Autism Plus Limited

Autism Plus

Inspection report

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Ratings

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

Overall summary

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, and to pilot a new process being introduced by CQC which looks at the overall quality of the service.

This inspection was announced. This agency was last inspected in June 2013 and they were not in breach of any regulations at that time.

Autism Plus supports people in their own homes and also provides supported living for people with autistic spectrum conditions. The agency office is based in Sheffield city centre. At the time of our inspection the service was providing personal care for 49 people.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

At this inspection people who used the service and their relatives told us that when the regular care workers visited they felt safe and were confident staff would

Summary of findings

protect them from unnecessary harm. However they said they did not always know who was going to be caring for them unless care workers told them. Some people had advance notice of the staff who would be attending to them which they found useful. This meant not all the people knew who would be attending to their care needs and support.

Care worker vacancies had put regular staff under pressure. This resulted in late calls, rushed calls and some medication errors.

The provider had not followed a robust recruitment process. This meant not all the necessary information about the staff had been obtained which helps employers make safer recruitment decisions.

Staff had a good understanding of how to safeguard people and the process for reporting any allegations of abuse. However staff told us that they were unable to keep all of the people safe as the manager did not take necessary action to deal with some people's challenging behaviour.

We saw the induction process and staff told us they received an effective induction and only when they were ready were they allowed to work unsupervised.

Staff supervisions and appraisals did not take place regularly. This meant care workers were not sufficiently supported and supervised by the provider to carry out their jobs.

We observed and received comments from relatives that people received information and explanations from staff in a way that they could understand and people were not rushed to make decisions. They said regular staff who knew them well communicated with people in a way they understood.

Care workers and team leaders took responsibility for organising access to education, work or activities for people in line with their aspirations. We observed this during our inspection visits.

The provider had systems in place to audit and carry out ongoing monitoring of the service. However we found the systems in place to monitor quality were not always effective in practice in ensuring improvements were identified, implemented and sustained.

At our inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. 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?

Inadequate

The service is not safe. Staff received training in safeguarding, diversion techniques and the Mental Capacity Act 2005 and had a good understanding of these subjects. However, appropriate action had not always been taken by the provider to maintain safety and protect the rights of others and staff.

Staffing levels were not sufficient to meet people's identified needs. This meant those who had unfamiliar staff did not receive continuity of care. Recruitment checks were not robust in ensuring all of the required information had been obtained prior to their employment.

Is the service effective?

Requires Improvement

The service is not always effective. People and their relatives told us the regular care workers delivered care which met their needs and supported them. They said staff enabled them to attend hospital or other health care appointments. Staff promoted healthy eating by being involved in menu planning and got involved when people went shopping for food.

An effective induction was in place for new staff. This was supported by the records and the staff we spoke with. However staff told us that supervisions and appraisals did not take place regularly and we found the records confirmed this.

Is the service caring?

Good

The service was caring. People and their relatives told us care workers were kind and compassionate in their day-to-day care. They made positive comments about the way staff respected them and cared for them. They also told us they were consulted about the care by the team leaders.

Staff said they had received training on treating people with respect and compassion without being judgemental and discriminatory.

People were given information and explanations by staff in a way that was not rushed. This meant people were able to make decisions in their own time. Not all the people were able to verbally communicate therefore staff used appropriate methods such as pictures to make sure people understood them.

Is the service responsive?

Good

The service is responsive. People told us when their regular care workers visited they were confident that they would receive their personalised care. Their comments confirmed the rapport with care workers and their confidence in their regular staff responding to their needs.

Summary of findings

People knew how to share their experiences or raise a concern or complaint about the service and told us they felt comfortable in doing so. People told us that they approached the care workers or the team leaders to raise their concerns and they were always handled to their satisfaction.

Is the service well-led?

Inadequate 

The service is not well-led. Various audits were undertaken at the service however there was a lack of action taken by the provider to analyse and make changes where they had been needed. This meant the present system for making improvements was not satisfactory.

There was a culture of fairness and transparency between all staff. They were supportive of each other. Staff were motivated, caring and committed to delivering a good quality care. Staff could not remember receiving any surveys asking for feedback in the last year from the provider. Although the manager said staff were able to complete an online survey anytime.

Relatives were interested in helping to develop the service. They said when meetings took place, the venues were too far for them to travel to. The manager informed us that there were plans to alternate venues so that relatives could attend meetings.

Autism Plus

Detailed findings

Background to this inspection

The inspection team consisted of two adult social care inspectors and an expert-by-experience whose area of knowledge was learning disabilities. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection we asked the provider to complete a provider information return detailing information about the service, which we considered. We checked the information we held in the form of notifications, complaints and safeguarding referrals. We also sought information from Sheffield City Council contracting and commissioning team for their information on the service.

We sent out 47 questionnaires to people who used the service and 47 to their relatives. We sent out surveys to 13 community professionals such as the social workers, psychologists, community nurses and people's GPs, who were in contact with the service to seek their views. We also sent out questionnaires to 46 staff who worked at the service. We did not receive any feedback to the surveys we sent out to relatives by post. Therefore we made arrangements for our expert-by-experience to contact seven relatives by phone and to ask for their views.

On the first day of our inspection 15 July 2014 we spoke with 10 staff and met with six people who used the service. We visited three people, with their permission, in their homes accompanied by staff from the agency and three people at the day centre they were attending. We reviewed six people's care records and other records which included complaints, incidents and accidents, internal audits and staff files.

Inadequate

Is the service safe?

Our findings

We spoke with staff to establish their understanding of maintaining the safety of people who they cared for. These were some of the comments. “We have all had training on safeguarding and we are fully aware of what abuse means.” “I make sure people are encouraged not to put themselves in an abusive situation. I use the company policies and procedures to maintain safety of people I look after” and “Clients like taking chances. Our duty is to make sure they are safe.” When safeguarding alerts had been made the registered manager had informed the appropriate local authorities.

Four care workers talked to us about the problems they were encountering when maintaining safety and when supporting some people. They told us this was an on-going problem and was due to the incompatibility of people who were sharing accommodation which had led to a number of safeguarding incidents been raised. They said the registered manager was aware of these issues and the action by them so far had not achieved a satisfactory resolution. The registered manager and the regional manager told us that they were aware of the situation and they were doing their best to manage the situation by ensuring there was 24 hour staff cover. However we found the arrangements had not reduced the frequency of incidents and people and staff remained at risk of harm. The provider was in breach of Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding service users from abuse.

Staff said they had received training and updates on topics relating to safety, such as safeguarding, equality and diversity, Mental Capacity Act 2005 and diversion techniques. They said they did not practice any form of restraint of people and this was made clear to them at their induction training. Staff had a good understanding of when and why they considered people’s mental capacity, the need for people making informed decisions and the use of advocacy services. This meant staff had sufficient knowledge to deliver care safely.

When risks had been identified as part of meeting people’s care needs and aspirations, risk assessments had been carried out and arrangements to minimise or to avoid unnecessary harm to people were documented in people’s care records. Team leaders had carried out environmental risk assessments and fire safety assessments to ensure people were safe in their homes and also to ensure visiting care staff were not put at unnecessary risk. We found people being supported by care workers to minimise the risk and be involved in activities which they enjoyed, such as swimming. However there was a lack of evidence in the records to show who had been involved in decisions; as there were no names or signatures of the people. Two relatives said that usually the team leader carried out the assessments, reviews and informed them of any changes. They said if they had any concerns about the changes they would discuss them with the team leader. This meant people were not worried about raising concerns with the staff.

We saw examples where people were able to take risks to develop their independence and work towards their aspirations. These were facilitated by staff who helped them to take risks under supervision. One person said they were not safe to go out on their own and staff accompanied them to go shopping and attend social activities. Another person indicated by gestures how much they liked going to the day centre with their care worker. Relatives made the following comments, “I think it is pretty safe where my (family member) is. If there was any serious incidents or injuries I am sure staff will let me know.” “Safety was a big issue a few years ago when my (family member) did not allow staff into their home. Staff worked very hard to earn the confidence. Things have settled and we are happy that my (family member) is safe and now staff are around to give support.”

The manager informed us that they had introduced a Personal Emergency Evacuation Plan (PEEPs) in January this year (2014) for each person they were supporting in the community. This was to ensure there was an up to date plan to support clients in a medical or environmental emergency such as fire or floods. Although staff were not familiar with the usage of PEEPs, they knew how to respond to emergencies. Staff told us in an emergency they would contact the office during office hours or an on call manager during out of hours to inform them and gain help if required.

Three people who used the service raised concerns about the lack of regular care workers and the negative impact on them. They told us there was not enough staff employed to meet the needs of people and maintain safety. Comments

Is the service safe?

we received from people were "Sometimes I don't know which staff are coming. I am not told of any changes and when they are coming." "I don't like it when staff don't turn up on time and I don't get told."

Following receipt of the above information we asked the manager, team leaders and care workers whether there was enough staff available to meet the needs of the people they provided a service for. Staff told us that there was a shortage of care workers and this had been going on for over a year. They said they were "stretched to their limit and at times they were unable to deliver good quality care and support". One member of staff said, "We need to work extra to cover all our calls." "Sometimes not enough time to give support, need to rush off to the next client." "There is a misunderstanding among managers that people who are more able need less time. How wrong can they be, we need to help, encourage and let people do as much as they can and all this takes time."

The regional manager said staff were not made to work overtime shifts and that they had a team of bank staff to fill in the gaps. They said there had been staff vacancies and that they had recruited staff and it was envisaged that in mid-August 2014 the agency would have a full staff complement. The manager explained that one of the reasons for the vacancies were they were very selective in the type of workers they employed. However, the current staffing levels did not always ensure that people with complex needs were in receipt of continuity of care by staff who knew them well. This was a breach of Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010, Staffing.

We looked at five staff recruitment files to make sure people who used the service were supported by staff who were suitable to work in this field. We found all five staff files had satisfactory response from Disclosure and Barring Service (DBS) checks; however on two files they did not have information about staff references from their previous employers. Four staff out of five had not submitted their declaration of their mental and physical fitness following their job offers. Ensuring all of the required information has been obtained prior to staff employment helps the employer make safer recruitment decisions. The provider has since the inspection told us that staff did not work alone before they were assessed as being fit and competent.

Staff told us that they had received training on medicines management and had completed an update so they were able to manage people's medications safely. Some people had help with managing their medication. This meant staff were required to prompt people to take their medicines or administer medication to them. People were satisfied with the way staff prompted them to take their medicines. Relatives made positive comments about the way staff handled medicines.

Staff told us they received training on medicines management before they were involved in administering medication. We checked three medication administration records (MARs) during our visits to people's houses. Two MARs were recorded without any gaps and reasons for omissions were also recorded. However on one person's MAR medication had been crossed out without any signature or date to confirm who had discontinued this medication.

During analysis of the information given by the provider we noted that there had been 19 medication errors over a 12 month period. Most errors were due to staff not signing the medication records following administration of medication to people. When health care professionals gave us feedback they did not make any comments on the management of medicines by the service.

We asked staff whether they were aware of any medication errors and if they could explain the reasons for the errors. Staff members made the following comments, "Staff are very busy and its inevitable mistakes are made." "When we are working over and tired we make mistakes. It's often not signing for the medicine given." "Some clients are very demanding and it's difficult to get away from them and check the medicines. That is when medication administration records (MARs) are not signed for or we forget to comment why people had not taken the tablet." "Sometimes it is hectic and it's a human error. It should not happen. It is not done deliberately." The above information highlighted that staff were not following the correct procedures when handling medication. This was a breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010, Management of medicines.

Requires Improvement

Is the service effective?

Our findings

People told us that they were supported well by care staff and they were confident that 'staff knew what they were there to do'. One person said their priority was for staff to be "caring, compassionate and had life experience". They also said their care workers demonstrated that. A relative said, "Care workers are very attentive, they will contact the doctors when they see changes and we are relieved by it. It's all about taking action without delay. Carers are good at doing that."

The manager informed us they had appointed a training manager who would be in post in August 2014. This was to ensure staff received appropriate training so that they had the necessary skills and experience to deliver care in a safe way. The training manager's role was to organise staff training, monitor staff attendance and inform the manager so that action could be taken by the manager to ensure staff were competent and therefore safe when delivering care and support.

Three relatives and two people who used the service told us when their regular care worker supported them, people received the appropriate support. They said however, in recent months they had been allocated care workers they were unfamiliar with and this had caused dissatisfaction and confusion. People said they were not given the names of staff in advance so that they could find out who was expected and if they knew them beforehand. They commented that when unfamiliar care workers arrived they did not know them and either the relatives or the people themselves had to inform them what needed to be done. A person who used the service said, "When staff who don't know me take me out they don't know I cannot keep up with them, I don't like them wandering off and leaving me behind." When we asked the registered manager about this they told us they only provided staff rotas to people who had asked for it. This meant not all the people were involved and given sufficient information about their care and support arrangements.

We asked how staff handed over information about the people they looked after. Staff told us when people had 24 hour support they always made sure the care worker taking over the shift had a comprehensive hand over before they left. They said if a different care worker arrived they made sure people were introduced to them. However care workers making short calls depended on the records maintained by their colleagues at the people's homes. We looked at the daily records of three people and found them to be informative.

Staff told us they had effective induction which included shadowing of experienced staff. They said team leaders made sure new care workers were confident, competent and happy to work unsupervised before allowing them to work alone. Three care workers said they were given sufficient opportunity to gain confidence by working with experienced care workers. This was supported by the induction programme we saw and information from the manager.

We checked five staff training records. Staff had attended mandatory training which included moving and handling, infection control, safeguarding, health and safety and safe handling of medicines. Staff said the training they received was good and they could ask their team leaders to go on different courses. This meant staff had opportunities to develop and expand their skills and knowledge.

We looked at how care workers were supported and supervised to maintain safe practices. Supervisions help assess staff's individual learning needs and support to perform confidently at their work place. The manager said according to their policy on supervision all staff should have at least four supervisions and an appraisal each year. We checked the last two supervision dates for five staff. We noted team leaders had worked twice with three care workers in March and in June 2014, but none of the staff had a formal one to one supervision in 2014. The records showed that all five staff had last received supervision between May and August 2013.

All the staff who spoke with us said they did not receive regular supervisions. One member of staff said that they had two supervisions in 2013 and none this year so far. Another member of staff said, "We are always talking to team leaders and ask for their opinions. If I am not sure of something I will ask. I did have an appraisal last year. I can't remember having any formal one-to-one supervision." "Team leaders carry out reviews and support for people. They also come on doubles (this is when two staff were required for the call). They seem very busy".

We observed a culture of fairness and transparency between all staff. They were supportive of each other. Staff were motivated, caring and committed to delivering good

Requires Improvement

Is the service effective?

quality care. Our findings were supported by the comments from people who used the service and relatives. We received comments from the professionals who were in contact with the agency. They were psychologists, community nurses, GP and social workers. One of their comments referred to Autism Plus needing to be proactive and make decisions themselves and not rely on external agencies to do this for them. However the others said their experience with Autism Plus was positive, when dealing with the staff and the manager it had always been pleasant and staff responded in a person centred way to problems.

We were informed by staff that some people needed support with their meals preparation. Staff told us they encouraged people to have a healthy diet. They said they tried to achieve this by being involved in the menu planning and by going shopping for food with people. Care workers told us if they identified people were at risk associated with a lack of nutrition and/or hydration they referred them to their GP. If necessary, they would then be referred to community health professionals such as the dietician. We saw in care records and observed people having treats such as fizzy drinks, sweets, cakes and take away food. People told us that they had agreed to have "not so healthy foods" as treats at agreed times. We saw care workers supporting people to keep to their agreements. We saw evidence in care records where staff had involved people and their relatives in finding out their likes and dislikes of food. Two staff members and the manager said they had to be careful in striking a balance between encouraging people to eat healthy food and making people become too focussed with food.

People discussed their health needs such as attending hospital appointments, going to the dentist and seeing their specialist consultant. People and their relatives told us that staff facilitated the appointments and made sure people attended them. We were informed by the manager that they had introduced health action plans for people. This was a recent development and therefore the care records we checked did not have a completed copy of them in the file. Health action plans hold information about a person's health needs, details of professionals who support those needs and their various appointments to monitor maintain their health. The plan is based on all the information about a full health check of the individual being held in one place.

Good

Is the service caring?

Our findings

People said they were treated with kindness and compassion during their day-to-day support by their care workers. They said they received personal care which reflected their needs. We looked at six care files and saw each person had a person centred care plan which had been reviewed and updated by respective team leaders. There were clear records of people's aspirations and the plans to achieve them. People and relatives told us they were involved in the planning of care and support so that staff knew what their wishes were. However there was a lack of documentary evidence that people and/or their relatives had been involved in reviews of their care. We have received further information following our inspection from the provider how people who used the service and their families were involved in reviews of care. People said they were supported and encouraged by staff to be independent and lead a meaningful life.

People who were able to communicate with us said staff members were very good and they got on well with their regular care workers as they had developed a good rapport with them. All the people we spoke with said staff cared about their wellbeing. We observed the interaction between people who used the service and staff. We noted people were relaxed, friendly and comfortable with staff who were in attendance. One person who used the service said, "Carers are wonderful. I have no complaints. What will I do without them?"

People who used the service and their relatives informed us that staff treated them with respect and took notice of their welfare. A person using the service said, "Carers always knock and shout out my name before they enter. They ask if they could come in. They are very careful with my things. I have no worries when they are around." One relative said, "I am satisfied with the service. I know my (family member) is safe and well looked after." Other relatives told us about the team leaders visiting them and asking for their comments about the care workers. This gave them an opportunity to inform the agency if they were not happy about anyone.

Staff said they had training on treating people with respect and compassion without being judgemental and discriminatory. This meant regardless of clients' age, disability, gender, race, religious belief and sexual orientation staff treated people with dignity and respect.

During our visits to people's homes and at the day centre we observed staff being friendly and caring towards people. People were relaxed and seemed happy with their care workers and interacted in a fun and friendly manner.

People who used the service and relatives told us that before staff commenced care people's needs were assessed and support was planned by team leaders. We saw likes, dislikes and individual preferences were recorded in their support plans. Regular staff had a good awareness of people's choices and they were able to respond to people in accordance with their individual needs and wishes.

People who used the service and their relatives said they felt they were listened to by their regular staff. They said care workers worked hard and supported them so their needs were met. Relatives were very positive about staff attitude and how caring and committed they were. They said staff took time to communicate with people with complex needs and shared information in a meaningful way. We observed care workers giving people time to process information without being rushed. Some relatives commented that they preferred mature staff supporting their family members as they felt they understood the needs of people better and had the confidence to guide people and motivate them. We shared this comment with the manager.

Staff told us that they used different forms of communication with people they supported. They said most people understood verbal communication although not all of them were able to respond verbally. Staff told us they used pictures, Makaton (Makaton uses signs and symbols to help people communicate.) and people's personal signs and symbols which individuals were familiar with. One member of staff said, "We know our clients very well, we have worked with them for a long time. If we are in doubt we ask the family members. We also look for body language to find out their moods to see if people are upset, anxious or chilled out."

Staff told us most people they supported had their family members as their representatives. They said if people needed someone to speak on their behalf they would inform their team leader and organise an advocacy service.

People and relatives confirmed that they were confident that information about them was treated in confidence. People told us they were able to maintain privacy when

Good

Is the service caring?

staff were in attendance. A relative said, “We have never heard care workers talk about other people they looked after. They are true professionals, more than that they are caring and committed. I am very pleased with the care.” We saw evidence of people being encouraged to maintain their independence. One person showed us their flat and told us they were helped by care workers to keep it “nice and tidy” they said they very rarely made the effort but their care workers were good at inspiring them.

Care workers and a team leader told us that during induction, new care workers were introduced to clients they would be working with and observed for their compatibility. They said there was no formal process in place for matching staff to clients. Both the manager and a team leader said that during conversations if people voiced any preferences of care workers they tried to accommodate where possible. A member of staff we spoke with confirmed that a client had asked them to attend to them when possible and this had been arranged by their team leader.

Good

Is the service responsive?

Our findings

We spoke with people using the service and relatives to find out if the service was responsive to people's needs. We looked for flexibility in support and staff understanding of the need to support people's aspirations. We saw that people's needs had been assessed annually by a team leader or when changes had been required. Through person centred care, people were encouraged and supported to express what was important to them. This was evident in the care records we saw. For example one person wanted to be confident in going out shopping without staff, another person wanted to participate in social activities without being supervised by care workers. These aspirations had been considered when arranging support for people.

We saw documents where team leaders had sought the views of people, relatives or significant others. Community professionals were also involved when planning care and this was reflected in the assessment of needs and during planning of people's support. Two people using the service told us that people were able to influence their care and support and they were involved as much as they were able to in the decisions.

In May 2013 an external auditor was employed by Autism Plus who identified the need to demonstrate people were consulted and consent had been sought before care and support was given. The manager and staff have developed a formal system to determine that valid consent was sought from people who used the service prior to supporting or delivering personal care. We saw progress in some of the care records. Staff we spoke with gave us several examples where they had gained consent. For example, one member of staff said before they helped people they always explained what needed to be done and waited for them to agree before delivering any care or support. They said sometimes people changed their minds and this was up to them. They said when it happened they recorded it in the daily records and informed their team leaders. Staff we spoke with had a good appreciation of the varying degrees of people's comprehension of information and the importance of getting valid consent from people.

People who used the service, relatives and staff told us that as part of gaining valid consent people were offered choices which were in line with individual preferences, interests and aspirations. These were well documented in people's person centred plans we looked at. Staff told us when offering choices to people they took into account people's age, disability, gender, race and religious belief to ensure the choices offered were fitting to each individual.

Staff were aware of the importance of people maintaining social contact, maintaining and making friendships and enjoying life. We saw people attending day centres, going to work and attending educational institutions. During our visits to people's homes we saw people returning from day activities. They were happy and shared with us what they had done that day.

Relatives told us, during reviews of support, if the team leaders identified any adjustments were needed to people's homes or they required equipment to enable independence this was organised by the staff. For example houses were fitted with ramps and rails to help people with physical disabilities. Three care workers told us when they identified where people could benefit from occupational therapy or physiotherapy input to improve their mobility and independence, they let the team leaders know and organised visits to people's homes. This meant staff ensured people had access to the necessary services so that they were able to enjoy life.

We viewed the complaint policy which the people who used the service and their relatives had access to. It was robust and there was easy read format available for people. Relatives said they knew what to do if they wanted make a complaint. One person told us they spoke with care workers or their team leaders to resolve any issues. Comments confirmed that staff were responsive to any concerns or complaints made by people or their relatives. We were informed by care workers that concerns and complaints were dealt with by them and team leaders at the early stages, therefore very few complaints were escalated to be investigated by the manager. The records held at the office showed complaints had been investigated by the manager using the company procedures.

Inadequate

Is the service well-led?

Our findings

At the time of our inspection there was a manager in post at the service who was registered with the Care Quality Commission. The manager told us there had been an organisational restructure 18 months before the inspection which had resulted in them looking at the roles and responsibilities of all staff. They had reviewed the service and had employed an external auditor to help them assess the quality assurance and compliance.

The regional manager showed us a copy of the information submitted with the key performance indicators each month to the agency head office. This was considered to be the monthly provider audit. The information referred to the organisational goals, business activities, staffing levels and the local achievements for that month. We asked to see the response from the head office to the report submitted. The regional manager told us that they were not in receipt of any response from the head office. However the monthly information to the provider was seen as a part of keeping the provider informed. This meant there was a lack of evidence that the provider had taken appropriate action on the information received by the service each month.

The manager and the team leaders had carried out a number of audits. These included audits of records, care reviews, staff training, risk assessments and cancelled calls. The manager told us that medication administration records were also audited monthly by team leaders. During our inspection we identified that dates on a person's MAR had been altered by a staff member. This had not been picked up at the last audit by the team leader.

The manager informed us that team leaders worked alongside care workers and assessed them and performed supervisions. The manager said all care workers received supervisions regularly but that it was not always recorded in staff files. This meant there was no formal staff supervision system to monitor their performance.

People and relatives who spoke with us were very understanding of the fact that sometimes staff were delayed due to unexpected issues at the previous person's home. However, they said they were not always informed if care workers were going to be late. We looked into this and found that the agency did not have a call monitoring system to alert them if staff were late or did not attend a call. This meant the office staff did not always get to know when staff were late or had missed calls and depended on people or their relatives informing them if care workers did not turn up or finding out why the staff were late.

The registered manager said the team leaders were in regular contact with care workers and therefore they were able to deal with any problems. They acknowledged the need for better monitoring of calls and they said they were exploring a suitable system. When we asked for the number of late or missed called during the previous month, we were informed that they were managed by the team leaders and we were not given any figures. A team leader told us that calls did not get missed but sometimes they were late due to unforeseen circumstances like sickness. The manager said they had records of cancelled calls by people who used the service. The arrangement in place was not robust enough to ensure people were in receipt of care and the team leaders did not have a failsafe system to work with.

The registered manager maintained records of all accidents, incidents and complaints. However they did not have any system to analyse the issues and use the findings to ensure any learning was shared with staff. When we discussed this with the registered manager, they told us they shared any learning points with staff teams informally and they were cascaded to other staff members.

Quality checks and audits were carried out at the service including external audits. However the service did not have a robust system to analyse the accidents, incidents, audits, review the feedback from people and staff and look at the impact on the service. The improvements were not always identified in action plans with time scales so that they could monitor progress. There was no system to check if information had been shared with all staff and how it has been cascaded to other staff members.

We asked eight staff whether they received annual satisfaction surveys from the provider about the service. Staff said they could not remember receiving any surveys in the last year. However the registered manager said that staff were able to complete an online survey anytime. Those staff we spoke with were not aware of this arrangement and told us they had not been asked to fill this in.

There was insufficient evidence that the provider had sought the views of staff in relation to the standard of care

Inadequate

Is the service well-led?

and support provided to service users. This was a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010. Assessing and monitoring the quality of service provision.

We asked staff whether they felt supported and listened to by their manager. We received a mixed response. The following comments were from the surveys we sent out to staff working at the service as part of our inspection. "I am here because I enjoy looking after people with complex needs. I learn from them". "We are all overworked but there is no other option. They are having problems recruiting staff". Staff also commented that they had to work with a disorganised rota which was changed without much notice and the management did not listen and deal with their concerns. There were comments that the team leaders were very busy delivering hands on support and therefore they were unable to support care workers. Comments also included that managers were doing their best to get more staff and "this is an ongoing problem for the agency".

Care workers said they did not attend staff meetings but their team leaders and the manager had regular meetings at the office. They said team leaders cascaded the information relevant to them. Care workers said they could attend the office and find out any information if they required. We saw staff visiting the office during our inspection. The regional manager told us they had training days for all staff each year where they discussed the goals and best achievements.

Three sets of relatives told us that they would be interested in helping to develop the service. They said when meetings about the service were held, the venues were too far for them to travel to. Following our inspection we have been informed by the provider that they had listened to the people and have held meetings in Sheffield and Doncaster. These meetings have been well attended.

The management and staff said their key challenge was recruiting the right calibre of staff to provide continuity of care.

We were informed by staff during interviews that they felt, being verbally and at times physically, abused by clients was seen by the management as an occupational hazard and this was not taken seriously. We looked at some of the incident records and found staff had been subjected to physical and verbal abuse and such incidents had been reported to the registered manager. We did not find sufficient action by the registered manager and the senior staff to identify what the triggers were and take prompt and suitable measures to prevent it happening again.

We spoke with the registered manager and the regional manager of our concerns about the protection of staff working at the agency. They said that they were aware of the incidents and were addressing the problems as best they could.

The registered manager and the regional manager informed us that although resources and support were available to develop and drive improvement, they had difficulty recruiting the right staff for the vacancies. They had used an employment agency and were confident that they had recruited a sufficient number of staff to start work in August 2014.

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	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The system in place to Identify, monitor and manage risks to people who use, work in and visit the service was unsatisfactory. Although there have been a number of audits carried out to monitor the service. There was a lack of action by the provider to ensure improvements were carried out in a timely manner and measures were taken to sustain a quality service. There was insufficient evidence, that the provider had sought the views of staff in relation to the standard of care and support provided to service users. There was a lack of a formal system to analyse and learn from adverse events.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse The manager has not always responded to allegations of abuse appropriately which had put people at risk of harm.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines Staff did not always follow a safe way of managing the changes to prescribed medication. People were put at unnecessary risk due to staff not following the correct procedures when administering medication.

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing The registered person did not employ sufficient numbers of suitably qualified, skilled and experienced staff to meet the needs of people they provided service to.