Regal Home Care Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 6 July 2016 and was announced. We did this as the service is a domiciliary care agency and we wanted to ensure that appropriate office staff were available to talk with us, and that people using the service were made aware that we may contact them to obtain their views.

Regal Home Care Limited is a domiciliary care service providing support to over one hundred people living in their own homes, some of whom are funded by the local authority, whereas others fund their own care. The service provides care and support to enable older people, some of whom are living with dementia, to continue living in their own homes. The service is based in Pease Pottage, West Sussex.

The service had a registered manager. 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 received care and support from staff that had access to essential training. However, some staff's training was not up-to-date and there were concerns about the quality of the training staff had received and the impact of this on people's care, particularly in relation to the administration of medicines. Staff told us that they were adequately supported and that they could approach the registered manager if they had concerns. However, staff did not always have access to regular supervision or observations of their practice. The lack of staff support and access to training are areas of concern.

People had their needs assessed and care plans devised to inform staff of their care and support needs. People told us that they were involved in their care and could make their thoughts and suggestions known. However, there was a lack of personalised information in relation to people's hobbies and interests and people's care had not always been reviewed to ensure that it was up-to-date and meeting their current needs. This is an area in need of improvement.

The registered manager undertook some quality assurance processes to measure and monitor the standard of the service provided. However, there was not a robust quality assurance system and those that were carried out had sometimes failed to identify when systems were not working or required improvement. For example, the medication audit had not identified that there had been several occasions where people's medication had run out and they had gone without medication for several days, nor did it identify that staff had failed to inform the office or a healthcare professional of this, to ensure that the person had access to their prescribed medication. Care planning systems were audited each month and the observations and supervision of staff were also monitored on a monthly basis. However, despite this monitoring showing that these were not up-to-date there appeared to have been no action taken to address this. This is an area in need of improvement.

People's safety was maintained as they were cared for by staff that had undertaken training in safeguarding

adults at risk and who knew what to do if they had any concerns over people's safety. Risk assessments ensured that risks were managed and people were able to maintain their independence. Accidents and incidents had been dealt with and recorded appropriately.

People's consent was gained and staff respected people's right to make decisions and be involved in their care. Staff were aware of the legislative requirements in relation to gaining consent for people who lacked capacity and people confirmed that they were asked for their consent before being supported. One person told us "Yes they always do ask what I would like done or what I want them to do. It is very politely done". Another person told us "They always ask my permission before they help".

People received care that was tailored to their needs and preferences. Care plans provided staff with succinct information about people's needs. People told us that they were able to choose and that they received support to ensure that they had sufficient amounts to eat and drink. People's healthcare needs were met. Relevant referrals had been made to ensure people received appropriate support from external healthcare services.

Positive relationships between people and staff had been developed. People were complimentary about the caring nature of staff, one person told us "Yes they are caring, we have a laugh and giggle every time they come". People's privacy and dignity was respected and their right to confidentiality was maintained. People were involved in their care and decisions that related to this. People's right to make a complaint was also acknowledged and these had been dealt with in accordance with the provider's policy.

People, relatives and staff were complimentary about the leadership and management of the home and of the approachable nature of the registered manager. One member of staff told us "They are very supportive on an employment and a personal level, they are very understanding".

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were effective risk assessments in place in regards to people's medication. However there were concerns regarding the actions of staff in relation to people receiving their prescribed medication.

There were effective systems in place to ensure that people were cared for by staff that were suitable to work in the sector. Staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding a person's safety.

People's independence, in relation to taking risks, was encouraged. Risks to people's safety were assessed and appropriate action taken to ensure their safety.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The training of staff was not consistent. People were cared for by some staff that had received training and had the skills to meet their needs. However, some training, staff supervisions and observations of staff's practice were not up-to-date and there were concerns in relation to the impact of this on people's care.

People were asked their consent before being supported. The provider was aware of the legislative requirements in relation to gaining consent for people who lacked capacity.

People were happy with the support provided to enable them to eat and drink. They were able to choose what they had to eat and drink and were provided with support according to their needs. People had access to health care services to maintain their health and well-being.

Is the service caring?

Good

The service was caring.

People and relatives commented on the kindness and caring nature of staff.

People were actively involved in the care that was provided to them. Staff had an awareness of people's needs and people were able to develop positive relationships with the staff that supported them.

People's privacy and dignity were promoted and maintained. There was consistent feedback regarding the respectful nature of staff.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People received a service that was based on the way they wanted to live their lives and be supported. However, there was a lack of personalised information in relation to people's interests, hobbies and backgrounds.

Care plans contained information on people's health and care and support needs. However, reviews of people's care and support were not always completed.

Feedback from people and their relatives was welcomed. People felt that their views and opinions were listened to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

People and staff were positive about the management and culture of the service.

There were some quality assurance processes used to monitor the effectiveness of the service, however, these had sometimes failed to identify when people had not received good quality care or when systems were not being adhered to in accordance with the provider's policies.

People were treated as individuals, their opinions and wishes were taken into consideration in relation to the running of the service and the delivery of the care they received. However, actions had not always been taken in response to the quality assurance processes that had been undertaken.

Regal Home Care 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 the 6 July 2016. This visit was announced, which meant the provider and staff knew that we were coming. We did this, as the service is a domiciliary care agency and we wanted to ensure that appropriate office staff were available to talk with us, and that people using the service were made aware that we may contact them to obtain their views. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. Before the inspection we checked the information that we held about the service and the service provider. We used this information to decide which areas to focus on during our inspection.

During our inspection we spoke with eleven people, ten relatives, five members of staff, the registered manager and the two providers'. Surveys had also been sent to people, relatives and professionals to gain their feedback on the service received. We reviewed a range of records about people's care and how the service was managed. These included the care records for five people, medicine administration record (MAR) sheets, five staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

The service was last inspected in February 2014 and no areas of concern were noted.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person told us "I feel safe with them. The carers have maturity and have an understanding of me and my problem". Another person told us "Yes I feel safe with all the different carers that come. I trust them, some of them are really excellent". However, despite these positive comments, we found an area of practice in need of improvement.

Most people received support with medicines according to their needs and preferences. Risk assessments, which were completed at the initial visit, contained information in regards to people's abilities, the potential risks associated to the medicine administration and the person responsible for the re-ordering of medicines. Staff had completed training in medicine administration. However, despite the provider's medicine policy stating that staff should undertake medicine training annually, some staff had not completed this training and they were still dispensing and administering medication. People and relatives provided mixed feedback in relation to staff's abilities in regards to medicine administration. One relative told us "It's quite apparent that my relative gets their medicine regularly, their mental health is fine". Another relative told us "They always get prompted; the carer puts them in a small cup for them to help themselves". However, another relative raised a concern about medication and told us about a situation that had arisen regarding their relative's medicine and the actions of a member of staff, they told us "I don't think the staff are trained or have enough medical knowledge for giving medication".

Observations of Medicine Administration Record (MAR) sheets showed that staff were unaware of the importance of reporting concerns about people's medicine. For example, MARs for three people showed that there had been insufficient stocks of medication and people had gone without some medicines for several days. Although the responsibility for the re-ordering of medication did not lie with the providers', no action had been taken by staff or the registered manager and there were no systems in place to ensure that the medicines were re-ordered or delivered to ensure that people had sufficient medicines to take. The National Institute for Health and Care Excellence (NICE) Guidance for Home care: delivering personal care and practical support to older people living in their own homes, state that the provider should write any medicines management requirements into the home care plan, including: the purpose of and information on medicines, the importance of dosage and timing and the implications of non-adherence as well as the details of who to contact in the case of any concerns. This information was not available to staff. Staff had accurately recorded on the MARs that medicines were not given as they had run out. However, they had not reported this to the office or sought advice from a healthcare professional as to the implications for the person of not having their medicines. As a result people did not always receive their prescribed medication. This raised concerns as to people's safety and of the quality of training and information provided to staff in regard to their responsibilities when dispensing and administering medicines. This is an area of practice in need of improvement.

People were cared for by staff that the provider had deemed safe to work with them. Prior to their employment commencing, staff's suitability to work in the health and social care sector had been checked with the Disclosure and Barring Service (DBS) and their employment history gained. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with

vulnerable groups of people. This ensured that people were protected against the risk of unsuitable staff being recruited.

The aforementioned NICE guidance states that visit times should allow home care workers enough time to talk to the person and their carer. That there should be sufficient travel time between appointments and ensure that the worker has enough time to do their job without being rushed or compromising the dignity or wellbeing of the person who uses the service. There was mixed feedback with regards to this. Most people and relatives told us that staff were mostly on time, that they spent the correct amount of time with them and that they never felt rushed. However, there were occasions when staff were running late or held up in traffic but that a majority of the time they were contacted and made aware of this. One person told us "Sometimes there is an issue when people call in sick or if a carer is on annual leave or if the weather is bad. It cannot always be helped. I always get a call, I have had someone from the office". Another person told us "The carers are very reliable and helpful". Whilst another person told us "I think they spend the allocated time, they never rush me. Sometimes you have to remember that they may have been held up because someone else may have needed them". The providers' ensured that, as much as was possible, travel time was taken into consideration, as well as the geographical area of calls when allocating work to staff. One member of staff told us "They try to give you calls in the same geographical area, most of the time we have enough travel time, it depends on the traffic".

There were sufficient staff to meet people's needs and people were supported by staff who had undertaken safeguarding adults at risk training. Staff were aware of the signs and symptoms of abuse and how to report their concerns using the provider's policies and procedures. One member of staff told us "I've had the training and if I was ever worried about someone I'd go to my manager or the directors and if not I'd go to the police, local authority or you (CQC)". Staff confirmed that the registered manager operated an 'open door' policy and that they felt able to share any concerns they had in confidence. One member of staff told us "The manager is really good, I can go to her whenever I have any concerns about anything, she does listen to us". The registered manager was aware of their responsibilities in regards to passing on safeguarding concerns and had raised alerts to the local authority in relation to people's safety.

People's safety was maintained through the completion of risk assessments and the knowledge of staff. Records showed that risk assessments had been completed when people first joined the service. They recognised risks in the environment to both people and staff and took into consideration factors such as the environment, water temperatures, infection control, electrical and fire risks and people's mobility and nutrition. Staff were provided with clear guidance as to how to support people in a safe manner. For example, records for one person advised staff that to ensure the person's safety, they should make sure that the person had their walking stick with them at all times and that they had their life line pendant. (A lifeline pendant is a personal alarm that a person can use if they require assistance in the case of an emergency.) Records for another person provided clear guidelines for staff to follow in relation to a piece of manual handling equipment, advising staff of how to use this and the accompanying hoist sling safely and effectively. There were minimal accidents and incidents. Those that had occurred had been dealt with effectively and were appropriately recorded.

Requires Improvement

Is the service effective?

Our findings

Most people and relatives told us they were cared for by competent, skilled and familiar care staff who knew people's needs well. One person told us "Definitely able to care for my needs. I think they are excellent". Another person told us "They are well trained and very efficient". Whilst a third person told us "Well trained staff, you cannot get anyone better than them". However, despite these positive comments we found areas of practice in need of improvement.

The majority of staff had been employed for many years. The provider had employed some new members of staff and had ensured that they had access to an effective induction process. New members of staff had completed the Care Certificate as part of their induction. The Care Certificate is a set of standards that social care and health workers can work in accordance with. It is the new minimum standards that can be covered as part of the induction training of new care workers. One member of staff, who was new to the service, told us "I've already had a spot check and a meeting with the manager".

The providers' were aware of the importance of workforce development and had polices that stated that staff should have access to learning and development opportunities and undertake essential training annually. The majority of staff had undertaken essential training, as well as training that was specific to the needs of the people that they were supporting, such as courses for supporting people living with dementia. There were links with external training providers and healthcare professionals. Records confirmed and one member of staff told us, that they had been trained by a district nurse so that they could assist a person who required support with their nutrition, as they had a percutaneous endoscopic gastrostomy (PEG). A PEG is a way of introducing food, fluid or medicine directly into the stomach by passing a thin tube into the skin and through the stomach. Some staff had undertaken diplomas in health and social care or were working towards them. However, some staff's training had not been updated according to the provider's policy.

The provider had a supervision policy that stated 'Formal supervision sessions should be held once every three months. At least one of these should take place in the customer's own home using direct supervision (known as a 'spot check')'. It went on to state that it was the manager's responsibility to ensure that supervision took place. Records showed that neither office-based supervision nor supervision and spot checks in people's homes, had taken place this frequently. Staff told us that they could go to the registered manager or the providers' if they had any concerns or needed support. However, when asked about supervision, one member of staff told us "I haven't had one for… I can't remember".

The Social Care Institute for Excellence (SCIE) states that although informal supervision may enable a supervisor to deal with an immediate need, it may lead them to make rushed decisions and actions. The National Institute for Health and Care Excellence (NICE) Guidance for Home care: delivering personal care and practical support to older people living in their own homes, states, 'Workers practice should be regularly observed, at least every three months to identify their strengths and development needs, in addition it advises that workers should be supervised in a timely, accessible and flexible way, at least every three months and ensure that there is a written record of supervision given to the worker. The SCIE advises that the ultimate goal of providing supervision and appraisal is to improve the outcomes for people. Without

having supervisions and appraisals in place there was a risk that learning and development, as well as performance issues, were not addressed and dealt with in a timely and sufficient manner which could have led to people's outcomes being affected.

When this was raised with the registered manager and providers' they explained that they had experienced a difficult period of staff shortage and had prioritised their resources, to ensure that people received the care required and that other responsibilities, such as staff training and supervision, had not been updated as much as they should have been. The lack of up-to-date learning and development as well as the lack of supervision of staff's performance was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the provider was working within the principles of the MCA. The registered manager had ensured that staff were reminded of the principles of the MCA and had provided them with a factsheet, in their weekly memo, advising them of this. Staff had a good understanding of the MCA and the importance of enabling people to make decisions. People and relatives confirmed that staff always asked for people's permission and consent before supporting them. One person told us "Yes they always do ask what I would like done or what I want them to do. It is very politely done". Another person told us "They always ask my permission before they help".

People who required support to maintain their nutrition and hydration told us that they received appropriate support according to their needs and that they had help with preparing and serving food and could make choices as to what they had to eat and drink. One person told us "I tell the carer what I would like in my sandwich and they do it for me". Another person told us "We generally have a microwave dinner with some frozen vegetables. It's easy for the carer to reheat. Whatever we want they will prepare for us".

People's healthcare needs were met. People told us that staff noticed when they were not feeling well and contacted healthcare professionals on their behalf. One person told us "They are well trained and very efficient. One carer was worried about my legs and got a nurse to call". Another person told us "They know me .Once I was not very well and they called the doctor and then my daughter. I ended up in hospital for a while. Very good carers". Care plan records further demonstrated that referrals to healthcare professionals had been made to ensure that people's healthcare needs were met.

Good

Is the service caring?

Our findings

People consistently told us that they were supported by kind and caring staff that treated them with respect and dignity. One person told us "The staff that come are kind and very caring, they always ask about my in-service work. They like to listen to my stories, I like to chat and joke with them". Another person told us "Yes they are caring. We have a laugh and giggle every time they come". A relative told us "I think they are really good. They go above and beyond what they need to do, they are very thoughtful, they even bought a card for my relative's birthday".

The providers' were aware of the importance of consistency for people who used their service and tried their best to ensure that people received care and support from staff that they knew and who knew their needs well. A relative told us "The service is keen to give people the same carer during the week to help build up a relationship". People told us that they liked having a regular member of staff and that positive relationships had been developed. One person told us "X, the carer is like one of my own family, very caring".

People told us they were able to express their needs and wishes and were involved in decisions that affected their care, that they were happy with the care provided and wouldn't change anything. One person told us "Someone came to see me last week to discuss my care plan. My social worker comes to see me regularly too". Another person told us "I have been having the carers visit me for two weeks now and someone from the office is coming out next week to talk to me about how things are going". For people unable to express their wishes, their relatives were involved in their care (if this was what the person wanted), people could also be signposted to advocacy services if they required further support to express their needs and wishes.

People's differences were respected and support was adapted to meet their needs. Care plans showed that people's individuality was respected and acknowledged and that their differences, in regards to their preferences and how they wanted to be supported, were documented to ensure staff were aware. People used the service for various reasons, some requiring minimal support, receiving a visit once per week to assist with shopping or household duties. Others, required more assistance, sometimes receiving support for several hours each day. The providers' ensured that the support provided to people was person-centred and enabled them to receive the type of support they chose.

People's privacy and dignity were respected and they were encouraged to be as independent as possible. Care plans showed that people were asked what they needed support with and what they wanted to achieve, to enable them to continue to be as independent as possible and to retain their skills and abilities. Care plan records for one person stated 'Care staff are to support X with washing and dressing, enabling them to do as much as they can for themselves, whilst maintaining their dignity'. Staff demonstrated a good awareness of the importance of supporting people to be independent. One member of staff told us "It is so important, I ask them what they can do themselves and encourage them to do as much as they can for themselves and give them choice, such as what food they like to eat and what they want to wear".

People consistently told us that they were treated with respect and that their privacy and dignity was maintained. One person told us "They respect my privacy; they always pull the curtains and keep parts of me

covered when they help me wash myself". Another person told us "My carers are very kind and respectful. They always make sure I am comfortable with what they are doing, when they wash me they always close the bedroom door and curtains". Observations of interactions between staff, handing over information about people, further demonstrated that staff had a respectful attitude and people were treated in a dignified way. People confirmed that staff respected confidentiality and told us that staff never discussed other people's needs when they visited them.

Requires Improvement

Is the service responsive?

Our findings

People told us that they received a service that was responsive to their needs, that they felt listened to and were involved in their care. One person told us "Staff are very polite, prepared to listen and will go out of their way to help". A relative told us "The care they receive meets their needs. As their needs change I am able to discuss it with Regal and that is not a problem". However, despite these positive comments we found an area of practice in need of improvement.

Care plan records contained succinct, person-centred information in regard to people's care and support needs. They contained detail in regard to what the person needed support with but some did not inform staff of how to carry this out. Results of a recent staff survey contained a comment from a member of staff that stated 'Care plans could have more in them, step-by-step of person-centred care tasks for each visit'. However, staff told us that care plans were helpful to them as they provided them with basic information about the person's needs and that they were able to find out more information about people's preferences by asking people. When the lack of detail in regards to task-related information was raised with the registered manager and providers' they explained that they had made a conscious decision to take this out of care plans as they had found that it had limited the choice people were provided with, as carers tended to carry out the tasks on a list rather than involve the person in the decision making process. People told us that staff met their needs and knew how they liked to be supported as they received support from regular staff who knew their needs and preferences well. Care plans did not contain any person-specific information about people's lives before they used the service, their interests, hobbies or social and emotional needs and when this was raised with the registered manager and providers' this was something that they felt could be developed further.

When joining the service an initial assessment took place to ensure that the service was able to meet people's needs. People were able to choose, as much as possible, what times they had their visits and if they received support from a male or female members of staff. A delivery plan was then devised detailing people's abilities as well as what they needed support with. People and relatives' told us that they were involved in people's care and were able to make their feelings and preferences known. One relative told us "I was able to express my views and make suggestions. My relative made the final decisions about their care". Another relative said "Initially I was involved as my relative is very deaf. The plan has been updated as I have just asked the agency to provide some housework for them". A third relative told us "I went along to one assessment. The plan has been reassessed and they have allocated my relative more time, we discussed getting a chiropodist and this is now in the care plan". Reviews were planned to take place annually, unless changes occurred before this time. However, despite some people's positive comments, records showed that although some reviews of people's care had taken place, a majority of reviews were not complete or up-to-date and therefore there was a risk that they did not contain up-to-date and current information on people's needs. This is an area of practice in need of improvement.

The provider had a complaints policy. There had been minimal complaints received, those that had been made were dealt with appropriately and according to the provider's policy. People told us that they were happy with the care that they received and that when they had raised concerns with the registered manager

and providers' that these had been listened to and rectified. One person told us "I told the office staff that I didn't take to a member of staff and they respected my wishes and sent another carer". Another person told us "I had an issue (nothing serious) when the carer and I were getting to know each other. Initially there were some concerns. I spoke with the office and it was dealt with straight away". A relative told us "I always go to the office and any small criticism has been resolved straight away". Another relative told us "I actually wrote a letter to say how happy I was with the service".

Requires Improvement

Is the service well-led?

Our findings

People, relatives and staff were complimentary about the leadership and management of the service. One member of staff told us "They are very supportive on an employment and a personal level, they are very understanding". Another member of staff told us "The manager is very good, she can be your friend but when she needs to be straight and tough, she will, she is very supportive".

The management team consisted of two providers', a registered manager, a deputy manager and supervisors'. The provider's aims and objectives of the service were to provide a high quality, individually tailored care service that helped people remain in their own homes and to provide a friendly, professional and caring service. Feedback from people and relatives' demonstrated that this was embedded in practice. Comments from people and relatives' included, "The service was recommended to us and we would certainly recommend it to others", "We are so happy with Regal care I think they are amazing" and "More than satisfied with their standards". However, despite these positive comments we found areas of practice that needed improvement.

A range of quality assurance audits should take place within a service to ensure that the systems and processes used are effective, this also helps to identify areas of practice that need to improve and drives change. The registered manager undertook some quality assurance processes to measure and monitor the standard of the service provided, such as questionnaires to gain people's feedback as well as audits of medication processes and care plan records. However, the registered manager did not have a robust quality assurance system and those that were carried out had sometimes failed to identify when systems were not working or required improvement. For example, the medication audit had not identified that there had been several occasions where people's medication had run out and they had consequently gone without medication for several days, nor did it identify that staff had failed to inform the office or a healthcare professional of this to ensure that the person had access to their prescribed medication. Care planning systems were audited each month, the audits that had been completed had indicated that not all care plan reviews had been carried out and reviewed in accordance with the provider's policy. The provider used an electronic system to monitor the provision of staff supervision, spot checks (observations of staff member's practice) and appraisals. This identified that these were not up to date. However, despite the audit and the electronic monitoring system indicating that reviews and staff supervisions were not up to date there appeared to have been no action taken to address this.

Questionnaires that had been sent to people and their relatives provided a tool for the registered manager to measure the effectiveness of the service and people's experiences. Most of the comments that were received were positive and indicated that people were happy with the service. However, there was a common theme that showed that people were unhappy about the communication from the office to the care staff and themselves, when calls were going to be late. Comments included 'Better office response when carers are off sick or on holiday, it breaks down', 'Better communication', 'Better communication at times re: cancelled visits', 'Times of calls – not told about changes' and 'Irregularity of call times which sometimes results in carers calling short periods after previous carers have left'. When asked about the actions that had been taken in response to the feedback the registered manager and providers' explained

that they had taken on board the comments but that it wasn't a straight forward process to change and would require various systems to be amended. They acknowledged that the questionnaires had been sent out seven months previously and that there had been no apparent action taken as yet to address the concerns, however, they told us that there were plans in place to look at changing many of the systems to ensure that communication between the office and the care staff, as well as with people, was improved. The lack of quality assurance systems and action taken in response to those that were carried out are areas of practice in need of improvement.

The registered manager had some mechanisms in place to ensure that staff were kept up to date and provided with information about people's changing needs and the running of the service. Team meetings were held, however, the registered manager explained that these were sometimes ill-attended as it was difficult for all staff to attend due to them working in the community. Therefore, the registered manager had taken measures to ensure that memos were sent to staff advising them of updates and important information.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of certain events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. They kept their knowledge and skills up to date by attending the West Sussex Partners in Care – Manager's Forum, where areas of best practice could be shared amongst providers. They explained that this provided them with access to information and guidance. They were a member of the United Kingdom Homecare Association (UKHCA). UKHCA is the professional association of home care providers from the independent, voluntary, not-for-profit and statutory sectors. It helps organisations that provide social care to people in their own homes, to promote high standards of care. The registered manager was in the process of signing up to the social care commitment. A Department of Health initiative that is the adult social care sector's promise to provide people who need care and support with high quality services.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person had not ensured that persons employed by the service provider had received appropriate support, training, professional development, supervision or appraisal as is necessary to enable them to carry out their duties they are employed to perform.