Castlerock Recruitment Group Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This was an announced inspection carried out on 30 June 2015. At the last inspection in January 2014 we found the provider met the regulations we looked at.

Castlerock Recruitment Group Limited provides care and support to people in their own home. The office is based in the Burley Road area of Leeds and they provide support to people in the surrounding area.

At the time of this inspection there was a manager in post but they were not yet registered. 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 and associated Regulations about how the service is run.

People were not properly safeguarded from harm as we found during our visit that an allegation of neglect had not been reported to CQC. Our records showed that the provider had also been reminded on previous occasions

Summary of findings

when notifications regarding alleged abuse had not been sent to us. Staff we spoke with were aware of what constituted abuse or neglect and were aware of the need to report any concerns promptly to the manager.

There were not always effective systems in place to respond appropriately to complaints and comments made by people who used the service or people acting on their behalf. Relatives of people who used the service were not confident that their comments and complaints were always listened to and dealt with effectively to improve the service.

People told us they felt safe using the service and they overall received their calls on time. However people told us they were concerned at the high turnover of staff which meant they did not always get regular, consistent care workers.

Overall, recruitment procedures were effective. However, one staff member had commenced work without the provider having completed an up to date status check on their Disclosure and Barring Service check. Arrangements were made to rectify this to make sure people were protected by safe recruitment procedures.

People told us they were happy with the support they received from care workers and got on well with them. Staff were described as caring and kind. They said they were involved in planning their care and support needs.

Most staff said they felt supported by the manager and the organisation. However some staff said morale was low as the organisation was not responsive to concerns raised about working conditions. Staff had had induction training before they commenced work unaccompanied. They said they had opportunity to discuss their job role. Staff said they received good training to enable them to carry out their job effectively.

Staff were trained to assist or prompt people with their medication. They said they felt confident to deal with any emergencies if they arose. There were systems in place to ensure people's nutritional and hydration needs were met.

Systems were in place to monitor the quality and safety of service provision and we saw records which indicated the service had improved through this monitoring. However, fully effective systems were not in place to ensure continuous improvement in the service. It was not clear from action plans if areas identified as needing improvement were addressed.

We found the service was in breach of two of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

Staff knew how to recognise and respond to abuse correctly. However, we found not all safeguarding incidents had been reported to the Care Quality Commission. (CQC)

We found there were enough staff employed by the service to meet people's needs. However, people who used the service raised concerns at the staff turnover which led to a lack of consistent regular staff for people.

People told us they felt safe using the service and said staff treated them well. People said they received good support with their medication.

Is the service effective?

Requires improvement

The service was not always effective.

We saw mental capacity assessments had not been completed to ensure the rights of people who used the service were fully respected.

People's nutritional needs were met and people had support to gain access to healthcare professionals.

Staff said they received good training and support. Staff had not all received one to one supervision meetings to enable them to discuss their job role.

Is the service caring?

Good

The service was caring.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

Staff had developed good relationships with the people they supported and knew people's need well.

Is the service responsive?

Requires improvement

The service was not consistently responsive to people's needs.

There were not always effective systems in place to respond appropriately to complaints and comments made by people who used the service or people acting on their behalf.

People's needs were assessed before they began to use the service and care plans were developed from this information.

People had detailed, individualised support plans in place which described all aspects of their needs and showed how they were involved in the development of them.

Summary of findings

Is the service well-led?

The service was not always well- led.

There were systems in place to monitor the quality and safety of the service. However, these were not fully effective to ensure improvements in the service.

At the time of this inspection there was no registered manager. A manager was in post and told us they had started the process of application to the CQC to become the registered manager.

Staff raised concerns about staff morale and said the organisation was not supportive when they had raised queries about their working conditions.

Requires improvement 

Castlerock Recruitment Group Limited

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 on 30 June 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of two adult social care inspectors who visited the provider's premises and an expert by experience, with a background in care of older adults, who spoke by telephone to people who used the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 30 people using the service. We spoke on the telephone with two people who used the service and ten relatives of people who used the service. We spoke with five members of staff, the manager and the quality lead. We also visited the provider's office and spent some time looking at documents and records that related to people's care and the management of the service. We looked at five people's care and support plans.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports. We contacted the local authority and Healthwatch. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires improvement

Is the service safe?

Our findings

Staff had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with said they would report any concerns to the manager. Staff said they were confident the manager would respond appropriately. Staff told us they had received training in safeguarding vulnerable adults. Records we looked at confirmed this. The service had policies and procedures for safeguarding vulnerable adults and these were available and accessible to members of staff. Staff said they were aware of how to whistle blow (report concerns outside of the organisation) and confirmed they covered this on their training.

The manager maintained a log of safeguarding incidents and investigations that had taken place. However, we noted from looking at records that a recent allegation of neglect had not been reported to CQC by a notification as is required. The manager agreed this was an oversight and said they would send the notification in as a matter of urgency. Our records showed that the provider had to be reminded, by us, to send notifications of alleged abuse in on previous occasions. This meant people were not properly safeguarded from harm. We therefore concluded that there was a breach of Regulation 13, Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

We looked at recruitment procedures for five staff members. These showed evidence that an application form was completed and a written record that an interview took place. Written references had been obtained prior to staff commencing work and in most cases, these were obtained from the staff member's last employer to show evidence of previous good conduct in that employment. However, we noted that for some staff, references from the last employer had not been gained. The manager said that in these cases they had tried to obtain references but previous employers were either not available or unable to provide references. The manager agreed this would be documented in future to show the actions taken to ensure safe recruitment practice. We saw that documentary evidence had been provided to show evidence of identity. The manager said copies of qualifications would be taken if available. We saw that one of the five staff who were recently recruited had commenced work at the service without an up to date status check from the Disclosure and Barring Service (DBS). A DBS check provides information on people's suitability to work with vulnerable adults. The manager told us this person had left the organisation and then returned in a short space of time. We saw their application had been updated and new references had been obtained. On the day of our visit a status check on the DBS was completed.

We saw that people's care records contained a number of assessments of risk to support their safety. These covered personal safety, moving and handling, the home environment and medication. These contained sufficient detail to enable staff to safely support people. Staff we spoke with could explain the risks to people who used the service. They said there were good risk management plans in place such as the need to encourage people to use walking aids and take care if at risk from falls.

All of the people we spoke with told us they, or their family members, felt safe when staff were in their home and felt that the care they were receiving was of a satisfactory or good quality. One relative said "I have no concerns about safety at all; the care workers do a good job and I know that [Name of person] feels safe and happy with them."

People told us that in the last year calls had rarely been missed and that staff usually stopped for the allocated time. One relative said "The carers are very efficient. They do what needs doing and still have time for a bit of a chat before they go." However, one relative told us that staff did rush at times because they had too many calls to fit in. This relative said "It's not their (the care workers) fault, but they have to rush off to the next job and they haven't even got time to tidy up after themselves." We saw people had been asked about timeliness of calls as part of the reviews and all the feedback that we saw indicated that people were happy that staff came to them on or close to the times that they had requested.

Staff we spoke with said they always contacted the office if they were running late, who they said would then contact the person who used the service to let them know. Staff told us that rotas were arranged as much as possible, in geographical areas to make it easier and more efficient for staff to get to people's calls. Staff told us they usually supported the same people and visits were well planned. Staff said they knew the needs of the people who used the service so they received consistent care, built up a trusting

Requires improvement

Is the service safe?

relationship with the person and they had sufficient time to support people properly and meet their needs. They said they were usually introduced to people who used the service before providing care to them. Two staff said there were occasional emergencies where this did not happen.

One recurring concern from the people we spoke with was the high turnover of staff and the lack of regular staff. Some relatives told us they thought there was a morale problem and that staff were leaving to work for different care companies. Comments from relatives included: "The care workers have to travel long distances, even the walkers, and they don't seem very happy with the top management", "They don't seem to be able to keep their staff; you get to know a couple of carers and after a few weeks they've left and gone to work somewhere else. You're constantly seeing new faces" and "[Name of person] has two carers at a time and he often doesn't know one of them and that upsets him."

Staffing levels were determined by the number of people who used the service and their needs. Staff said that if two staff members were required to meet people's needs, two were always available. One staff member expressed concerns that there may not be enough staff in the future as the business expanded. They said they only just had enough staff now and they occasionally had to rush to get round to people. Another staff member said they were aware there were new staff waiting to start. The manager of the service said there had been a recent focus on recruitment but they would not be taking new work on until they were satisfied they had the right number of staff in place.

The manager told us where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours to cover the calls and ensure consistency. The manager told us they operated an on call system. They said there was always an experienced member of staff available at all times, who was aware of each person's care and support needs. Staff we spoke with also confirmed this.

People we spoke with told us that medications were administered safely, with appropriate supervision and documentation. We looked at medicines records for two people who used the service, as most people's records were still in use in their homes. The manager told us that the staff prompted people to take their medication but were not involved in administering it. We saw that care plans contained information as to the medication that people took. On one medication administration record (MAR) sheet staff had gone from recording four daily observations of a person taking tablets from their Dossett box to two, although we could find no record of any change in the care plan. The manager explained that the person's prescription had changed and as they managed their own ordering they had not needed to respond to this. They said the daily communication log in the person's home would have been used to record this change; however the book was still in the person's home and was not available for us to review during the inspection. With this exception the records we saw were complete and without gaps.

Staff had training on the assisting and prompting of medication during their induction period and then refresher training each year. Staff told us they felt the training they had received had provided them with the knowledge they needed to carry out this task safely. Staff said their competency in medication administration was checked during 'spot checks'. Spot checks are unannounced checks on staff's competency to carry out their role.

Staff said they felt confident and trained to deal with emergencies. They said they would have no hesitation in calling a GP or an ambulance if they thought this was needed. We saw there was a policy and procedure in place for dealing with accidents and incidents; this included the documentation of any accidents or incidents.

Requires improvement

Is the service effective?

Our findings

People told us that staff asked consent before performing personal care tasks or mobilisation tasks. One relative said "[Name of person] used to refuse a shower in the morning and the carers would agree to just do a wash. But now they've started encouraging [Name of person] to have a shower and gradually he's agreed. But they'd never do it if he didn't want it." People we spoke with told us that they, or their family members, had choice over their care and the way it was delivered. One relative said "[Name of person] is very independent and he tells the carers exactly what he wants doing in his own way. And the carers listen to him."

Staff we spoke with understood their obligations with respect to people's choices and the need to ask for consent prior to carrying out any care tasks. Staff showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions. Staff were clear when people had the mental capacity to make their own decisions, this would be respected.

The staff we spoke with told us they had completed Mental Capacity Act (MCA) training. However, despite having received training, staff had a limited understanding of the MCA and how this affected their work. They did say they worked with people on the assumption that people had the mental capacity to make their own decisions. The quality lead told us they were planning to introduce a new, training course on the MCA in order to improve staff's knowledge and practice.

Care plans were used to record information as to the person's ability to consent. Two questions were asked; 'Is the individual able to consent to care or treatment?' and 'Is the individual able to provide their signature on documents?' We saw that this was revisited during care reviews which meant that the service was able to respond if peoples' ability to consent changed over time. None of the care plans that we reviewed contained a formal mental capacity assessment. The manager told us mental capacity assessments had not yet been introduced for people who used the service. It was not clear from the records we looked at if people did or did not have the capacity to make their own decisions regarding their care and support and therefore if their rights were respected.

The manager and quality lead showed us new documentation that was to be introduced for use in assessing the mental capacity of people who used the service, where this was needed. The manager said they had identified people for whom they needed to carry out an assessment to ensure decisions made were in their best interests and their rights were respected.

We were told by the manager and quality lead that staff completed an induction programme which included information about the company and principles of care. We saw from the staff files we looked at that induction had been completed. Topics included; moving and handling, safeguarding vulnerable adults, dementia, medication and health and safety. Staff said they found their induction training prepared them well for their role. The manager said staff's competency following training was assessed during 'spot checks'. The quality lead showed us the outline of a new five day induction programme that the provider was to introduce. This was based on the Care Certificate; an identified set of standards that health and social care workers adhere to in their daily working life. The quality lead said they had identified their current induction training needed to be improved. They said the new course was delivered over more days and included more face to face learning rather than e –learning. This would allow staff more opportunity for discussion and questions following their training which would enhance their learning.

Staff told us they had 'shadowed' experienced staff as part of their induction training and the period of 'shadowing' depended on their previous experience and their confidence about working unaccompanied. This helped staff to become familiar with the people they would be supporting. From records we looked at we saw that staff had at least two 'shadow' experiences. We saw written feedback on progress and performance during 'shadowing' was given.

There was also rolling programme of training and refresher training available to staff. Records showed that most staff's training was up to date or if a refresher course was due it was booked. The records were kept on a computer system which gave alerts of when training was due to be updated.

People we spoke with told us they thought that the staff were well trained, although a few relatives thought that

Requires improvement

Is the service effective?

new staff were not so confident. One relative said "I suppose you can't expect new staff to be as good as the more experienced staff. The problem is that we see a lot of new staff."

Staff we spoke with said they felt well supported and there was always someone available to ask for any guidance or support. Some staff confirmed they received supervision where they could discuss any issues on a one to one basis. However, two of the five staff we spoke with said they had not received one to one supervision meetings as yet. They both confirmed they had received spot checks and had had opportunity to discuss their training needs. The manager was aware of the need to get staff's supervision sessions up to date with a regular schedule for their frequency to be developed.

We also saw that regular 'spot checks' were carried out to assess staff's performance while carrying out their role and a written record of this was made. Staff confirmed regular spot checks took place. They also said the team leaders worked alongside them so were aware of how they worked. Staff said they received feedback from spot checks. They said they found this useful. One said, "I like to know if I am doing a good job." We saw spot checks included feedback from people who used the service. We saw comments which included: 'I like the company of [name of staff member] visiting me to help me stay as independent as I can be.'

There was a system of annual appraisal in place. However, the majority of staff were new to the organisation and had therefore not received an appraisal. The manager was aware they needed to put a schedule in place to ensure all staff were given the opportunity of an annual appraisal to identify any future training or support needs.

Staff we spoke with told us of the importance of good nutrition and hydration for people who used the service. They said it was important to ensure good health and avoid illnesses such as urine infections. Staff described how they encouraged people who were nutritionally at risk to eat and drink when they carried out their visits. We saw that people were asked about their preferences regarding food, and saw in the daily communications logs that these foods were being prepared for people. One person had stated that they liked a good breakfast as it 'set you up for the day', and the daily logs showed that this was reflected in what they were given to eat in the morning.

People we spoke with who received meal time calls for themselves or their family members told us that the meals were generally prepared on time and were either microwave meals or sandwiches. One relative was pleased that the staff made their family member a warm microwave lunch and then prepared a sandwich for their tea at the same time, so they could eat it when they wished. Another relative was very pleased because staff had listened to their family member when they said they were bored with microwave meals and now the staff called for fish and chips from a local chip shop once a week for them. Another relative was pleased because staff were encouraging their family member to help prepare for meal times by setting the table and getting the food ready for staff to cook.

One relative was pleased because they had asked, as part of the care plan for their family member, that they be weighed weekly and this was happening. The relative could check the notes weekly and see how their family member was progressing.

Staff said they were trained to recognise deterioration in people's health such as pressure ulcers or people not drinking enough. They said they would always take action such as contacting the office for advice or ringing a person's GP if they felt that was needed.

Two relatives told us they were pleased because staff had spotted medical problems and alerted the office and families to contact a GP promptly. One relative said "[Name of person] is on antibiotics at the moment because a carer spotted signs of infection." Another relative was pleased because staff had noticed that their family member was running out of medications and they were able to arrange the repeat prescription.

The relatives we spoke with told us that they, as families, generally monitored the health needs of their family members, but they were confident that the staff would help if necessary.

Good

Is the service caring?

Our findings

All of the people we spoke with told us they were receiving satisfactory or good care, even though several people were concerned that there were too many staff involved in their care and that they would prefer fewer, more regular staff.

People were complimentary about the staff. They told us staff were kind, caring, compassionate and patient. Comments from people included: "They work very hard and are always polite", "They are fantastic carers", and "They never rush [Name of person].They let her take her time" and "The girls who come are lovely, and always ready to get stuck in."

People we spoke with told us that their or their family member's, privacy and dignity was upheld. One relative said "The carers always close the bathroom and bedroom doors so [Name of person] is kept private when she's washing and dressing." Some people we spoke with told us that staff tried to promote people's independence as much as possible. One person said "The carers assist me as much as I need and give me the support I ask for and no more. I can do a lot for myself so I get the bowl and night clothes ready for when the carers come." One relative said "I think [Name of person's] mobility has improved recently because the carers are trying to get him to walk a bit further to the bathroom each day and help himself get dressed." Another relative said "The carers are very good with [Name of person] because they prompt her to do things for herself, like brush her teeth."

Staff we spoke with demonstrated they knew people's likes, dislikes and care preferences. It was clear they had developed good relationships with people. They spoke warmly about the people they supported. They said they provided good care and gave examples of how they ensured people's privacy and dignity were respected. They spoke of the individual ways people wished to be cared for and supported and how they did this with dignity and respect. Staff spoke of the importance of respecting people's privacy and being mindful that they were in someone's home. They said it was important to respect people's property and tidy up after themselves. Staff said they ensured people's privacy whilst they undertook aspects of personal care, but always made sure they were nearby to maintain the person's safety.

Staff also spoke of the importance of maintaining independence for people who used the service. They described the way they did this through gentle encouragement and being aware of people's needs. Staff said it was important for people to have as much independence as possible for people's welfare and self-esteem. One staff member said, "It's important people feel good about themselves, gives them some pride."

Care plans contained personalised information about peoples' past lives and current preferences. For example in one plan we saw details as to the person's career, long marriage and family. Notes gave a clear picture of the person for whom care was provided, for example '[name] is an old style gentleman with a great deal of pride and family commitment and would like all his care needs to be carried out with patience, respect and dignity at all times.' People were asked about all aspects of their care when plans were reviewed. In the comments section of one review a person had been recorded as saying '[name] is happy with the care he receives from carers and says they always make him feel safe and comfortable and he likes to have a laugh with them.'

There was evidence that people who used the service had been involved in planning their care and support needs. Records showed people who used the service or their relatives had signed the care plans to show they were in agreement with them. During the care reviews people were asked if they felt in control of their care, meaning that the service supported people to express their views and be actively involved in decisions about their care.

People we spoke with told us that they were fully involved in setting up their, or their family member's care plan and that staff understood what care they needed. People told us staff followed the care plans that were in place. One relative said "The first thing the carers do, especially the new ones, is to check the care plan and see what needs doing." Another relative said "I always check the carers' notes and they're always up to date."

The compliments file contained feedback which illustrated the relationships staff had built up with the people who used the service. One relative said 'I would like to express my heartfelt thanks for the care you have given my [family member]. She loved the girls coming.' Most people we spoke with told us they, or their family members, could understand what the staff were saying to them. However, two relatives told us their family members had trouble

Good

Is the service caring?

understanding the foreign accents of some staff and that this had caused some communication problems and distress. One relative said "[Name of person] found it very difficult to understand one care worker and he became very agitated and frustrated. I don't know what the answer is, but it does add to the problems." Neither relative had contacted the office about the problem as they felt there was not an easy solution.

Requires improvement

Is the service responsive?

Our findings

Records showed that people had their needs assessed before they began to use the service. This ensured the service was able to meet the needs of people they were planning to support. The assessment came as a referral and the manager said they reviewed this prior to completing their own initial assessment. They said they usually completed this assessment by carrying out a home visit or going to see people who were in hospital, prior to their discharge.

Following this initial assessment, the manager said care plans were developed detailing the care and support people needed. Staff said they found the care plans useful and that they gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service. Staff also said they had time to read the care plans and were kept well informed if care needs changed. One staff member said it sometimes took a bit of time for the actual care plan to be updated but said staff were informed of changes through telephone calls or text messages.

A copy of the person's care plan was kept in the person's home and a paper copy was available in the office. This was so all the staff had access to information about the care and support provided for people who used the service. During our inspection we looked at five care plans. We wanted to see if the care and support plans gave clear instructions for staff to follow to make sure that people had their needs met. All of the care plans that we looked at were highly personalised, throughout to give a clear sense of the person needing support. Personal support plans prompted staff completing them to get information from people under the headings 'About Me', 'Supporting Me', 'My Friends, Family and Contacts' and 'My Personal Outcomes'. We saw that people and their families had been involved in writing and reviewing care plans and that the daily communication logs showed that needs and preferences were being met, for example favourite foods being prepared and wishes regarding when to leave doors unlocked during the day.

Some of the relatives we spoke with could recall having care plan reviews and told us that these had been helpful. Some relatives told us their family member's needs had been reviewed after hospital discharges and that the revised care plans were always put in place promptly.

We looked at the daily records made by staff when attending to people's care needs. Overall, these showed people's needs were being appropriately met. Call times were recorded which showed staff were staying for the required duration of calls. If two staff were in attendance for the call this was also recorded.

There were systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. The manager said this information was provided in the 'Service User Guide' that was given to people at the start of the service.

People we spoke with told us that care staff and office staff were generally responsive to their needs and wishes. One relative, for instance, was pleased that staff now brought a newspaper for their family member every day so that the relative did not have to do this task. People told us that generally, if they raised an issue or concern that staff would listen and try to help, although there were some requests and concerns that were not being met, such as more reliable times for calls, weekly rota lists and more regular carers. One relative told us they had raised concerns about the number of different staff with the office, but had not felt confident that the issue was being addressed. This relative said "We seem to get improvement for a while after I complain, but then staff leave and we're in the same boat again."

One of the relatives we spoke with were concerned that the time slots allocated for their family member were not always kept and that their family member could be receiving their care calls over an hour before or after their agreed time slot. This relative told us they had contacted the office about these problems, but did not feel the issues were resolved. They said they had raised concerns about a morning call being up to an hour and a half late. They said they had contacted the office about the problem and asked the service to provide a weekly rota so that their family member knew when a call would be coming and who it would be. This relative said the rota was delivered for a while, but recently it had not arrived every week and was increasingly inaccurate. They had also asked the office if staff could ring their family member if they were going to be

Requires improvement

Is the service responsive?

late, but this relative said “This hasn’t happened yet.” Another relative said they had requested a weekly rota. They said “It’s hit and miss; sometimes you get one and sometimes you don’t.”

The manager told us that no complaints had been received directly to the service since the last inspection. However, we were aware that complaints regarding the delivery of service had been made to the local authority in the last year. We saw these had been addressed individually through investigation and joint working with the local authority. There were records of these investigations and what the manager had done to improve the service. We also saw that the quality monitoring tools completed with each person when their care was reviewed asked if they knew about the complaints procedure and whether they had any concerns that they would like to raise. However, there were no formal systems in place to assist the manager with analysing feedback to incidents in the service in a way which would assist in identifying any trends and informing the development of the service.

We therefore concluded from the above evidence there was a breach of Regulation 16,Receiving and acting on complaints of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

The manager said any learning from complaints would be discussed with the staff team once any investigation had concluded. We saw there was a system of text messaging and telephone calls and this was recorded onto a computerised system to show staff had been contacted. There had not been any staff meetings recently or team newsletters where this information could be discussed. The manager said they were hoping to arrange meetings in the future to ensure staff had the opportunity for group discussion.

Staff said they felt they were overall kept up to date on important issues. We also saw that management meetings were held with other managers in the organisation. Minutes we looked at showed operational issues were discussed; demonstrating that the service had reflected on its experiences and was committed to continuous improvement. For example, the need to introduce mental capacity assessments.

Requires improvement

Is the service well-led?

Our findings

At the time of this inspection there was no registered manager. A manager was in post and told us they had started the process of application to the CQC to become the registered manager. The manager was supported by team leaders and a team of care staff. They were also in the process of appointment of a care co-ordinator who would assist in the management of the service.

People we spoke with who had received services from the organisation for over a year told us they had seen improvements in the service over the past year, particularly around missed and timely calls. Two relatives did not feel the service was well managed and attributed low morale and the high care staff turnover to a management style and working conditions that staff did not like. There was evidence in positive feedback from people who used the service that the leadership in the service had improved. One person had sent a card which said 'I received a letter dated 4.12.14 expressing your apologies for some failures in the service that you provide. At that time there had been missed and late visits, and the service had been much less reliable than previously. I just want to let you know that in recent weeks the service has been very dependable and I particularly appreciate how well the staff managed to get to me in the snow."

Most people we spoke with told us they were able to contact office staff if they had a problem. One person, however, told us they had experienced problems on several occasions contacting the office, even during office hours. This relative had recently had to ring the provider's office during office hours as they could not get through to the Leeds office. The message left (about cancelling a care call due to an urgent medical appointment) was not passed on to staff in Leeds and they said this caused a problem with a wasted visit from care staff.

Staff spoke positively about the manager and said they found them approachable. Comments included; "She is a good manager, well organised, I am very pleased so far", "Really caring, puts the clients first, will go out and do the calls herself if needed" and "Lovely woman is [Name of manager], puts in 100%." Some staff said there were times when the manager could get a little flustered. They said it was because they had too much to do but were aware things were getting better with administration support now being in place at the office. We asked the manager to contact people who used the service or their relatives to ask if they would be willing to speak with us. We were informed on the day of our visit that this had been done and were provided with people's contact details. However, when we called people; only two people could recall the agency contacting them prior to our call. This lack of organisation and preparation caused distress for some people who were not prepared to receive a call from us.

Staff did not speak positively about the support from the wider organisation. They said they felt they did not get a quick response to queries they had raised and this affected staff morale. We were told the provider was now looking in to these matters for them. Staff all told us, however, that they really enjoyed their work. They demonstrated they had a commitment to people who used the service. Comments included; "Absolutely love this job and providing good care for people" and "Take pride in my work and giving a good service, it's a great job."

People who used the service and their relatives were asked for their views about the care and support the service offered. Five quality questionnaires had been returned to the service in the last year and these showed a high degree of satisfaction with the care being provided. One person had said that staff 'look clean and smart'. Another wrote 'I am happy with the present arrangements'. People were asked if they would like to see the manager of the service as a part of these questionnaires. One person had ticked 'Yes' to this. However the manager in post at the time had not made contact with them so we were unable to find out if any action had been taken. The current manager said they would make a call to arrange to see anyone who made this type of request. Some people we spoke with could recall receiving surveys or telephone conversations where they were asked for their views of the service. None of the people we spoke with could recall seeing the results of these exercises, but one person could recall a change being made to their relative's care plan as a result of their individual feedback.

The manager had a number of different measures in place to check that systems were safe and working effectively. This included checks on medication administration records, care plans and daily notes. Any actions identified were documented in an action plan within the audit. It was not clear from the documentation or speaking with the manager how this was then addressed with staff to ensure improved performance.

Requires improvement

Is the service well-led?

The quality assurance tools appeared robust and did explore individual people's experiences and changing needs. However the service lacked systems to collate and analyse data to inform service development and drive continuous improvement. The manager demonstrated a clear intention to continue to improve the service, and stated that she now benefitted from stronger line management and administrative support. There was no service development plan that demonstrated clear objectives and timescales for achieving business goals, although the manager did show understanding of the broad needs and challenges of the service.

We saw the quality lead had recently carried out an audit of the service which included checks on care records and staff records. The outcome of the audit had been put in a report for the manager. It was unclear from the document we looked at which records had been audited and therefore where the improvements were needed. There was also no timescale for the actions to be progressed. The manager said they had discussed this in more detail with the quality lead and they knew where the improvements were needed. The manager and quality lead both agreed the action plan needed more specific detail to demonstrate where improvements were to be made.

When asked if people would recommend the service to others, most of the people we spoke with said they would. However, five people told us they would have reservations about recommending the service to others. The reasons they gave were: not having reliable time slots, the high turnover of staff, the number of new staff and new faces to get to know and not having regular care workers.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Suitable systems and processes to ensure people were safeguarded against the risk of abuse were not operated effectively.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints Systems in place to respond appropriately to complaints and comments made by people who used the service or people acting on their behalf were not always effective.