Supreme Care Services Limited

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Inspection report

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Date of inspection visit: 29 May 2015
Date of publication: 05/08/2015

Ratings

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

Overall summary

This inspection took place on 29 May 2015 and was announced. We told the provider four days before our visit that we would be coming.

A previous inspection of this service had been carried out on 3 December 2013. During that inspection we found that people's care plans were not always followed where two care staff were required to operate equipment. At the inspection carried out on 29 May we found that this had improved, and that people were satisfied with the help they were given in this respect.

The inspection of 3 December 2013 also found that appropriate risk assessments had not always been completed for people who had specific health care needs. The inspection of 29 May identified improvements in this area with better assessments and care plans and

Summary of findings

closer liaison with external healthcare workers. The field supervisor ensured that assessments included health and social care needs and that information from the local authority was included in care plans.

The inspection of 3 December 2013 had found that the provider did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. The inspection of 29 May found that improvements had been made and that such systems did now exist.

The inspection of 3 December 2013 had found that the provider had poor recording systems and that they had failed to notify the Care Quality Commission of incidents or safeguarding issues as required. The inspection of 29 May found that improvements had been made in these areas, with securely held records and notifications having been received by the Care Quality Commission.

Supreme Care Services Limited is a domiciliary care agency providing care and support to people in their own homes. The agency supplies care staff both as direct private arrangements, and through a contract with the London Borough of Croydon. 150 people use the agency, including older people and adults with physical disabilities.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of inspection the registered manager was on leave and an acting manager was in place. The responsible individual was also aware of our inspection visit as we had given notice in advance to allow them to participate if they wished.

People and their relatives told us they felt safe and that staff treated them well. There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding adults procedures and understood how to protect the people they supported.

Risk assessments were carried out to evaluate any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks to the health and support needs of the person.

People were asked to give their consent for care and we saw signed consent forms in people's care records. Staff told us how they always asked people for their consent before assisting them.

All of the people we spoke with told us staff were caring, kind and treated them with respect and dignity. Staff had a good knowledge of the people they were caring for and supporting. Staff knew the content of people's care plans and were familiar with people's needs and how they liked to be cared for.

People we spoke with told us they felt involved and included in deciding and planning their care. People had care plans in their home and knew what they were for.

Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. People were asked about their views and experiences. Details of reviews and visits to check the quality of care people received were kept at the service.

Most of the people we spoke with told us that any problems existed more at the weekend than during the week. Problems included lateness, different care staff from regular staff and difficulties with getting through to the office.

The acting manager informed us that systems were being updated to enable staff to work in patches and that staff working in pairs would ensure they arrived at the person's home together. The acting manager hoped that this would reduce instances of lateness.

Everyone we spoke with had positive things to say about the staff and their attitude, and were happy that there was a culture which was honest about mistakes, treated people with respect and compassion and involved people in the care that was provided.

However, most people and relatives we spoke to were unhappy about the lack of physical communication from the office, particularly with regard to being able to get in touch with the office and with the lack of communication from the office when things were going wrong, for example when care staff were going to be late.

Summary of findings

We were not able to learn how the provider used feedback from people to improve and develop the service. The service was unclear as to what happened afterwards, how the feedback and experiences were discussed between staff and how ideas for improvement were shared.

We found breaches in relation to staff training and support. We found inconsistencies with regard to the type and frequency of training provided to staff and we could not be sure that all staff received the appropriate amount or type of training necessary to enable them to carry out the duties they were employed to perform. There was also insufficient evidence that staff received effective supervision or appraisals.

We found breaches in relation to the provider's quality assurance systems where the current systems failed to demonstrate that the provider had effective ways of evaluating and improving their service.

We have made a recommendation that the provider review and strengthen the arrangements it has with regard to learning from concerns it receives from people about the quality of care.

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?

Some aspects of the service were not safe. Issues of concern included examples of lateness of care staff and instances where only one care staff turned up instead of the two required.

People told us they felt safe and had a good rapport with the care staff.

Staff knew what to do if there were any safeguarding concerns. They understood what abuse was and what they needed to do if they suspected abuse had taken place.

People were supported to take their medicines safely by staff who were trained.

Requires Improvement

Is the service effective?

The service was not always effective. Staff Training was inconsistent and lacked clarity of detail and supervision of staff was infrequent and did not enable staff to develop professionally.

People's experience was that care staff were kind, and were confident in the ability of care staff, for example in the use of hoists.

People were asked to give their consent for care and signed consent forms were in people's care records. The provider was aware of the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Care records contained details of where healthcare professionals had been involved in people's care, for example, information from the GP, community nurses and occupational therapists.

Requires Improvement

Is the service caring?

The service was caring. People told us staff were caring, kind and treated them with respect and dignity. Staff had a good knowledge of the people they were caring for and supporting.

The service had good arrangements for carrying out risk assessments and regular checks on how people were experiencing their care. The field supervisor was able to provide a clear description of how this process worked and showed us records of assessments and checks made.

Good

Is the service responsive?

The service was not as responsive as it could be. We identified issues regarding how the service monitored and learned from complaints and how it could show how complaints formed part of the overall quality assurance monitoring.

Requires Improvement

Summary of findings

Care staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

People's care was assessed when they first started using the service. A follow up review after 6 weeks was carried out to determine the long-term care plan.

Complaints were recorded and acted upon. The service provided information to people about how they could make a complaint if they wished and the manager took concerns and complaints about the service seriously.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. The provider did not have appropriate mechanisms in place to act on that feedback for the purposes of continually evaluating and improving the service.

People were happy with staff and their attitude, and were confident that there was an open culture which was honest about mistakes, treated people with respect and compassion and involved people in the care that was provided.

The provider contacted people in various ways, from visits, telephone calls and spot checks, in order to check that the service was being delivered properly.

Supreme Care Services 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.

The inspection took place on 29 May 2015 and was announced. We told the provider four days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they, or a representative from senior management would be in.

The inspection team consisted of two inspectors. Before our inspection we reviewed the information we held about the service which included statutory notifications we had received in the last 12 months. We also received information from the local authority contract team and looked at the recent monitoring report they had sent to the provider.

We contacted and spoke with twelve people who used the service plus 6 relatives. We spoke with 4 office staff, including the acting manager, and spoke with the director after the inspection visit. We also spoke with two care staff.

We examined four care plans, six staff files as well as a range of other records and policies about people's care, staff and how the service was managed.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe with my care workers. They use a hoist to move me and definitely know what they are doing with the hoist." Another person told us, "My relative and I have a nice rapport with the carers. They use a hoist and know what they are doing, they know my relative's routine now".

One person told us that they had arranged for the care workers to hold keys and that they had complete trust in them.

Despite these positive comments we found that people were not always safe as staff did not always complete visits as agreed in people's care plans. Half of the people we spoke with told us that they were not happy that staff did not turn up at their scheduled time. One person told us, "Half the time they only send one carer at lunch time and night time." Another person told us that care staff often visited at 11am instead of the 9am visit. However, then the staff would return at 12pm for the lunchtime visit and that this was not helpful. Some people also told us that staff did not turn up at the scheduled time but that it did not bother them. Everyone who had experienced lateness or changes of staff told us that the problem usually occurred more at the weekend than during the week.

A recent audit and quality check by the local authority, which included speaking to and visiting people, found that lateness was an issue also for the people they spoke to, and that on one occasion a care worker arrived late whilst the local authority officer was present. The local authority has requested an action plan from the service.

People who experienced delays or sudden changes told us that the office staff usually worked hard to resolve things and that they did not blame the staff or the coordinators, whom they felt genuinely tried to help when things went wrong. One person told us that they did not want their complaint about time to reflect on the care worker who was visiting as they were "a very nice carer". One member of staff told us there was sometimes pressure on staff to go quickly to someone on "the spur of the moment" and that it could be at short notice.

During our inspection we discussed time keeping and scheduling with the acting manager. They explained how they tried to ensure that there were sufficient numbers of staff available to keep people safe and that staffing levels were determined by the number of people using the service and their needs. Staff were scheduled to work in particular patches to minimise delays caused by traffic. The acting manager was able to describe the recruitment process and demonstrate that the service was adequately recruiting.

However, we could not find evidence of how senior managers in the service proactively discussed lateness issues in order to learn from events and look at ways of ensuring lateness and disruption were kept to a minimum.

The information above relates to a breach of regulation 9 if the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Everyone we spoke to told us that staff carried a badge with their identification on it. This meant that people felt safe in knowing who they were allowing into their homes.

Staff knew what to do if there were any safeguarding concerns. They understood what abuse was and what they needed to do if they suspected abuse had taken place. Staff told us they would report any witnessed or suspected abuse to the manager. All staff had received training in safeguarding adults as part of their induction programme and this was refreshed every year. At the time of our inspection there was one safeguarding concern being investigated and appropriate action had been taken to keep people safe whilst this was being looked into.

There were arrangements to help protect people from the risk of financial abuse, with clear policies and procedures provided to staff and people who used the service on the issue of money and how any financial transaction would be handled and recorded, with both parties signing the record. Everyone we spoke with told us they had no concerns about financial matters with care staff.

At the previous inspection on 3 December 2013 we had identified that improvements should be made with regard to risk assessments, where we had found that these did not always include important details about people's medical or health needs. At the inspection of 29 May 2015 we saw that risk assessments had improved and were carried out to evaluate any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks to the health and support needs of the person. Risk assessments included information about the use of hoists, people's medicines and action to be taken to

Requires Improvement

Is the service safe?

minimise the chance of harm occurring. We saw that some people had restricted mobility and information was provided to staff about how to support them when moving around their home or in the use of hoists.

Guidance to staff emphasised the importance of ensuring that people did not feel restricted and maintained their freedom to make their own decisions and that this must be taken into account when carrying out risk assessments. The Field Supervisor responsible for risk assessments was able to speak knowledgeably about the balance between respecting people's rights whilst assessing risks and planning care.

All care staff had completed first aid training. Emergency 24 hour on call numbers were given to people when they first started using the service and to staff when they were first employed ,so they could contact the service out of hours if there was an emergency or if they needed support. The service was moving towards a telephone system which would automatically redirect a call to an appropriate staff member during out-of-hours. This had been piloted in a different branch and the company director told us that they hoped to be able to extend it to all branches soon.

The service had systems to manage and report accidents and incidents. Details of accidents were recorded together with action taken at the time. Details of any incidents such as falls were logged at people's homes and the branch care manager was notified and records were held in people's files in the office. We saw that further contact with the person's GP and any local authority representatives was also made.

The service followed appropriate recruitment practices. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of these individuals. This included up to date criminal records checks, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK where this applied.

People were supported to take their medicines safely. People we spoke with confirmed that care staff assisted them with medicines taken from blister packs and prompted them to take them. Care staff confirmed that records of what medicine was taken was recorded in the care plan log at the person's home. Staff had received training in the safe handling of medicines.

Requires Improvement

Is the service effective?

Our findings

Everyone told us they were supported by staff who were kind but three people told us they were not happy with the level of skill or training by some of the care staff, particularly the staff who attended at the weekend. One person described a care worker who did not know how to heat soup. Another told us that some care workers were not aware of the needs of people with sensory impairments and who would rearrange things in the house, making it difficult for the person when the care worker had left.

A previous inspection of this service had been carried out on 3 December 2013. During that inspection we found that people's care plans were not always followed where two care staff were required to operate equipment. At the inspection carried out on 29 May we found that this had improved. We received positive comments from people that care staff knew how to operate hoists. Another person told us that a care worker had been able to detect signs of a urinary infection and felt that this was an indication of effective training.

We saw examples of induction training held earlier in March 2015. This included people's roles and responsibilities and person centred care. Other training included medicines awareness, infection control, safeguarding, dementia, health and safety, moving and handling and first aid.

We saw that staff files contained some certificates indicating that they had attended training courses, including evidence that some staff were completing national vocational qualifications in health and social care. Training and refresher courses were provided by both an in-house training provider and external companies. Some training certificates in staff files were certificates of attendance at awareness courses while others were further evidenced by workbooks that had been completed by staff.

At the previous inspection of 3 December 2013 improvements were required with regard to maintaining records of training, for example the provision of a training matrix outlining the training undertaken by staff. At the inspection of 29 May 2015 the acting manager informed us that this was now maintained on a centrally held system. This training matrix was forwarded to us some days after our inspection visit. We saw that refresher courses in basic mandatory training had been planned in 2016 for those staff who had attended training in 2015.

Staff we spoke with had different experiences of receiving training within the service, which indicated an inconsistency in the service's training programme. One staff member told us that they had received safeguarding and induction training but could not recall any other training they had received or had planned. Another member of care staff who had been with the agency for more than six months told us that they had had training in care prior to joining the service but none from Supreme Care Services itself. Other staff had received further training and were taking part in national vocational qualifications. This was reflected in staff files, where it was unclear whether some training had been part of induction, in-depth course or refresher training.

Staff were aware of the Mental Capacity Act (MCA) 2005, although they had not received formal training in it. One staff member had received some training with a different organisation while another had a general awareness of the Act. Both care staff we spoke with understood that the Act involved ensuring people's consent. However, they were not clear as to what action to take if someone was unable to give consent, or what processes to follow if they felt a person's normal freedoms and rights were being significantly restricted. This included making an application to the court of protection.

The responsible individual of the service confirmed that none of the people who used the service were deprived of their liberty and no applications had been made to the court of protection. She also confirmed that MCA training was part of the training programme for staff. However, the training matrix we received did not provide any documented evidence to support this.

The lack of consistency of training amongst all staff as well as a lack of clarity regarding the nature of the training, including the omission of MCA training in the programme meant that we could not be sure that all staff received the appropriate amount or type of training necessary to enable them to carry out the duties they were employed to perform.

Staff told us they had received supervision with their manager but were unclear as to the overall frequency of their supervision sessions. Records confirmed that some supervision had been carried out, although there was only one supervision record per staff file and in some staff files there were none. The field supervisor confirmed that spot

Requires Improvement

Is the service effective?

checks and visits were carried out in people's homes and that this contributed to discussions between staff and managers about people's care and was part of the overall general supervision of staff.

However there was no indication as to how the current system of supervision, including spot checks and discussions, enabled staff to develop professionally or to measure their competence and knowledge. There was no evidence of annual appraisals and when we asked about this we were told by the acting manager that they took place but were not offered any evidence of this. We were therefore unable to confirm that staff received the amount and type of supervision and appraisal necessary to enable them to carry out the duties they are employed to perform.

The above issues relate to a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were asked to give their consent for care and we saw signed consent forms in people's care records. Staff told us how they always asked people for their consent before assisting them. One staff member told us, "I always give people enough time when I am giving care." People we spoke with were also happy with the way staff checked that they were in agreement with the care being provided. One person told us that due to their speech being difficult to understand the care staff were always mindful of this and gave him time to explain what he wanted.

Where required people were supported to eat and drink appropriately. One person told us, "The carers leave out drinks/snacks and do all food. They ask me what I want, what I would like and if I cannot think, they suggest things, which is a real help."

Records showed that people's dietary needs were assessed before they started using the service and then again regularly during their period of care.

At the inspection of 3 December 2013 we found that assessments and care plans had not always been completed for people who had specific care needs. At the inspection of 29 May 2015 we found that this aspect had improved. People's personal information about their healthcare needs was recorded in their care records. Care records contained details of where healthcare professionals had been involved in people's care, for example, information from the GP, community nurses and occupational therapists. Staff told us how they would notify the office if people's needs changed. We noted examples of how additional support from healthcare professionals helped people maintains good health. For example, one person we spoke with said she was improving physically due to physiotherapy, but that the staff were helping her regain her independence and she was grateful for this.

Good

Is the service caring?

Our findings

All of the people we spoke with told us staff were caring, kind and treated them with respect and dignity. People told us they were happy with the standard of care and support provided by the service. One person said, “They do change the carers, but I do not mind, I have got used to it and I know them all.” Another person said, “My carer is very caring.” The person went on to describe the care worker, saying that they were very respectful, asked how the person wished to be named, and always asked what person wanted done.

Another person told us, “There are little touches, such as before they leave they say ‘do you want another cuppa before I go.’ I’m quite happy with them at the moment they are ok and know what they are doing.”

Staff had a good knowledge of the people they were caring for and supporting. Staff knew the content of people’s care plans and were familiar with people’s needs and how they liked to be cared for. They described how they knocked on doors and called out before entering property, ensuring the person was covered appropriately during personal care, asking the person how they wanted their care provided. One staff member told us, “I am a guest in their houses, I give them privacy, talk with them and I am polite.”

We asked staff how they helped people to maintain their independence and supported choice whilst they provided care. One staff member told us, “I try and give people plenty of time to try and do things for themselves, no matter how long it takes. I will always try to encourage people and give them a chance to do things for themselves. I step in as I need to.”

People we spoke with told us they felt involved and included in deciding and planning their care. People had care plans in their home and knew what they were for. One person described how someone from the agency came to carry out an assessment and how this was placed in a folder in the house so that care workers and family could see it.

Another person told us that someone from the agency visited in order to “go through everything. He was very thorough and explained everything. He found out what I liked and did not like.”

Another person commented, “Yes, I have a care plan and the carers do what is on it and more - there are little kindnesses from them, like they make me a sandwich when they make [Name] tea.”

The service had a field supervisor who was responsible for carrying out risk assessments and regular checks on how people were experiencing their care. The field supervisor was able to provide a clear description of how this process worked and showed us records of assessments and checks made. This was in line with how people had described the assessment and review process. Throughout the inspection visit we were able to observe and listen to how the office staff spoke with and contacted people. This was done in a friendly and respectful manner, and we saw that queries and calls were handled professionally, with staff checking that the caller was happy with the response.

Requires Improvement

Is the service responsive?

Our findings

People told us they felt supported by staff who knew their needs and were happy with the way staff asked and checked what their preferences were. People were happy with the gender of their care staff and felt that they would be able to request a specific gender if they wished.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One care worker told us, "I think it is important to talk to people and get to know them as people so that you can find out more about the things they like and the things that make them worried."

People's care was assessed when they first started using the service. A follow up review after 6 weeks was carried out to determine the long-term care plan. Thereafter, spot checks and annual reviews were held. People's care reviews had been recorded and, where people's care needs had changed, these had been documented.

The service asked for people's views and experiences. Details of reviews and visits to check the quality of care people received were kept at the service and we were shown the results of the 2014 annual survey sent to people to gain their views.

Records and policies we looked at, including staff files, emphasised the importance of person-centred care and making sure that the service carried out its tasks in a way that recognised the whole person. This was reflected in the way the service recorded details of the people involved in the person's life, recording their choices and including relevant details about their life history, environment, health needs and communication abilities.

People and their relatives were happy with the way the office tried to deal with their complaints and most said that their complaints were resolved in a way that suited them. Everyone we spoke with felt comfortable about raising issues, either directly with the care worker or with the office.

One relative told us that they were confident that if there was a problem with his relative then the staff would ring him or the GP/nurse. They gave an example where his relative was particularly agitated and the GP was called, where it was found that the person had an infection. This indicated a good response by the service which was acted on promptly.

Although everyone we spoke with were happy with the way the service tried to respond to their complaints, some people felt that it did not always solve the problems long-term and that sometimes the office failed to respond.

One person told us, "I think I'm very lucky. I have had the same carers since December on a Monday to Friday. However, I never know who is coming at the weekend and I do not like not knowing." The person had told the service that if someone is going to be late to just phone her and let her know, but said "They do not even bother to phone if the carer is late."

Another person told us, "When replacements are sent, the office does not ring. It's pot luck who turns up."

Most of the people we spoke with told us that problems existed more at the weekend than during the week. Problems included lateness, different care staff from regular staff and difficulties with getting through to the office. These experiences were also noted by the local authority contracting monitoring visit carried out separately from the Care Quality Commission inspection. Their report commented that staff rotas showed carers were given around 15 minutes travel time, making it difficult for carers to arrive at service users' homes within the time specified and also work for the full amount of time allocated.

Staff we spoke with told us that they often found it difficult to maintain time schedules, particularly if they were asked "on the spur of the moment" to visit a person.

The acting manager noted that systems were being updated to enable staff to work in patches and that staff working in pairs would ensure they arrived at the person's home together. The acting manager hoped that this would reduce instances of lateness.

The service had a procedure which clearly outlined the process and timescales for dealing with complaints. People were also advised on how to raise concerns during their initial assessment and this was again provided in written form in the Service User Guide, a document provided to each person outlining the range of services and terms and conditions of the service. A complaints form used by the

Requires Improvement

Is the service responsive?

service contained sections for recording the detail of the complaint and how it was resolved. However, there was no evidence that senior managers used this information in a proactive way in order to further improve the quality of service or to lessen instances of the type of complaint.

We recommend that the service carries out a review of its arrangements and procedures for proactively monitoring complaints in order that it has a clear overview of the types of complaint it receives, can demonstrate how they have learned from these, and show how complaints form part of the overall quality assurance monitoring.

Requires Improvement

Is the service well-led?

Our findings

People were asked about their views and experiences of the service and how they felt they were treated. Everyone we spoke with had positive things to say about the staff and their attitude, and were happy that there was a culture which was honest about mistakes, treated people with respect and compassion and involved people in the care that was provided.

One person told us that the agency seemed genuinely interested in how well their care workers conducted themselves and worked with them. "I told them I am very happy with my carers, they are two smashers, they really are."

Another person described how staff always respected their dignity and privacy by always speaking to them and asking them what he would like to wear, for example.

One person told us that there had been an issue with a previous care worker where there was a personality clash that made it difficult for care to be provided in an enjoyable way. The matter was discussed with the manager and resolved. We were told, "I am happy with the carer I have now and have no complaints."

The guide provided to people described how the service would try to match care workers to people's personality, developing a service based on trust and always respecting the rights of people.

The service was meeting its requirements with regard to registration, including submitting notifications to the Care Quality Commission where appropriate and ensuring that everyone understood their roles and levels of accountability, with policy documents to underpin these.

Staff were also clear about the values that underpinned their work. One care worker told us, "People have care plans, but we speak with people to check they are happy. If they asked, or if I felt they needed more support I could request the office get on to SS to review the care package or if they were private then for the agency to assess."

The staff handbook outlined staff duties in a way that placed the person receiving care at the centre of their work. Guidance included advice on supporting people with various disabilities and conditions, how to support people in expressing their views, gender and sexual orientation advice, and maintaining confidentiality.

Staff were aware of safeguarding procedures and making disclosures in the public interest (whistleblowing) and were able to describe clearly what they would do if they had any concerns.

Yearly surveys were sent to people and the feedback was analysed and used to highlight areas of weakness and make improvements to the service. We saw that there had been a survey in 2014 and in January 2015.

People were contacted on a regular basis for example, through regular visits and calls from the field supervisor and during reviews by the service. The results of these reviews were in people's care records.

People and their relatives told us that when they spoke to staff at the service they felt they were listened to and that staff treated them professionally and courteously. They also confirmed that they received calls and visits. One person told us that they had cause to complain to the office as the regular care worker was off and the replacement care worker came very late. "The office apologised and it did not happen the following week. I would recommend them to other people."

However, most people and relatives we spoke to were unhappy about the lack of physical communication from the office, particularly with regard to being able to get in touch with the office and with the lack of communication from the office when things were going wrong, for example when carer workers were going to be late.

One person told us that they had to call the office many times. "I had to make several calls, it was really frustrating." Another person said, "There is definitely a lack of communication from the office to their staff, they need to communicate with their carers."

Another person told us how they made calls between 8.45am and 9.30am but with no response and the care workers were very late. "Often when I ring to find out who is coming, no one knows."

One other person told us that when they rang the office they "mostly get through" and that the office staff were helpful. However, when things went wrong, for example, the care worker not turning up or being off sick, they never got informed, but always had to ring the office to try to find out. "Communication could be improved, it would be nice to get a phone call to let you know what is happening, tell you the carer is going to be late."

Requires Improvement

Is the service well-led?

The documentation provided to people by the service in the service user guide stated that where the main worker was unavailable for work the service would telephone the person to inform them of the replacement care worker. However, this was the only reference we could find. There was no guidance or instruction provided to people regarding what they should do if a care worker was late or had not turned up. Many people's experience was that the service was not following its own policy regarding staff turning up late.

Staff we spoke with were unsure of the frequency and purpose of meetings and supervision. The acting manager told us that meetings were held as "group supervision" sessions where staff could be informed of issues and developments. One care staff told us they had received two formal supervision sessions since joining over a year ago and had not been to any team meeting.

We did not see any evidence of team meetings between the office staff, for example, care coordinators, field supervisor and manager, which may have been used to discuss relevant issues and how to address them.

Despite some positive and proactive work by the field supervisor in arranging risk assessments, spot check visits and telephone reviews, the major quality issues affecting the service were about poor communication and lack of information provided to people. From the feedback we received from people this has had a major impact on their quality of life as they are dependent on the care and information they receive in order to be able to enjoy their daily routines. We were not able to learn how the provider used feedback from people to improve and develop the service. For example, although complaints were recorded and logged, we were unclear as to what happened afterwards, how the complaints were discussed between staff and how ideas for improvement were shared.

This meant that although the service had systems in place to seek feedback and views from people, it did not have appropriate mechanisms in place to act on that feedback for the purposes of continually evaluating and improving the service.

We also found that the service did not have adequate or effective ways of using, or processing, the information they did receive and record in order to enable them to evaluate and improve their practice.

The above issues related to a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's records and staff records were held securely and confidentially by the service.

This section is primarily information for the provider

Action we have told the provider to take

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

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not have effective mechanisms in place to act on feedback for the purposes of continually evaluating and improving the service Regulation 17(2)(e). The registered person did not have effective ways of using, or processing, the information they received and recorded in order to enable them to evaluate and improve their practice. Regulation 17(2)(f).

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People did not always receive the care they needed at the appropriate time or by the appropriate number of staff, and senior managers lacked systems to help them learn from events and look at ways of ensuring lateness and disruption were kept to a minimum. Regulation 9(3)(b)