

Morepower Limited

AQS Homecare - Hampshire East

Inspection report

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Date of inspection visit:
30 March 2016
31 March 2016

Date of publication:
29 June 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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 30 and 31 March 2016. The inspection was unannounced.

AQS Homecare Hampshire East provides personal care to people who live in their own homes. They provide services to older people, people living with dementia and younger adults. At the time of our inspection there were 165 people receiving personal care from the service. There were 53 care staff, three senior care staff, one recruitment officer, one referrals co-ordinator, one co-ordinator who planned people's care, a quality and compliance manager and an area manager.

There was a registered manager in place; however they were not present at the time of the inspection. The area manager was applying to the Commission to become the registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe but there were insufficient numbers of staff to provide a consistent service. Risk assessments were completed and up to date but did not always contain enough detail about how the person could be kept safe.

People and their relatives felt they received care from staff who had the skills and knowledge to carry out their roles effectively. However staff did not always agree. Staff may not have received the appropriate training. Supervisions and Appraisal were not always provided in line with the provider's policy.

Staff showed a limited understanding of the Mental Capacity Act 2005; however staff knew what to do if they felt people were making unsafe choices. We have made a recommendation for the provider to review the Mental Capacity Act 2005 and its subsequent codes of practice.

People's privacy and dignity was not always respected and promoted.

People and their relatives confirmed care planning and needs assessments had not always been a positive experience for them. However people and their relatives felt that there had been an improvement with care plans and assessments since the area manager joined the service in November 2015. New care plans had been introduced but they were not always personalised.

Positive changes had been made by the area manager but there were still concerns about staff shortages, due to high unplanned absence and poor communication. Measures had been implemented to improve communication between office staff, care staff and people.

Some quality assurance systems were in place to monitor the quality of service being delivered and the

running of the service, such as quality assurance surveys, complaints and safeguarding logs. Audits of care records and staff records were being completed. Audits were not in place to monitor accidents, incidents or complaints and concerns.

There were clear procedures for supporting people safely with their medicines. Safe recruitment practices were followed. Staff received an induction programme in line with the current recognised standards. People were protected against the risks of potential abuse. Notifications had been sent to the Commission.

People were supported to maintain good health and have access to health care services. People and their relatives said that the care staff were kind and caring. Office staff spoke with people in a kind and caring manner when using the telephone. Compliment cards and letters had been received into the service thanking the service for their help and support.

People were involved in their care and stated they made decisions about their care. People had signed their care plans to indicate they consented to their care.

Complaints had been received into the service and dealt with in line with the provider's policy. We found two breaches 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 this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People felt safe but there were insufficient numbers of staff to provide a consistent service.

Risk assessments were completed and up to date but did not always contain enough detail about how the person could be kept safe.

There were clear procedures for supporting people safely with their medicines. Safe recruitment practices were followed. People were protected against the risks of potential abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not always feel they received effective training. Staff may not have received the required training. Staff did not always receive a supervision or appraisal.

Staff demonstrated a limited understanding of the Mental Capacity Act 2005 but knew what to do if they felt people were making unsafe choices.

Staff received an induction in line with the current recognised standards. People were supported to maintain good health and have access to health care services.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People's privacy and dignity was not always respected and promoted.

People and their relatives confirmed care staff were kind and caring. The office staff spoke with people in a kind and caring manner.

Compliment cards and letters had been received into the service thanking the service for their help and support. People felt involved in their care and felt they made decisions about their care.

Is the service responsive?

The service was not always responsive.

Care planning and needs assessments had not always been a positive experience for people. However there had been an improvement with care plans and assessments.

New care plans were in place for some people. Care plans were not always personalised.

Complaints had been received into the service and there were systems in place to identify, receive, record, handle, investigate and respond to complaints.

Requires Improvement 

Is the service well-led?

The service was not always well led.

Positive changes had been made by the area manager but there were still concerns about staff shortages, due to high unplanned absence and poor communication.

Measures were being implemented to improve communication between office staff, care staff and people.

Some quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. Some audits were in place to monitor and assess the overall quality and safety of the service.

There was a registered manager in place. The area manager was applying to become the registered manager. Notifications had been sent to the Commission.

Requires Improvement 

AQS Homecare - Hampshire East

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 and 31 March 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we reviewed safeguarding records and other information of concern received about the service. We checked if notifications had been sent to us by the service. A notification is information about important events which the provider is required to tell us about by law. We spoke with the Local Authority safeguarding and commissioning teams. This inspection was brought forward as a result of receiving some concerning information about the service.

During the inspection we spoke with eight people who used the service and three relatives. We also spoke with seven care staff, the quality and compliance manager, the area manager and the recruitment officer.

We reviewed a range of records about people's care and how the service was managed. We looked at plans of care for eight people which included specific records relating to people's capacity, health, choices, medicines and risk assessments. We looked at daily reports of care, incident and safeguarding logs, compliments, complaints, service quality feedback forms, audits and minutes of meetings. We looked at the training plan for 43 staff members, recruitment records and training records for five staff members and spot check and supervision records for nine care staff.

We asked the provider to send us information after the visit. This information was received.

Is the service safe?

Our findings

Most people said they felt safe when they received personal care. Relatives confirmed this. One person said, "Yes I do feel safe as I have excellent carers and my care plan has risk assessments." Another said, "The carers are very nice and they make me feel safe. They make sure that there are no hazards left on the floor that I could fall over and always ask me what I want them to do." However, although people felt safe they all felt there were insufficient numbers of staff to provide a consistent service. One person said, "Staff seem to come and go all the time or their rounds seem to be moved, there is no consistency." Care staff confirmed they felt people were safe when they received their visits.

Prior to the inspection we had received information of concern informing us that the service was short staffed, which often resulted in one care worker supporting people who required the assistance of two care workers, missed and late visits. At this inspection the area manager confirmed they had experienced some staffing issues, mostly due to unplanned absence which meant people did not always receive their visits on time or their visits were missed. The area manager confirmed people who required the assistance of two care staff were prioritised and a "double up round" had been created to ensure people received the support that met their needs. Records confirmed this.

People confirmed they continued to experience late and missed calls. We received comments such as "Staff don't arrive on time and are often late." "I don't think they have enough staff, we still occasionally get missed calls." One relative said, "The carers are very nice but my main concern is that carers do not come in at the correct times. I have family commitments and I prepare [person's] breakfast and tea. If the carers come in at the wrong time this is disrupted." Staff confirmed they felt there were not enough staff to meet people's needs due to a high level of unplanned absence. We received comments such as, "There are not enough staff and that's why there are missed and cancelled calls." "I don't know if there are enough staff but there is always lots of staff sickness." "There is not enough staff and we are using another agency to cover."

The area manager said they had started to put processes in place to ensure that there were sufficient staff to keep people safe and meet their needs. They told us they had re-enforced return to work interviews for staff who had been absent from work due to sickness. The return to work interviews would support the area manager in managing sickness levels. Records confirmed this. A staff member had been seconded to the post of a recruitment officer to ensure the effectiveness of staff recruitment. Shift patterns for senior care workers were being developed which meant they were available seven days a week to cover staff absence and ensure people received their visits. Visit plans had recently been sent to people to inform them of the time they should expect the care worker to visit and what care worker will be visiting. People, staff and records confirmed this. Regular care workers had been introduced to people to ensure better continuity of care. Records and staff confirmed this. A plan was in place to ensure all staff use the Electronic Monitoring System (ETMS) to sign in and out of the person's home. This would support the area manager in identifying missed, late and reduced visits in a timely manner. ETMS is a database which can monitor the location and movement of staff at all times. One person confirmed they had recently seen an improvement with the time of their visit and communication from the office.

The area manager confirmed that in extreme circumstances they sub contracted with another agency to provide care to people if they were unable to cover their visits. This is an agreement the provider has with the Local Authority contract and commissioning team. However, during the inspection we observed that the service was still experiencing difficulties with covering visits as a result of unplanned absence of staff. We heard a staff member inform the area manager they were unable to cover people's visits for the coming weekend and would need to sub contract people's care to the covering agency.

A failure to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure they can meet people's needs was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before the inspection we received concerns informing us that care staff were providing care to people without Disclosure and Barring Service Checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. At this inspection we looked at DBS records for 18 staff and found that all staff had received a DBS check prior to starting work for the service. The area manager informed us they had recently seconded a staff member to the role of a recruitment officer who would be responsible for completing the safe recruitment and selection process for staff. The recruitment officer confirmed they had developed a process to ensure all recruitment checks were completed for staff prior to the commencement of work. Records confirmed this.

We looked at five recruitment files for staff and saw appropriate steps had been taken to ensure staff were suitable to work with people. All necessary checks, such as DBS, work references and fitness to work had been undertaken. Staff confirmed the service had taken up their ID and references and that they had not commenced employment until their DBS had come back. This meant safe recruitment practices were followed.

Before the inspection we received concerns informing us Medicine Administration Records (MAR) charts were not in place for people who required support with their medicines. At the inspection the area manager confirmed they had recently been made aware of this concern and had requested care staff to report any people who should have but did not have a MAR chart in their care plan file. The area manager advised that MAR Charts were sent to people's homes with their visit plans. The MAR charts were addressed for the attention of the care worker. Records demonstrated that this process was in place. People and staff confirmed MAR charts were now in place.

Before the inspection we received concerns informing us that visits were not adequately spaced to ensure people received their medicines on time. At the inspection one relative stated they had to re-arrange the amount of medicines their relative was getting because their calls, especially between the evening and night time calls were not spaced evenly. They told us they were afraid that their relative would be overmedicated. The relative stated that on one occasion there was only a five minute gap between the evening and night call. The relative sought advice from the GP and the person's medicines had changed to twice a day. The area manager confirmed they were aware of the concern and had met with the person and their relative on 11 December 2015 about their concern. Records demonstrated the concern had been dealt with and the scheduling system used to plan people's visit times showed this person's care visits had been evenly separated to support the person to take their medicines safely.

There were clear procedures for supporting people with their medicines. Staff had no concerns about how people's medicines were managed and they demonstrated a good understanding of the provider's medicines policy. Staff received training on medicines.

Before the inspection we received concerns informing us that people did not have appropriate risk assessments in place to ensure they were safe when receiving care. At this inspection people told us they had risk assessments in their care plan file and one person told us care staff made them feel safe because they made sure there were no hazards left on the floor that the person could fall over. The area manager confirmed they had recently recruited a quality and compliance manager to ensure people had up to date risk assessments in their home. The quality and compliance manager confirmed their responsibilities and showed documented evidence of the system they had in place to ensure people's risk assessments were up to date and accurate.

We looked at eight people's care plan files which identified risks to their environment and highlighted if manual handling equipment was required. All eight people had an up to date risk assessment in their care plan file. However four people's risk assessments were more detailed than others. The four risk assessments that contained the most detail had been updated in line with the process implemented by the quality and compliance manager. The four risk assessments that required additional information were missing information on how to support people safely with their manual handling. For example, one person's assessment identified their mobility was poor and they required the use of a Zimmer frame at all times to walk around their home. The manual handling risk assessment in this person's care plan file was left blank and did not identify the risks or control measures required to keep this person safe. We viewed the quality and compliance managers' spreadsheet which demonstrated that these four risk assessments had been highlighted as requiring an update.

People were protected against the risks of potential abuse. Staff knew how to keep people safe from harm and could recognise signs and symptoms of potential abuse which included recognising unexplained bruising and marks or a change in behaviour. Staff said they would report any concerns to the area manager and were confident to inform other appropriate professionals if they felt their concerns were not dealt with appropriately. One staff member said, "Because I have regular clients I have an awareness of what is 'usual' for them. If I did have concerns I would give them time to talk to me and explain. I would then record it and report to the office straight away".

Staff received training in safeguarding during their induction programme and received yearly updates. Staff confirmed they had received on-going training in safeguarding.

Four safeguarding concerns had been received into the service and the Commission had been notified of all four safeguarding concerns. Records demonstrated that investigations had taken place and two concerns had been concluded as unsubstantiated and two concerns were on-going.

Is the service effective?

Our findings

Before the inspection we received concerns informing us staff were not given sufficient training before they started providing care to people and on-going.

At this inspection people and their relatives felt they received care from staff who had the skills and knowledge to carry out their roles effectively. One person said, "They seem to be well trained and always do what is needed." Another said, "I would say definitely that my carers seem to be well trained."

Staff confirmed they received an induction programme when starting work for the service which included shadowing experienced staff members. Records confirmed this. The recruitment officer stated that once staff had completed their induction training a "practical training aptitude test" was completed by an experienced care worker when new staff members were shadowing them. If the test showed any additional concerns the new staff member would complete additional training and shadowing. Records confirmed this. Staff records contained induction certificates which followed the required training set out under the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The recruitment officer confirmed that most training courses were completed on line, such as dementia, medicines, safeguarding adults and children, health and safety, infection control, equality and diversity and food and fluids. However practical manual handling training was provided to all staff. Most staff felt the training gave them the knowledge and skills necessary to meet people's needs. However one staff member told us they had complained to the manager about the training and felt the on line learning was not enough for new care staff.

A training spreadsheet was being implemented by the recruitment officer to assist them in identifying when staff were required to complete updated training. The training spreadsheet showed new care staff had completed the required training during their induction programme; however there was no information to evidence whether existing staff had completed the required training or required an update. The area manager sent the inspector their action plan which demonstrated that care staff files were currently being audited to check whether staff members were required to complete updated training. This information would then be added to the training spreadsheet for on-going monitoring. This meant that existing staff members may not have been given the training which is based on best practice and may not have the skills and knowledge to carry out their role effectively.

Staff did not always receive a supervision or appraisal in line with the provider's policy. However some staff had received a spot check. A spot check is an observation of care given made without warning. All staff said they felt well supported by the area manager and quality and compliance manager and felt they could speak with them at any time. One said, "I feel well supported by the new manager. When I informed them of my change in health, [they] did a risk assessment and changed some of the calls I do to ensure that I was

kept safe." The area manager acknowledged they had fallen behind with staff supervisions and appraisals. An action plan was in place identifying the need for staff supervisions to be completed immediately and this would be the responsibility of the area manager and the quality and compliance manager. This meant that although staff did not always receive a supervision and appraisal in accordance with the provider's policy; staff felt supported.

A failure to provide appropriate training, supervision and appraisal to enable staff to carry out their role is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The area manager demonstrated a good understanding of the Mental Capacity Act (MCA) 2005 and the code of practice. The Act provides a legal framework for acting on behalf of people who lack capacity to make decisions. However five of the seven staff members spoken with did not demonstrate a clear understanding of the MCA 2005 and were unable to clearly explain how to put it into practice. Two staff demonstrated a good understanding of capacity and consent but confirmed they had received training with other agencies they continued to work for. However, although five staff members did not have a clear understanding of MCA 2005, all seven staff members spoken with confirmed they always asked people's permission before providing care and said that they would contact the office if they had any concerns that people were making unsafe choices. The training spreadsheet identified 16 staff had completed training on MCA 2005. One new member of staff confirmed they had completed this training as part of their induction programme. We recommend the service review the Mental Capacity Act 2005 and its relevant codes of practice and ensure the training is providing sufficient competency and understanding.

People and their relatives did not express any concerns about nutrition or hydration. Care plans were in place for people who required specialised support with food and fluids. For example one person's care plan identified they were unable to prepare meals or drinks independently and required a diet of soft or cut up food. Those that required support with meals and drinks were supported by care staff to have sufficient food and fluids.

For those people who required support to access healthcare services care staff would contact the office or family member and advise of any concerns and whether a health care professional would need to be contacted. Care staff said they monitored people's health and wellbeing when they were supporting them with their personal care. Records demonstrated that the service worked alongside other health care professionals for people who had complex health needs such as diabetes.

Is the service caring?

Our findings

People and their relatives said that the care staff were kind and caring when providing care to them or their relative. One person said, "The carers are lovely, they never just treat me as a number and they always ask what I would like them to do." One relative said, "The carers are lovely, I can't fault them". The office staff and area manager spoke about people in a respectful way. We overheard office staff speaking with people in a kind and caring manner throughout the inspection.

Compliment cards and letters had been received into the service thanking the service for their help and support. One compliment card received on 14 March 2016 from a person's relative said, "Thank you so much for putting my [relatives] care plan in place, the carers I met have been so kind to [relative]." A letter had been received from another social care professional on 8 December 2015 praising the service and acknowledging an improvement in a person's health and well-being as a result of "excellent staff."

People felt involved in their care and felt they made decisions about their care. People had signed their care plans to indicate they consented to their care. Where relatives were involved in decisions about the persons care, this was with the consent of the person. Staff confirmed they always involved people in their care and would ask them how they would like their care to be provided. One said, "I always follow the care plan but also ask the person what they want that day as people change their minds. It can be as simple as holding up two outfits and watching the person's reaction." Another said, "I love my job, especially the people I support, I try to always do what they want me to do and make sure that they are happy when I leave."

The area manager said people were always involved in their care and the development of their plan of care. Staff confirmed they always consulted people on how they would like to be supported with their care.

People's privacy and dignity was not always respected and promoted. Before the inspection we received a concern about the service sharing private information about people to former staff members of the service. This concern was shared with the local authority and area manager of the service who had investigated the concern. The area manager confirmed that the system currently used to send out text alerts to staff had not been updated when staff members had left the service. The area manager confirmed the system had been amended with an up to date list of staff members. The area manager confirmed they would be taking the responsibility of ensuring this was kept up to date.

During the inspection one person told us they had received another person's confidential care plan through the post. They stated, "The care plan said that I was male, deaf and blind and live in a house but I am not, I live in a bungalow and am female." They informed the office and the matter was resolved. However the person remained concerned that another person's confidential information had been shared with them.

Staff gave us good examples of how they respected people's privacy and dignity when supporting them with personal care. For example one said, "I ensure that people's dignity is respected by ensuring that doors to bathrooms are closed and only the part of the person's body that I am bathing is uncovered. I also motivate people to do as much as they can for themselves." Another told us they had reported a concern to the office

regarding a person's relative who would not leave the room while personal care was being given. The staff member felt that the action of the relative did not respect the person's privacy and dignity. People confirmed staff were respectful and promoted their privacy and dignity.

Is the service responsive?

Our findings

Before the inspection we received some information of concern informing us that people's care plans were inaccurate, basic and did not contain sufficient details to support people appropriately and meet their needs. At the inspection the area manager confirmed this concern was accurate and stated reviews were taking place of people's care needs. The area manager showed us a document which contained an action plan of how the service planned to complete the care plan updates. The action plan showed that the care plan audit commenced in November 2015 and would continue until all care plans had been reviewed and updated. The area manager confirmed they had recruited a quality and compliance manager to oversee the development and review of care plans and the role of the senior care staff had been amended to include the completion of care assessments and care plans in a timely manner.

People and their relatives confirmed care planning and needs assessments had not always been a positive experience for them. One person told us they had received a care plan in the post which did not match the one they had in their care plan file at home and they had to request for it to be redone. Another said, "My care plan is not complete as it has not been updated and amended so I won't sign it. They just sent me an updated care plan but there was no re-assessment of my needs."

However, people and their relatives felt that there had been an improvement with care plans and assessments since the area manager joined the service in November 2015. One person said, "In the past I didn't have a care plan for a long time but I do now. It seems much better with the new manager." A relative told us their relative had never had a care plan until recently. They confirmed that their relative was visited by a staff member in December 2015. Up until then the relative had to provide information on what care was needed. We saw a thank you card dated March 2016 from a relative thanking staff for putting a care plan in place for their relative and taking account of the need for early visits as a result of their health needs and medicines. Staff members confirmed that not all care plans and assessments were up to date but acknowledged office staff were in the process of updating them.

The area manager confirmed new care plan forms were being introduced which would be completed by the senior care workers using an electronic tablet. They said this would enable care plans to be typed at the assessment with the person present and would allow for more information to be added to people's care plans to make them personalised. Once typed the senior care workers would return to the office, print the document and return it to the person in a timely manner.

People had individual care folders which contained a care plan; care needs assessment, risk assessments and completed daily logs. Of the eight people's care folders viewed four people's care plans had been updated using the new care plan paperwork and completed in line with what the area manager told us. However although these four care plans were personalised they still contained information which was task specific. For example, one person's care plan said they would be in bed upon arrival as the person was unable to leave their bed without support. The rest of the care plan listed the tasks to be completed without including how the person would like the care to be carried out, such as "empty catheter bag, cream legs and back, clean vest – deodorant."

Four people's care plans had been completed using the previous care plan form, were handwritten and contained limited information on what care the person required and how they wanted the care to be provided. There were no dates on the care plans to indicate if they were the most up to date care plan and all four care plan files contained more than one care plan with the same information. The area manager and the quality and compliance manager said they were aware that some files were out of date and confirmed they were completing a "client audit" to identify the care plans that required updating. Records confirmed this.

Before the inspection we received a complaint about the provider. The concern highlighted that the provider was reluctant to deal with complaints. At this inspection people told us they had made complaints and the manager had acted on them. Two people told us the area manager had visited their homes to discuss the issues. One person said, "I did phone and complain and the area manager came and saw me. Things have improved since then." People were given a copy of the provider's complaints policy which told them how to make a complaint. Staff confirmed they felt people's concerns were listened to and changes have been made as a result.

The quality and compliance manager confirmed they were dealing with a number of complaints regarding visit times, lateness of calls, missed calls, poor quality of care and incorrect care plans. Records showed that 19 complaints had been received into the service since February 2016. Letters of apology had been sent to people who had raised concerns and records demonstrated that all complaints were being investigated. 18 complaints were currently ongoing and one complaint had been dealt with to the person and their relative's satisfaction. This complaint had been raised recently, although there was no date on the complaint form to indicate an exact date. This complaint identified a concern by a person's relative that due to a lack of continuity with care staff their relative's skin integrity was put at risk and a wound had developed on their heel. The relative felt that regular care staff who visited the person would be able to identify any changes in the person's skin integrity. Records demonstrated that this has been actioned and the person had regular care workers. This meant systems were being implemented to support the area manager to identify, receive, record, handle, investigate and respond to complaints.

Is the service well-led?

Our findings

People and their relatives confirmed they felt positive changes had been made by the area manager and in changes with office staff. However people and relatives still had concerns about staff shortages, due to high unplanned absence and poor communication. Staff confirmed this. However feedback was positive about the improvements that had been made and positive comments were received about the area manager and quality and compliance manager. We received comments such as, "Manager is really good and is trying to make lots of changes." "For me as a new member of staff it is quite positive. [Area manager] and [quality and compliance manager] are very good and are changing things like new care plans and new contracts for people. They are trying to turn it around."

There was a registered manager in place but they were not present at the inspection. The registered manager was not based at the service. The area manager advised they were in the process of registering as the manager for the service and the current registered manager would remove their registration from the service once their registration had been completed. The area manager commenced their employment with the service in November 2015 and advised they were responsible for the day to day running of the service and would be based at the location. Records demonstrated the area manager was applying to the Commission to become the registered manager.

We received a mixed response from care staff when we asked them about the communication between themselves and the office staff. We received comments such as, "The new manager is very nice but there has been a complete change of office staff and we don't know who is who. Service users got a letter saying who the new people are and their role but staff were not informed and we should know, it should have been communicated to us." "There has been improvement since the new manager came and [they have] turned things around a lot. Since the old office staff have gone it's much more pleasant and they listen more." "Things have improved but they could still be better, the manager is nice and deals with your concerns but there could be better communication and support."

The area manager confirmed they were implementing measures to improve communication between office staff, care staff and people. Visit logs were being sent to people informing them of the time of their care visits and letters were being sent to people informing them when the service were required to use agency staff to cover their care visits and the reason for this. Newsletters and staff memos were being sent out to staff updating them on changes with the service and reminding them of certain procedures to follow such as ensuring Medication Administration Records were available in people's homes who required support with their medicines and the process to follow if staff felt they would be late to their care visit.

A team meeting had been completed for staff over a period of four days from 16 November 2015 to 20 November 2015. A letter was sent to all staff informing them that a team meeting would be carried out on the above dates and records showed that the area manager had requested for staff to consider the issues that they would like to discuss at the meeting and inform them prior to the meeting. The letter stated the aim was to ensure the meeting was "open and transparent." Minutes of the meeting were provided and issues discussed were risk assessments, care plans, recruitment, staff roles, responsibilities and ownership

of issues, confidentiality, sickness and communication. The attendance register demonstrated that 40 out of 53 care staff attended the meeting and minutes of the meeting were shared with all staff.

The area manager stated they had introduced a reward scheme for care staff called "Carer of the Month". Staff and people were able to nominate care staff for this award. Records showed staff and people were informed of the reward scheme in a memo dated February 2016. Records showed an email dated 11 March 2016, which had been sent by a person who received care, evidenced a nomination for a care worker for the "carer of the month" award.

Some quality assurance systems were in place to monitor the quality of service being delivered and the running of the service, such as quality assurance surveys, complaints and safeguarding logs. Questionnaires were sent to people and 23 questionnaires had been completed and returned. Results were collated and records showed that any concerns which had been identified were responded to and dealt with on an individual basis. However the overall results were not analysed or evaluated to help improve service delivery. This was evident by the ongoing issues of late calls that were still apparent in the service. The overall results of the questionnaire showed only seven people confirmed that staff had arrived on time for their visits. This meant staff did not reportedly arrive on time to 16 people.

Audits of care records and staff records were being completed. A spreadsheet was being collated by the quality and compliance manager to assist them with auditing care records. The spreadsheet detailed the person's start date of care, date of assessment, whether a care plan was in the person's home and review dates. Staff records were being audited by the recruitment officer who had developed a spreadsheet which detailed the recruitment process and dates of completion, start dates of staff, staff training courses, supervisions and spot checks and dates of completion and dates of team meetings which staff had attended. The area manager stated these spreadsheets would be completed regularly and used to monitor staff recruitment and development and people's care plan updates.

Audits were not in place to monitor accidents or incidents; however records showed one incident had occurred on 17 February 2016. Records demonstrated actions had been completed to ensure the safety of the staff member and person involved. Staff confirmed they knew how to report an accident or incident and were confident that the area manager would deal with the accident or incident accordingly.

Audits were not in place to monitor complaints and concerns. The area manager stated systems were being introduced for the auditing of complaints and concerns and a new telephone spot check form was being introduced for office staff to contact people and ask them if they have any concerns. Evidence of a blank telephone spot check form was provided.

Notifications had been sent to the Commission. Records showed four safeguarding concerns had been received by the service. These had been dealt with in line with the provider's policy and the Commission had been notified of these concerns.

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 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 | <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not deploy sufficient numbers of suitably qualified, competent, skilled and experienced persons. Regulation 18(1)</p> <p>The provider did not ensure staff received appropriate training, professional development, supervision and appraisal as is necessary to enable them to carry out their duties they are employed to perform. Regulation 18(2).</p> |