. It was not clear who had overall management responsibility, as the Woking part of the service had only recently become part of the office. The service did not have a registered manager in post. An application had been made to CQC to register a manager.

There were mixed views from staff about whether they received the support they required. Most staff who contacted us did not feel they had support when they were out in the community. Although there was a training programme, not all staff considered it equipped with them with the skills and knowledge they needed to meet people's needs.

We looked at how quality of care was monitored. There was a system for sending out surveys to people who used the service each quarter. We looked at feedback from the last quarter for the East Berks and South Bucks part of the service. Comments from people included dissatisfaction in communication with the office, care workers not arriving on time, lack of consistency with care workers and problems left unresolved. We noted some people were happy with standards of care and one said there had been improvements. Further surveys had been sent out shortly before our visit.

We asked people who used the service if anyone from the office came out to ask them what they thought about the care they received, or to do a spot check on how care staff worked. Comments included "They did at first but not now. I have all the phone numbers if I need them," "Yes, but not on a regular basis," "No, (name of co-ordinator) said she'd come out once a month to see how things are but hasn't" and "I spoke with the deputy manager and filled out a questionnaire." Other people said their care had not been monitored in this or any other way, as far as they were aware.

The records we looked at were well maintained. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, what to do if they could not obtain a response from people and safe handling of medicines. These provided staff with up to date guidance. There was also a staff handbook with information which included conduct at work, the aims and objectives of the organisation, use of social media, professional boundaries and dealing with emergency situations.

We received feedback from two relatives independently of the inspection process, to advise us of issues with invoices. In both cases we were told they had been approached by debt recovery companies although they had paid invoices sent by the provider.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had not notified the Commission without delay of the incidents specified in paragraph (2) which occurred whilst services were being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity. (e) any abuse or allegation of abuse in relation to a service user. Regulation 18 (2) e.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The service had not ensured any complaint was investigated and necessary and proportionate action was taken in response to any failure identified by the complaint or investigation. Regulation 16 (1).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service had not ensured any complaint was investigated and necessary and proportionate action was taken in response to any failure identified by the complaint or investigation. Regulation 17 (1).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive appropriate support, training and supervision to enable them to carry out the duties they were employed to perform. Regulation 18 (2) a.