Storm Homecare Limited

Storm Homecare Limited

Inspection report

Rutland House
23-25 Friar Lane
Leicester
Leicestershire
LE1 5QQ

Tel: 01162538601

Date of inspection visit:
15 September 2016
23 September 2016

Date of publication:
30 November 2016

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**

Summary of findings

Overall summary

This inspection took place on 15 September 2016 and was unannounced. We returned announced on 23 September 2016.

Storm Homecare Ltd is a domiciliary care service providing personal care and support to people living in their own homes in Leicester and Leicestershire. The office is based in Leicester city centre. At the time of our inspection there were 22 people using the service.

The service had two registered managers although at the time of our inspection one had left. 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.

The provider's quality assurance system of audits and checks had failed to identify shortfalls in the service. This meant that the provider had not taken action when records were out of date and not fit for purpose, or when policies and procedures had not been followed. Consequently we could not be assured the service was well-led.

People using the service had had mixed views about the quality of the care and support provided. Some people said they felt safe using the service, but others did not due to concerns they had about the suitability of some of the staff. The provider's recruitment policy had not always been followed meaning a staff member had been employed without their police check being completed.

All staff had an induction and ongoing training. However some people felt that new and relief staff were not trained to the standard of regular staff. People's healthcare needs were met and some staff had had extra training to meet these needs. All staff had been trained in safeguarding.

People had written risk assessments in place with regard to their personal care and support routines. These did not always give staff clear instructions about how to manage risks. People were satisfied with how staff supported them with their medicines. People and relatives told us staff encouraged people to make choices and maintain their independence.

All the people we spoke with said the staff were caring and kind. They told us the staff were thoughtful and willing to do extra to improve the quality of their lives. Relatives, whose family members had communication needs, told us staff were good at communicating with them and spoke clearly and slowly.

Some people told us they usually had the same staff and this gave them the opportunity to build positive, caring relationships with the staff who supported them. However other people expressed concerns about the provider sending staff they did not know and who had not been introduced to them.

Most people told us they had care plans and that staff read these and recorded the care that had been provided at each call. Some people said they were dissatisfied with how their care was recorded. Some care plans lacked detail which meant staff did not have the information they needed to provide responsive care.

Some people told us they were satisfied with the timeliness and reliability of their calls but other people said they had experienced staff being early, late or not turning up at all. Some people said they thought the problem was organisational as staff were at times double-booked.

The service had a complaints procedure and people who had raised concerns said improvements had been made as a result.

We found one breach 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 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 consistently safe.

Some people felt safe using the service, but others did not due to concerns they had about the suitability of some of the staff.

People's risk assessments were not always fit for purpose.

Medicines were safely managed and administered in the way people wanted them.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Some people thought the staff were well-trained but others had concerns about their knowledge and skills. People had the opportunity to consent to the care provided.

Staff mostly had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet. People were assisted to access health care services and maintain good health.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and communicated well with people.

People were encouraged to make choices and involved in decisions about their care.

Most people said they had continuity of care from the staff.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans lacked detail which meant staff did not always have the information they needed to provide responsive care.

Some people said staff were on time for their calls but others said that on occasions they were early, late or didn't turn up at all.

The service had a complaints procedure and people who had raised concerns said improvements had been made as a result.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider's system of audits and checks had failed to identify shortfalls in the service.

People using the service and relatives had mixed views about how well the service was managed.

Storm Homecare 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 15 September 2016 and was unannounced. We returned announced on 23 September. The inspection team consisted of two inspectors and an expert by experience.
An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at information received from local authority and health authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with seven people using the service and five relatives. We also spoke with the director, the care manager, and three care workers.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at four people's care records.

Requires Improvement

Is the service safe?

Our findings

Most people said they felt safe using the service and thought the staff were suitable for their roles. One person told us, "I feel absolutely safe with my regular carer. She's always there if I need her." Another person commented, "They make me feel safe by helping me when I am washing and getting dressed. They watch me carefully."

A relative said, "I would recommend this agency to somebody else. It reassures me that I feel [my family member] is in safe hands." Another relative commented, "I definitely feel full trust in the carer. I have to be OK with the carer - I am leaving them alone with my [family member] in my home and all my personal belongings are here too."

Records showed all staff had been trained in safeguarding (protecting people from abuse). The staff we spoke with knew how to recognise the signs of abuse and what to do if they saw them. One staff member told us, "I'd look out for physical things like bruising, and also changes in the person themselves. For example, if they weren't eating and drinking or if they were normally happy but seemed sad, I would be concerned. I would ring the office to report this." This was in line with the provider's policies and procedures for protecting people from harm.

However some people we spoke with expressed concerns about the safety and suitability of the staff. One person said, "One day a carer brought her little girl with her. I don't think that's right when she is helping me get washed and dressed. I told the office that I didn't want her again and I haven't seen her since." Another person told us, "Some of the [staff] just come in, do things very fast and go. A couple of carers were on their mobile phones when with me. One said that it was the office but I could hear that it wasn't. One of them has left now." A relative told us, "There was one carer who [my family member] said was doing massage on her. We didn't think that was safe or appropriate and we told the office staff. I think they got rid of her in the end."

Another relative, who said their family member had complex needs and was 'challenging', told us they had been sent a young and inexperienced staff member. They said the care and support required was complicated and they did not feel it was safe to leave the staff member with the person without other family members being present. They said, "We […] have trained her up and she is a good carer now but for quite a while we couldn't leave her alone with him as she wasn't experienced enough." Another relative suggested, "They need to recruit more experienced mature people."

Three people felt some of the staff employed at weekends were not as good as staff who worked during the week. One person said, "Although they [the staff] showered me okay everything else was haphazard. I've got bad arthritis and can't do things like make my bed. They didn't do that, didn't get me any water and didn't put my phone near to me which I really need. My regular carer only does one in four weekends and [on the other weekends] it all goes wrong." A relative said, "[The staff] should read the care plan at weekends as [my family member] has to tell them everything." Another relative told us, "It's just the [staff at] weekends that are the problem."

We discussed people's and relative's comments about the suitability of some of the staff with the director and care manager. They said they were not aware of the alleged incidents involving the child attending a call, the staff member offering massages, and staff allegedly using mobile phones while on duty and that these may have been historical. Nor were they aware there had been issues with staff at weekends. They said they would look into the concerns and take action as necessary.

Prior to our inspection the provider sent us a notification concerning an incident involving a person using the service and an inexperienced staff member. Records showed the staff member, who had never worked in care before, had been sent on their first call on their own to support a person with complex needs. They had not previously been introduced to this person, although they had read their care plan. This resulted in a safeguarding incident.

We discussed this issue with the director and care manager. They said they had already acted to reduce the risk of a similar incident occurring. This included ensuring that in future staff worked in twos and met the person in question before providing them with care and support.

Records showed the provider operated a recruitment process to help ensure the staff employed were safe to work with the people using the service. We checked staff files to see if the recruitment procedure had been followed. Most had the required documentation in place including police checks and references. However one file showed that a staff member had started work before their police clearance had been received.

The director said the situation had been risk assessed and deemed to be safe as the staff member in question had police clearance that hadn't yet expired from their country of origin. While this is acknowledged, it does not negate the fact that the provider had not followed their own recruitment procedure. We discussed this with the care manager and director who told us that in future staff would not start work at the service until they had been cleared by police in the UK as safe to work with people who use care service.

People's risk assessments made it clear how many staff people needed for their calls. For example, one person's stated, '[Person's name] is completely dependent on two care staff to move and handle her at each care call.' Staff told us they would not attempt to assist to transfer a person on their own if they had been assessed as needing two staff members. One staff member told us, "If the second person [staff member] was late I would wait for them. I would never move a person on my own – my manager would have a fit if I did." The care records we saw showed that the correct number of staff had been allocated to each call.

We looked at how staff managed risks to people using the service. People had written risk assessments in place with regard to their personal care and support routines and staff told us they followed these. Some of the risk assessments we looked at lacked detail. Although they stated what people were at risk of, for example falls, skin breakdown or sleeping difficulties, they did not give staff clear instructions about how to manage these risks. This meant staff did not always have the information they needed to provide safe care.

The quality of one person's risk assessments were of particular concern. One risk assessment stated that the person could behave 'inappropriately' but did not explain what this meant. The assessment advised that if this happened, staff should ring the office to report it. However it did not tell staff how to manage the immediate situation. This meant that staff could be placed in a challenging situation with no instructions on how to respond.

Another risk assessment directed staff to assist the person with an inappropriate activity. This placed staff and the person in question in a potentially unlawful situation. An accompanying checklist further

compromised staff by telling them 'Please do not act on the things which you think are inappropriate.' This did not make sense and would further hamper staff in providing safe care and support for this person.

We discussed this with the director and care manager on the first day of our inspection visit and they agreed to take immediate action with regard to these issues. When we returned for the second day of our inspection visit we saw that the person's risk assessments had been re-written and improved. Changes had been made to their package of care to help ensure that both the person themselves and the staff who supported them were safe. In addition the care manager was in the process of reviewing and improving all people's risk assessments to ensure they were fit for purpose.

People were satisfied with how staff supported them with their medicines. One person said, "My carer helps me with my tablets and it's always been fine. She also helps me if I need to contact the chemist." Another person said, "They just need to prompt me with my medication and there has never been a problem." A relative said, "My [family member] has medication morning and evening and they always give it and record it accurately."

We looked at how staff managed people's medicines so they received them safely. Staff at the service prompt rather than administer medicines, and this is stated in the provider's statement of purpose. The meaning of 'prompting' is defined so all parties understand what staff are authorised to do.

People's care plans described the support they needed with their medicines. For example, one person's stated they 'will have a dosset box [medicines storage system] already prepared' and 'can take and accept their tablets orally'. Staff completed MARs (medicines administration records) when people had taken their medicines. This meant there was a record of when people had their medicines to show they had been given at the right time and in the right dose.

Requires Improvement

Is the service effective?

Our findings

People and relatives had mixed views about how well staff were trained. Some people and relatives were satisfied with this. One person said, "I feel that they are well trained, a new carer will come out with an experienced one." Another person told us how effectively a staff member had dealt with a situation when they fell. This included checking their well-being and calling their family member to tell them what had happened.

A relative told us, "I think they are very professional and well trained. A while ago my [family member] had a seizure and the carers knew what to do. They put him in a safe position, and let the office staff know what had happened. They also phoned later to see how he was." Another relative commented, "They [the staff] know what they are doing and when new carers come in I guide them and they soon settle in."

However some people and relatives were dissatisfied with staff training particularly when new staff, or staff who were new to them, called. One person said, "I would not really recommend this agency. My regular carer is excellent but when I have other carers, particularly at the weekends, a lot of them aren't trained. I have to guide everything when there are new carers as they just don't seem to know what to do and when it's new carers the half hour isn't long enough as I have to explain everything. " A relative told us, "We are probably different to most of their other people as my [family member] is very challenging and so we think that they need to do more training for the carers on dealing with this sort of behaviour and situation."

We looked staff training records to see if they had had the training they needed to provide people with effective care and support. These showed that all staff had an induction and training prior to starting work with people. Some training was provided by an external trainer and some by the service's care manager who was a qualified moving and handling trainer. We saw that staff had had training in a range of courses including safe handling of medicines, health and safety, challenging behaviour, mental health, equality and diversity, first aid, and lone working.

The staff we spoke with were knowledgeable about the people they supported and had a good understanding of their needs. They told us they were satisfied with the training they'd received. One staff member said they'd completed the service's standard training followed by additional training to enable them to meet the specific needs of a person they supported. Another staff member told us, "We are well-trained and well-supported. I needed extra training in mental health and the agency provided it. We also have regular training updates."

We discussed staff training with the director and care manager. We told them that some people had expressed concerns about the training of some staff, particularly those who were new or who worked at weekends. They said they would review the effectiveness of staff training and take action as necessary to make improvements. This would help to ensure that all the staff employed had the knowledge and skills they needed to carry out their roles and responsibilities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the 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 it is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. Where appropriate, people had mental capacity assessments to determine if they were able to consent to the care and support the service provided. Records showed staff recognised that some people had the capacity to make decisions about some areas of their care and support, but not others. For example, one person was recorded as having capacity to choose their food and drinks but needed staff to act in their best interests with regard to other aspects of their personal care. This had been agreed with the person, their family, and health and social care professionals.

Care records showed that people were routinely asked for their consent and that their choices and decisions were recorded. Staff had attended courses on the MCA and understood people's right to consent to and decline care. This helped to ensure that staff worked in people's best interests and only provided care and support when it was appropriate and in the person's best interests for them to do so.

People and relatives told us they were satisfied with how people were supported with their nutrition. One person said, "They give me breakfast and will prepare what I ask for." A relative told us, "They prepare food for my [family member] and always ask him what he wants from the foods I leave"

Care plans set out the support people needed which helped to ensure their nutritional needs were met. If people had particular needs relating to nutrition, these were recorded. However there was a lack of detail in some care plans meaning staff might not always have the information they needed to meet people's nutritional needs.

For example, one person's care plan said they were diabetic but 'has a normal diet'. It was not made clear what 'a normal diet' consisted of. The same person's care plan said 'staff to offer support to assist [person's name] with eating his meals' but didn't describe the type of assistance the person needed. The director and care manager said most people would be able to tell the staff how best to support them, but if they were unable to they would ensure more details was included in care plans.

All staff who assisted with meals were trained in basic food hygiene so they understood how to prepare food appropriately. The staff we spoke with said that if they had concerns about any aspect of a person's nutrition they would report them to the office so action could be taken as necessary to address any areas of concern.

Records showed people's healthcare needs were assessed prior to their care package commencing. The assessment covered all aspects of a person's healthcare and provided information about healthcare professionals involved in meeting the person's needs so that staff could contact them if necessary. Emergency contact details were also provided in case of a healthcare emergency, for example next of kin, GP, and community nurses.

The staff we spoke with understood people's healthcare needs and were able to explain what they did to help people to maintain good health. If staff needed extra training to help them to assist with meeting people's healthcare needs this had been provided. For example, on staff member had been trained by district nurses to clean and maintain a medical device. They told us that following their training the care

manger had observed them doing this to check they were competent. The staff member told us that if they needed any ongoing advice with regard to this medical device they rang the district nurses. This was an example of staff being trained for their role and liaising with the healthcare professionals to help ensure a person's healthcare needs were being effectively met.

Good

Is the service caring?

Our findings

All the people we spoke with said they thought the staff were caring and kind. One person said, "I'm quite satisfied. I get the same carers which is great. They don't put a foot wrong. They are very kind, for example they will always ask me if I need any ointment on my legs. We are always having a laugh." A relative told us, "My [family member's] regular carer is lovely, fantastic and from that point of view everything is as it should be. I'm really happy with her."

People told us staff were thoughtful and willing to do extra to improve the quality of their lives. One person said, "My carer is very nice. She just gets on with it. She is always cheerful. When she is out doing shopping for me she will sometimes phone me if she sees something she thinks I might like. She will get it for me if I fancy it. She is ever so good and always makes sure she brings all the receipts and the change. I have offered her a bit of money for her kiddies but she'll never take it." This showed that the staff member in question was caring, thoughtful and respectful of professional boundaries.

A relative gave us an example of how kind staff had been to their family member, "All the carers get on with my [family member]. I even had two carers take him out to their house for a barbeque. They are very gentle with him and seem to love coming here. They have struck up a good relationship with my [family member] and me. I'm quite happy. Somebody suggested that my [family member] has a PA instead but I said no - I don't want to leave Storm."

Relatives, whose family members had specific communication needs, told us staff were good at communicating with them. One relative said, "When [the staff member] talks to her she talks politely and slowly. My [family member] has a learning disability and so needs people who speak clearly. And they also always talk properly and with respect to me and my family." Another relative told us, "My [family member] can't speak so she gets very frustrated. The carer is good with her – she slows her speech down and is very calm and explains calmly - this helps my [family member]. This carer is experienced and understands my [family member's] communication difficulties so I don't have to stay in so this helps me. I can relax."

People gave us further examples of the caring approach of the staff who supported them. Comments included: "I am very happy with my carers they are so kind"; "They are very caring attentive and hardworking"; "I really like my carers. One prepares a meal for me and is always cheerful", and, "They are quite gentle - they do what they can." A relative said, "They do treat [my family member] with respect and ensure that his dignity is preserved, speaking to him kindly and calmly."

Some people told us they usually had the same staff. This gave them the opportunity to build positive, caring relationships with the staff who supported them. One person told us, "I mostly have the same carers which suits me." A relative said, "The regularity of carer has helped build a rapport which is so important." Another relative told us, "The carers are now regular. My [family member] can't speak and so I can't have lots of different carers. It took a while to sort out the right carer." And another relative said, "My [family member] gets the same carer each time. My [family member] likes her, she takes her out."

One relative said it was positive that their family member had the opportunity to meet new staff prior to support being provided. One relative told us, "They bring any new carer for my [family member] the day before and introduce them and so that they know what to do."

However one person and two relatives expressed concerns about the provider sending staff they did not know and who had not been introduced to them. One person told us, "They don't phone and tell you when it's going to be a new carer mainly at weekends or introduce them so I have to tell them what to do and I have no idea who is going to turn up." A relative said, "There is a lot of staff who leave. We've had so many different people." And another relative told us, "My biggest gripe is that they don't bring the person [my family member] is going to have at the weekends and introduce them to her. We just don't know who is going to turn up." This meant people felt they weren't getting continuity of care from the service.

We discussed this with the director and care manager. They said they understood that continuity of care was important to people as it meant they could develop and maintain caring relationships with staff. They said the provider had an ongoing programme of recruitment and efforts were made to employ staff who would stay with the service. They also said they would look at ensuring that all new staff were introduced to people and relatives before care and support commended.

People and relatives told us staff encouraged them to make choices and involved them in making decisions about their care and support. One person said, "They are good at giving me choices for example in what I am going to wear and what I have for breakfast." A relative told us their family member was involved in their care and support from the beginning. They said, "Before we started with the agency they came to the house and were good asking [my family member] what she wanted."

People and relatives also said staff encouraged people to maintain their independence. For example, one person told us, "They do help me to do as much as I can for myself. They help me out of the shower and they let me dry the parts I can reach. I've always been very independent and I like to dress myself as much as I can and they help me when I need it."

If people had particular requirements regarding their care and support these were recorded in their care records. For example, one person requested staff of a particular gender and records showed these had been provided. We spoke with staff about how they ensured people preferences were met. They told us they read care plans and, where possible, asked people how they liked their care and supported provided.

People told us the staff respected and promoted their privacy and dignity. For example, one person said, "My regular carer is very good and makes sure that I am never embarrassed about anything. It could be embarrassing the sort of things she has to help me with."

People and relatives told us the staff were good at maintaining confidentiality. The provider's commitment to this was included in their service user guide which people and their relatives had a copy of. One person said, "The carers never talk about other people when they are with me. They never mention names but might say 'my last client was ill and I had to stay a bit longer which is why I'm a bit late'." This meant that people could be assured their privacy was maintained.

Requires Improvement

Is the service responsive?

Our findings

Most people told us they had care plans and that staff read these and recorded the care that had been provided at each visit. One person said, "They always write in the folder." A relative told us, "[Staff member] read the care plan when she started and so learnt more about my [family member's] background." Other comments from relatives included: "They maintain the care plan and keep day to day records very well"; and, "The care plan is quite good and they always write in the folder."

Other people said they were dissatisfied with how their care was recorded. One person told us, "My [relative] had to phone the office as last weekend as nothing was written in my book. When she phoned the office they said they would look into it but then said maybe the carer couldn't find the folder even though I am there to ask. I know where it is kept." A relative said that although their family member's regular staff member completed records as expected, other staff members' records 'can be a bit skimpy'.

We discussed this with the director and care manager as a good standard of recording is necessary to show people have received appropriate care and support. They told us they would look into the quality of staff members' care records and re-train staff if necessary to bring about improvements.

People's needs had been assessed when they began using the service and care plans put in place for staff to follow when providing care and support. Some of these lacked detail which meant staff did not have the information they needed to provide responsive care.

For example, one staff member told us a person they supported sometimes resisted personal care. We asked what they did when this happened and they said they came away from the person and then tried again later. We checked this person's care plans for personal care. One stated, '[Person's name] can become distressed if you attempt to carry out personal care without explaining clearly what it is you would like to achieve.' However there were no instructions on how staff should respond if this happened apart from recording the incident and informing the person's next of kin. This meant we could not be sure that all staff would know what to do if the person declined personal care.

Another care plan stated that a person needed to use a hoist to transfer from one place to another, however there were no instructions to staff on how to do this. Although all staff were trained in moving and handling, each person is different and personalised instructions would help ensure that the person was assisted in the way that was best for them and that they preferred. Another care plan said that a person needed to be assisted with 'washing', but there was no information about how this assistance should be provided in line with the person's preferences and needs. This meant that staff might not always have the information they needed to provide responsive care.

Staff made daily records of the care and support they provided during their calls. Some of those we looked at were incomplete. This was because although they included information about people's demeanour and well-being, they did not state that they had supported people with their personal care routines. This meant we could not be assured that people had been supported in line with their personal preferences and wishes.

We discussed these issues with the director and the care manager. They told us care plans were in the process of being re-written, improved, and made more personalised. They also said that in future they would always include step-by-step instructions for staff on how to provide personalised care that was responsive to people's needs.

Some people told us they were satisfied with the timeliness and reliability of their calls. One person said, "The carers are generally on time. The evening visit to help me to bed is quite early but I don't really mind as I'm quite comfortable in bed." A relative told us, "The carers are now very good at keeping to the correct times." And another relative said, "They always stay for the amount of time they are supposed to and they have never been late."

Other people we spoke with said they had experienced staff being late or early for calls or not turning up at all. One person told us, "Today they didn't turn up for my 8am visit until 10.30am." Another person said, "At the weekends I never know what time they will turn up." A relative said, "There have been lots of times where nobody has turned up. They leave [my family member] on a night shift with nobody to help her. They sometimes don't even phone to tell her that nobody is coming."

Some people said they thought the problem was organisational, rather than with the staff themselves. One person told us, "The office will sometimes phone them [the staff] to tell them they need to go to somebody else before they come to me." Another person said, "On their [staff members'] list of visits they have to do they often have two users at the same time on their sheets." A relative said, "The carers have said that they've got to be at somebody else's home at the same time as with my [family member]."

When we looked at people's care records it appeared that most of their calls had been on time or within 15 minutes of their designated start time. However the provider had no way of verifying these times as they relied entirely on staff making entries in people's care notes. We discussed this with the director and care manager. They agreed to look into the concerns that people had raised about late or double-booked calls and take action as necessary. They also told us the provider was planning to install a call monitoring system. This would help ensure people received responsive care at the times that had been agreed with them.

We looked at how staff at the service managed complaints. None of the people or relatives we spoke with reported having made a formal complaint but most said they would not hesitate to speak to the office staff if they were unhappy. One relative said, "I have never had to complain but would if necessary. I have a lot of contact with the office." However some people and relatives had raised concerns with us that the director and care manager said they were not aware of. We discussed this with the director and care manager who said people and relatives were continually asked for their views on the service. They said people and relatives would always be listened to if they did and action taken as necessary.

Two people told us that as a result of informal complaints they had made the service had improved. One person said, "I had to complain about one carer and she is no longer there. She used to sit on my sofa making loud sniffing noises all the while whilst I was eating my breakfast. I said I didn't want her back and I didn't get her back." Another person told us, "I complained as carers were just coming in without calling out. It was frightening at times. I complained to the office and most now ring the bell and come in and then shout out to me to let me know they are in."

A relative said they had had a satisfactory response when they raised a concern. They told us, "In the past I have been very unhappy with some of the carers. I've phoned the office and told them 'I'm not feeling comfortable with this carer' and the office staff have always been supportive and will change the carer. It

took a while for them to realise what my [family member] needs." This was a further example of a person being listened to and action taken in response to their concerns.

We looked at the provider's complaints procedure. This was in the service user guide which is given to people and their representatives when they begin using the service. The complaints procedure had been updated since our last inspection to better explain the role of the local authority, the Ombudsman, and CQC in dealing with complaints. This meant people using it had clear information on what to do if they had any concerns about the service and how their complaint would be managed

Requires Improvement

Is the service well-led?

Our findings

The service had a system of audits and checks in place to help ensure the care and support provided was of a good standard. However during the course of our inspection we identified a number of areas where the service's quality systems had failed to identify shortfalls in the service.

The provider's statement of purpose was out of date and provided misleading information about the service provided. It stated that the service employed a mental health nurse as clinical lead and a registered general nurse to support staff with their training needs. This was incorrect as there were no nurses employed at the service when we visited.

The statement of purpose also stated 'All our carers have worked within the healthcare sector for at least 12 months.' This was also incorrect as staff records showed that some staff had never worked in any type of care before coming to work at the service, and some others had previously worked in social care only. This meant that people were not getting an accurate description of the service from the statement of purpose.

One of the two registered managers had left and the provider had not formally notified us of this or arranged for the person to be de-registered. This meant the provider had failed in their duty to notify CQC of a change to their service, although they had notified us of other significant events at the service.

The provider had not followed their own recruitment procedure and had allowed a new member of staff to start work without police clearance to say they were safe to work with people who use care services.

One person's risk assessments were unfit for purpose as they directed staff to assist a person with an inappropriate activity. The provider had not identified the risks inherent in this.

There was no policy in place for staff working with people who might be engaged in substance abuse despite the service providing support for people in this category. This had led to confusion amongst the staff and the possibility that professional and legal boundaries had been crossed.

People's 'daily records', completed by staff when they supported them, did not contain enough detail to show that people's assessed needs had been met.

The provider's policy for staff supervision, which stated that staff should have four supervision sessions a year, had not been followed. At the time of our inspection over a third of staff had not yet had supervision in 2016. This meant staff may not have been getting the support they needed to carry out their roles, not the opportunity to provide feedback on the service.

These shortfalls are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. The provider's systems and processes to assess, monitor and improve the quality and safety of the service provided were ineffective.

Following our inspection visits the provider took immediate action to address some of these issues. This included submitting a notification to say a previous registered manager had left, putting a substance abuse policy in place, and re-writing one person's care plans and risk assessments so they provided staff with the information they needed to keep the person and staff safe.

People and relatives had mixed views about how well the service was managed. Some people were satisfied. One person said, "I am happy with everything and when I phone the office they talk nicely to me and sort things out if there are any little problems." Another person told us, "I have been with them for several years and I think they have got a lot better as a company"

A relative told us, "The office team really seem to understand me and my needs as a carer. They phone back if they say they will. They always seem to listen. Things can go wrong but as long as somebody tries to resolve the situation then it's OK and they do that." Another relative said, "Because in the office they know my [family member] I don't have to keep going into detail and explaining myself over and over again."

Some people made positive comments about the flexibility of the service. One person said,
"I ring the office if I want something altering such as if my family want to take me out and they are good at being flexible about this." A relative said, "They will change the day and be flexible if we have another commitment." And another relative commented, "I would recommend them. They are very flexible and try to fit in around the needs of my [family member]."

Other people were less satisfied and expressed concerns about aspects of the service. One person said, "The whole thing is badly organised at weekends. I never know who I'm going to get and they aren't trained. I don't know who the manager is." Another person told us, "Listening to the carers I think the office is the problem. I don't think they support the carers very well."

A relative said, "They are always nice enough when you phone the office but they will say somebody will phone you back and the next thing I know the person has left." Another relative told us, "They have lost good carers. The problem is not really the carers, it's Storm. They put on the carers a lot so carers get fed up and leave. We are constantly ringing Storm and the people in the office are often leaving. It's not professional at all."

We passed on these comments to the director and care manager who said they were of the view that the office was well-managed but they agreed to follow-up the issues raised as a priority.

The staff we spoke said the thought the service was well-managed. They told us the director, care manager and office staff were supportive and helpful. On staff member said, "I know if there's a problem it will be sorted – management deal with things." They said they did not have staff meetings but had had one-to-one supervisions although they said they were not sure how often these took place. They said during these they had the opportunity to provide feedback on the service. They also told us that at other times managers and office staff kept them up to date with changes to people's needs by telephone or in person when they called into the office.

We discussed this with the director and care manager. They said staff supervisions had not been held as frequently as they should have been but they intended to address this to ensure the provider's policy was followed.

We looked at how well staff at the service listened to people and heard their views about the quality of the care and support provided. Most people were unable to recall being asked for feedback. Those that could,

said staff phoned, wrote, or visited them to ask them for their views. One person said, "They phone occasionally and I think they have sent a survey form in the past." A relative told us, "They have sent out a questionnaire in the past and did phone me about a couple of things I wrote."

The provider sent out six monthly 'service user satisfaction surveys' to the people using the service and relatives. Results of those surveys showed that people were mostly satisfied with the care and support they received. When we visited the provider was in the process of carrying out their next survey. The questionnaires had been re-designed and featured symbols and text to make them clearer and more user-friendly. This was an example of good practice in communicating with people using the service and others.

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 17 HSCA RA Regulations 2014 Good governance The provider's systems and processes to assess, monitor and improve the quality and safety of the service provided were ineffective.